

SCHEDULE OF COVER		Platinum	
SECTION		Cover Limit up to	EXCESS
A1	Cancellation	£5,000	Nil
B1	Curtailement	£5,000	Nil
B2	Missed Departure Travel Delay Abandonment	£500 £20 each full 12 hrs up to £100 £5,000	Nil Nil Nil
B3	Personal Accident Death Loss of limb/sight Permanent Total Disablement	£15,000 £15,000 £15,000	Nil Nil Nil
B4	Emergency Medical & Repatriation Expenses Hospital Benefit Emergency Dental limit Loss of Medication Confinement and Isolation Pre-paid excursion	£10,000,000 £25 per 24 hours up to £1,000 £350 £300 £25 per 24 hours up to £1,000 £250	Nil Nil Nil Nil Nil Nil
B5	Additional Medical Expenses Recuperation Holiday UK Medical Exam Home Help or Nanny Cosmetic Surgery	£750 £500 £100 per 24 hours to £500 £2,500	Nil Nil Nil Nil
B6	Personal Possessions Single Article Limit Valuables Limit Spectacles Limit Laptop Limit Delayed Baggage Personal Money Cash Limit	£3,000 £300 £300 £300 £500 £300 £400 £300	Nil Nil Nil Nil Nil Nil Nil Nil
B7	Mobility Aids	£2,500	Nil
B8	Loss of Passport & Travel Documents	£300	Nil
B9	Personal Liability	£2,000,000	Nil
B10	Legal Expenses	£25,000	Nil
B11	Catastrophe	£1,000	Nil
B12	Hijack	£40 per 24 hours up to £500	Nil
B13	Kennel and Cattery	£500	Nil
EXT	End Supplier Failure Cover	Up to £1,500	Nil
EXT	Overseas Return Quarantine Accommodation Expenses Return Transport Europe Return Transport Worldwide	£40 per 24 hours up to £560 £300 £500	Nil Nil Nil
Wintersports Extension – on payment of the appropriate premium			
EXT	Ski Equipment Single Article Limit Ski Hire Ski Pack Piste Closure Avalanche Closure	£500 £250 £50 per 24 hours up to £250 £400 £35 per 24 hours up to £500 £35 per 24 hours up to £500	Nil Nil Nil Nil Nil Nil
Golf Extension – on payment of the appropriate premium			
EXT	Loss of Golf Equipment(owned) Single Article Limit Equipment Hire Loss of Green Fees Hole in One	£1,500 £300 £75 per 24 hours up to £500 £75 per 24 hours up to £500 £100	£75 £75 Nil Nil Nil

Please note reduced sums insured apply to certain age groups.

CLAIMS

To make a non-emergency claim on the policy please visit <https://www.imglobal.com/member/assistance/claims> or call 01444 465 590. Open 9am-5pm Monday-Friday.

IN CASE OF A SERIOUS EMERGENCY

If you need medical assistance when you are away, you should call 112 in Europe, 911 in the USA and Canada or the local equivalent of 999.

You must then call our 24/7 assistance team, on +44 (0)1444 465 573 to authorise cover.

Customers should receive emergency medical treatment or management regardless of their ability to pay or any other consideration. A failure or refusal by a treating hospital or treating doctor to provide **emergency treatment**, management or care is a clear breach of an established duty of care.

This is a travel insurance policy and not private medical insurance. This means there is no cover for any expenses incurred in private medical facilities if we have confirmed medically **capable public facilities** are/were available. **We** reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.

Whilst the actual medical care **you** receive is in the hands of the local doctors treating **you**, **we** can obtain the medical information **we** need from them to establish what is wrong, as well as their treatment and discharge plans. **We** can support **you** in the event **you** are admitted to a facility that may not be capable for **your** clinical needs or where there are concerns over practice. In order for **us** to discuss **your** medical condition with **your** doctors, **you** will need to sign a release of information authorising **our** claims administrator to access **your** medical records. **You** should keep copies of medical documents provided by the local doctors and submit them to support **your** claim.

We will then advise on, and can put in place, suitable **repatriation** plans to get **you home** as soon as it is medically safe to do so. **We** will liaise with the treating doctor to get a fit to fly certificate when needed, and with aero-medical experts who will advise on both the timing and method of **repatriation** that is best suited to **your** individual needs and **your** recovery.

It is important that **you** are aware of the following:

Medical Treatment (important considerations)

- There is no cover for:
 - routine, non-emergency, elective cosmetic or elective treatment
 - treatment that can wait until **you** return **home**
 - Any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available.
- **The 24/7 assistance** doctors are not treating **you**; they are not responsible or in control of the clinical care **you** are receiving in a medical facility.
- **We** reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.
- Having travel insurance does not ensure a 'fast track' medical service from the treating facility, much like the NHS – emergency service rooms can be busy at certain times and so it is possible **you** may have to wait as **you** would in **your** local NHS hospital unless **you** require critical care.
- Once **you** are discharged from hospital this does not always mean **you** are fit to fly **home** – For example, if **you** were in the **United Kingdom** and suffered the same injury/illness, then **you** would not consider flying out on holiday so soon after surgery/treatment/incident. In an instance like this **you** must speak to the 24/7 assistance team for advice.
- Some medical facilities may raise charges that are far in excess of what is customary and reasonable; **we** will deal with such bills directly and there is no need for **you** to pay them. **You** simply need to pass any correspondence about such bills to **our** claims administrator to ensure **we** can provide full financial protection.

Repatriation (important considerations for bringing you home)

- Coming **home** straight away is not always an option even if **you** are considered 'fit to fly' by the treating doctor.
- **We** have a medical team with experience in aviation medicine who will advise on both the timing and method of **repatriation** which is best suited to **your** individual needs and **your** recovery.
- Most airlines require specific criteria to be met in order to accept a 'medical passenger'.
- Things change – if **your** health, stability, or vitals change – then so do the plans.
- Availability of air ambulances, stretchers and appropriate medical escorts can be limited in specific areas and at different times of the year.
- Air Ambulances are 'flying intensive care units' and are only used to transport critical patients to a hospital in the **United Kingdom** when medically necessary.
- If you require emergency treatment during your trip, we reserve the right to bring you back home, providing the 24/7 emergency assistance doctor in consultation with the treating doctor agree you can safely travel home. If you refuse to return home, we have the right to stop cover with immediate effect.

In the event that you do receive out-patient treatment when you are travelling

In European Union Countries – The Global Health Insurance Card (GHIC) allows **you** (provided **you** are a **United Kingdom** or **BFPO resident**) to access state-provided healthcare in all European Union (EU) countries, excluding Switzerland, Iceland, Liechtenstein. The GHIC is also not valid in Norway, however **you** can use a **UK** passport to get medically necessary state healthcare in Norway. **We** strongly recommend that **you** carry **your** GHIC with **you** when travelling abroad. Remember to check **your** GHIC is still valid before **you** travel. Applying at <https://services.nhsbsa.nhs.uk/cra/where-will-you-live> for the card is free. If **your** GHIC is accepted whilst obtaining medical treatment abroad **your** policy **excess** will be reduced to Nil (with the exception of increased **excess** relating to declared **medical conditions**).

If **you** are travelling outside the EU, then there are some countries that have reciprocal agreements with the **UK** and the Channel Islands and these can be found on www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx. Please note **residents** of the Isle of Man or **Channel Islands** are not eligible for a GHIC. Any **UK** issued European Health Insurance Card (EHIC) remains valid until the date of expiry on the card. **You** will be responsible for 75% of the medical charges if treated in a private facility, where **we** have made you aware that there were/are **capable public facilities** available to **you**.

In Australia – **you** should enrol for Medicare, and have it accepted.

Using these agreements in public facilities will mean that medical treatment will be free, or at a reduced cost, and **your** standard policy **excess** will be waived from any claim **you** may make. **You** will be responsible for 75% of the medical charges if treated in a private facility, where **we** have made you aware that there were/are **capable public facilities** available to **you**.

In the United States – **you** should contact the **24/7 assistance team** as soon as possible, **USA** based medical facilities may raise charges that are far in excess of what is reasonable and customary and due to local practices, **you** may be contacted due to balance billing by collection agencies.

Everywhere else in the World – if there is no **capable public facility** that will treat **you** free of charge, **you** can pay the medical facility and retain all receipts so that **you** can make a claim when **you** get **home** provided the costs do not exceed £500.

If the costs exceed or are likely to exceed £500; or if you are admitted to hospital, you must call the 24/7 assistance team on: +44 (0) 1444 465 573 to authorise cover

If you do not follow these instructions or the advice and recommendations of the 24/7 assistance team your claim may be rejected or not paid in full.

HEALTH/EXISTING MEDICAL CONDITIONS

This policy contains health restrictions that apply to the cover provided under the Cancellation, Curtailment and Emergency medical and repatriation expenses section. For the purposes of this insurance, **you** are considered to have an **existing medical condition** if **you** answer “Yes” to any part of the following questions, which **you** were asked when **you** applied for insurance with **us**:

Have **you**, or are **you**, or anyone in **your** party;

1. taken any prescribed medication, or received any medical treatment in the last two (2) years
2. attended a medical practitioner’s surgery, or hospital or clinic (outpatient or in-patient) in the last two (2) years
3. awaiting medical treatment or investigation
4. ever had any stress, anxiety, depression, or psychiatric condition such as eating disorders, drug or alcohol abuse or mental illness for which **you** have been treated or diagnosed
5. been diagnosed by a medical practitioner as suffering from a terminal illness.

All existing medical conditions must be disclosed as well as any previous existing medical conditions which could have an impact on your current health

Our policy will NOT provide cover for any claims directly or indirectly related to drug or alcohol abuse

Please note:

1. **You** must be fit to undertake **your** planned trip.
2. **You** must not travel against medical advice or with the intention of obtaining medical treatment or consultation abroad.
3. We will cover **you** for **existing medical conditions** that **you** have declared to **us** and which **we** have accepted in writing. These **existing medical conditions** are set out in the “Medical Declaration”.
4. **You** must declare all **existing medical conditions** as well as any previous **medical conditions** which could have an impact on **your** current health. If **you** declare some **existing medical conditions** and not others **your** policy may be cancelled or treated as if it never existed, and **your** claims may be rejected or not fully paid.
5. We may require an additional premium to cover **your existing medical conditions**. Should **you** decide not to pay the additional premium for an **existing medical condition**, **you** will not be eligible for cover and **your** policy will be cancelled in line with the cancellation terms of the policy.
6. We will not cover **you** if **your** state of health was worse than **you** declared to **us** at the time **you** purchased this policy.
7. Please check that the information set out in the “Medical Declaration” is correct. If not, **you** must call your issuing agent on 0330 024 9949 to advise them. If the information is incorrect **your** policy may be cancelled or treated as if it never existed and/ or **your** claims may be rejected or not fully paid.
8. **Your** policy may be cancelled or treated as if it never existed and or **your** claims may be rejected or not fully paid if a claim is made relating to any **medical condition, illness** or injury of the **Insured Person(s)**, or any person who **your** travel depends on, which **you** or they knew about before **you** bought this insurance, or which develops before **your** outward journey where **we** have not been notified.
9. We reserve the right to increase the premium, increase the **excess**, exclude the **existing medical condition**, or withdraw the cover should the stability of the **existing medical condition** make it necessary.

Non-travelling relatives

If **you** have a non-travelling **close relative** with an existing medical condition who dies or falls seriously **ill**, and as a result **you** wish to cancel or curtail **your trip**, **you** will be covered only if the relative’s Medical Practitioner states that at the time insurance was taken out, or the trip was booked, whichever is the latter, he/she would not have foreseen such a serious deterioration in his or her patient’s existing medical condition.

Waiting list

If **you** are currently on a waiting list for treatment or investigation for a diagnosed **existing medical condition**, **our** policy will not provide cover for Cancellation or **Curtailment** under the following circumstances:

1. **You** receive an appointment for treatment or investigation which conflicts with **your** planned trip, or
2. As a result of the awaited treatment or investigation **you** become unable to travel on **your** planned trip

Being on a waiting list for treatment or investigation for diagnosed **existing medical conditions** which have been declared to and agreed by **us** does not affect the emergency medical and repatriation section of this policy whilst **you** are away.

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

If **you** are awaiting an initial diagnosis for symptoms, **you** are currently experiencing, **we** are unable to provide any cover under this policy until **you** have a confirmed diagnosis which has been declared to and agreed by **us**.

Change in circumstances (including change in your health)

If **you** suffer an injury, **illness** or **change in your health**, including any changes to medication, after taking out this insurance but before starting **your trip** (this is known as a change in circumstance). Any change in circumstances must be notified to **us** and accepted in writing. In order to be covered under all sections of the policy. **You** will only be covered under the cancellation section of this policy until we have accepted any changes.

To declare a change in **your** circumstances, **you** must contact **your issuing agent** during office hours on 0330 024 9949 to see if **we** can provide cover for **your trip**. **We** may, in the light of such changed circumstances, not be able to continue cover under this insurance. In this instance **we** will cover **you** for any loss of deposit or cancellation charges **you** have necessarily incurred up to the date of the change of circumstances that are normally covered under Policy A section 1 of this insurance. In these circumstances, no policy **excess** will be applied.

Pregnancy

Pregnancy and Childbirth are not considered to be **existing medical conditions**. **Our** policies are designed to include cover under the Cancellation section, **Curtailment** section and Emergency Medical and **Repatriation** Expenses section) for Pregnancy and Childbirth from week 0 to week 28 inclusive for a single pregnancy, or week 0 to week 24 inclusive for a multiple pregnancy, whilst **you** are away.

From the start of week 29 and up until week 40 for a single pregnancy, or the start of week 25 and up until week 40 for a multiple pregnancy, cover is only provided under the Cancellation section, **Curtailment** section and Emergency Medical and **Repatriation** Expenses section if any of the following complications arise: Toxaemia, Gestational hypertension, Ectopic pregnancy, Post-partum haemorrhage, Pre-eclampsia, Molar pregnancy or hydatidiform mole, Retained placenta membrane, Placental abruption, Hyperemesis gravidarum, Placenta praevia, Stillbirth, Miscarriage, medically necessary Emergency Caesarean, A termination needed for medical reasons, Premature birth more than 12 weeks (or 16 weeks if **you** know **you** are having more than one baby) before the expected delivery date.

The policy will not cover any claims relating to normal pregnancy or normal childbirth. **We** will not cover denial of boarding by **your** carrier, so **you** should check that **you** will be able to travel with the carrier/airline in advance. If at the time of booking **your trip** **you** are aware that **you** are pregnant, **you** must ensure that **you** are able to have the recommended vaccinations and inoculations by the UK government for that **trip**; no cover will be provided for cancellation in the event that, after booking **you** discover travel is advised against, or **you** are unable to receive the appropriate and recommended vaccinations and inoculations for that country. Please make sure **your** Medical Practitioner and Midwife are aware of **your** travel plans, and that there are no known complications, and **you** are fit to undertake the planned **trip**.

14. Delay, confiscation, detention, requisition, damage, destruction or any prohibitive regulations by Customs or other government officials or authorities of any country.
15. The use of, or damage to, **drones** (see definitions in this policy).
16. **You** are being compulsorily detained as a psychiatric patient in a hospital or other medical facility, this exclusion applies whether a premium to cover an existing condition has been paid or not.
17. If **you** purchased this insurance with the reasonable intention or likelihood of claiming
18. If **you** choose not to adhere to medical advice given
19. **You** are piloting or travelling in an aircraft where **you** or the pilot are not licensed to carry passengers
20. Winter sports of any kind unless the appropriate premium has been paid
21. **You** are travelling on a **motorised vehicle** for which **you** do not hold appropriate qualifications to ride in the **United Kingdom, Channel Islands** or the Isle of Man. (Please note there is no cover under the Personal Liability section of this policy for any claim related to the use of **motorised vehicles**). **You** can visit the following link to the UK Government site for more information on appropriate licenses: www.gov.uk/ride-motorcycle-moped/bike-categories-ages-and-licence-requirements
22. Any payments made, or charges levied after the date of diagnosis of any **change in your** health or medication after the policy was bought unless this has been advised to **us** and any revised terms or conditions have been confirmed in writing.
23. **You** are travelling on a motorcycle or moped or riding pillion unless the appropriate additional premium has been paid
24. **Your** suicide, self-injury, reckless behaviour, or any wilful act of self-exposure to danger or infection/injury (except where it is to save human life).
25. In respect of all sections other than emergency medical expenses; war, terrorism, biological or chemical warfare, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
26. **You, your travelling companion, close relative, or business associate** being under the influence of:
 - drugs (except those prescribed by **your** registered doctor but not when prescribed for treatment of drug addiction);
 - alcohol (a blood alcohol level that exceeds 0.19% (approximately four pints or four 175ml glasses of wine)), solvents.
 - or anything relating to **you, your travelling companion, your close relative or business associate** prior abuse of drugs, alcohol, or solvents.
27. Any claim where **you** have travelled against the advice of **your** doctor or a medical professional.
28. Participation in **Manual labour** (see definitions in this policy), unless the appropriate premium has been paid.
29. Participation in any **Sports and hazardous activities** unless the appropriate premium has been paid and the **Sports and hazardous activities** list has been added to the policy (see definitions for **sports and hazardous activities** in this policy)
30. **Your** failure to obtain the required passport, visa or ESTA
31. No cover will be in force for cancellation if **you** claim under any other section of the policy
32. Inpatient medical costs **you** have paid without authorisation or approval from us.
33. Any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available.
34. For international trips where you do not have a prebooked return ticket back to the UK, Channel Islands, Isle of Man or BFPO
35. Any Personal Accident or Personal Liability claims where you have engaged in any **sports and hazardous activities** where this policy specifically states that the personal accident or personal liability cover is excluded regardless of the additional premium paid (see definitions for **sports and hazardous activities** in this policy)
36. Any claim involving a fall from a building or balcony, except where the building or balcony itself is shown to be defective or does not comply with safety standards, **your** life is in danger, or **you** are attempting to save human life.
37. In all instances you must take all possible care to safeguard against accident, injury, loss or damage as if you had no insurance cover.
38. A stop-over in a country outside of your geographical limits shown in your schedule of cover for more than 24 hours

CANCELLATION (POLICY A SECTION 1)

We will pay up to the amount shown in the schedule of cover for your portion of:

1. pre-paid **excursions** booked before **you** go on **your trip** up to a maximum £250
 2. loss of pre-paid accommodation
 3. pre-paid foreign car hire; and
 4. pre-paid transport charges
- that **you** have paid or agreed to pay and that **you** cannot recover from any other source following **your** necessary cancellation after **you** purchased the insurance resulting in financial loss if **you** were forced to cancel **your** trip because the following **unexpectedly** happened before **you** left home which **you** could not have been expected to foresee or avoid:
1. **you**, anyone insured on this policy, or a **travel companion**, became **ill**, were injured, or died.
 2. **you**, anyone insured on this policy, or a **travel companion**, were diagnosed with an infectious disease within 14 days of **your trip** starting (including contracting Covid-19).
 3. **you**, anyone insured on this policy, or a **household** member had to isolate at home due to Covid-19.
 4. **you**, anyone insured on this policy, or a **family member** were hospitalised or died due to Covid-19.
 5. a **family member, a close business associate**, or the person **you** were going to stay with became **ill** (excluding contracting Covid-19), was injured, or died.
 6. **your** home was burgled, or seriously damaged by fire, storm, or flood.
 7. **you**, or a **travel companion** were called for jury service or required as a witness in a court of law.
 8. **you**, or a **travel companion** were made **redundant**.
 9. **you**, or a **travel companion** had leave withdrawn and are in the armed forces (including reserves and territorial), emergency services, medical or nursing professions (in the public sector) or senior employees of the government.
 10. as a result of fire, earthquake, storm, flood, riot or civil unrest; the Foreign, Commonwealth and Development Office (FCDO) or comparable prohibitive regulations by the government of the country **you** were due to visit and within 50 miles of **your** chosen destination, change the travel advice to advise against all or all but essential travel.
 11. **your** passport, or the passport of a **travel companion**, being stolen during the seven (7) days before **your** booked departure.

Or

we will pay up to £1,000 if:

your carer (provided they are insured on this policy) has to cancel their **trip** with **you** due to one of the reasons stated above. If **you** wish to continue **your trip**, we will pay up to £1,000 in total for the costs of extra accommodation and transport to replace **your** original carer.

Provided

1. **you** have paid **your** excess or accepted it will be deducted from any settlement.
2. **you** are not claiming due to a **known event**.
3. **you** are able to provide evidence from a medical professional confirming **your illness** or infectious disease. In respect of Covid-19 claims, **we** will require either a registered result of a positive pcr test or a medical certificate from **your** doctor.

4. **you** are able to provide evidence from a medical professional confirming the **illness**, infectious disease, injury or death.
5. **you** can provide evidence of Track and Trace contact, a positive test result for Covid-19 for someone in **your** household, or proof that someone in **your** household has to isolate and **you** have been instructed to do so as well.
6. no one was showing symptoms of, or had been diagnosed with, Covid-19 when this policy was purchased or trip was booked, whichever is the latter.
7. **you** did not cancel **your trip** because:
 - **you** simply did not want to travel or had a fear of travelling.
 - **you** could no longer afford to pay for the **trip**.
 - of an **existing medical condition** which **you** have not told **us** about and that **we** have not agreed to cover in writing.
 - of any epidemic, or pandemic as declared by the World Health Organisation (WHO).
 - of Foreign Commonwealth and Development Office (FCDO), government or local authority advice relating to any infectious disease including Covid-19.
8. **you**, or a **travel companion** did obtain the required **travel documents**, or the recommended inoculations or vaccinations by the UK government for the area **you** are travelling to.
9. **you** have reported the theft of **your** passport to the relevant authority and have written proof of the theft.
10. **you**, or a travel companion are not the defendant in a court of law.
11. **you** did obtain prior authority to take leave, or **your** leave was not cancelled on disciplinary grounds.
12. **you** do not ask **us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, Air Passenger Rights, ATOL (including Civil Aviation Authority requirements), or ABTA protection, or from **your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers.
13. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.
14. **you** are able to prove **your** financial loss.
15. **you** did not purchase insurance with the reasonable intention or likelihood of claiming.
16. **your** claim is not relating to course charges or tuition fees unless agreed in writing by **us**.
17. **you must** provide **us** with all information and documentation **we** may reasonably require enabling **us** to verify and process **your** claim.
18. for annual multi trip policies the trip falls within the start and end date of the **period of insurance** as shown on the Schedule of cover

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy

If you need to make a claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 144 446 5590

Our claims handlers will need to see:

- Completed cancellation claim form
- Booking invoice(s) for each part of the **trip**
- Evidence to support the reason for **your** cancellation, including the medical certificate in **your** claim form completed and stamped by the General Practitioner of the person(s) whose illness, injury or death has led to the cancellation (if applicable)
- Proof of **your** payment for each part of the **trip** (bank / card statements)
- Cancellation invoice(s) for each part of the **trip**
- Details of other insurance, or third party responsible, if applicable

You must inform your travel agent, tour operator, event or flight company as soon as you are aware you need to cancel and request a cancellation invoice

CURTAILMENT (POLICY B SECTION 1)

We will pay up to the amount shown in the Schedule of cover for your proportional share of any unused:

1. pre-paid **excursions** booked before **you** go on **your trip** up to a maximum £250
2. pre-paid accommodation
3. pre-paid foreign car hire; and
4. pre-paid transport charges

that are directly related to **your trip**, which **you** have paid and cannot get back from anyone else in the first instance, or which cannot be transferred or used for another purpose, as well as any additional travel expenses incurred to get **you home** if **you** had to cut short **your** trip because the following **unexpectedly** happened after **you** left home which **you** could not have been expected to foresee or avoid:

1. **you**, anyone insured on this policy, or a travel companion, became ill, were injured or died during **your** trip.
2. **you**, anyone insured on this policy, or a travel companion, were diagnosed with an infectious disease during **your** trip (including contracting Covid-19);
3. **you**, anyone insured on this policy, or a family member were hospitalised or died due to Covid-19 during **your** trip.
4. a family member, a close **business associate**, or the person **you** were going to stay with became ill (excluding contracting Covid-19), was injured or died.
5. **your** pre-booked accommodation was damaged by a catastrophe, and alternative accommodation was not provided.
6. **you**, or a travel companion were called for jury service or required as a witness in a court of law.
7. **you**, or a travel companion had leave withdrawn and are in the armed forces (including reserves and territorial), emergency services, medical or nursing professions (in the public sector) or senior employees of the government.
8. as a result of fire, earthquake, storm, flood, riot or civil unrest; the Foreign, Commonwealth and Development Office (FCDO) or comparable prohibitive regulations by the government of the country **you** have visited and within 50 miles of **your** chosen destination, change the travel advice to advise against all or all but essential travel.

Please note: **You** must use or re-validate your original ticket for **your** early return. If this is not possible **you** must provide evidence that additional costs were necessary. Any refunds due on unused original tickets will be deducted from **your** claim. If **you** do not have an original return ticket, **you** will not be reimbursed for costs incurred for **your** early return

Or

we will pay up to £1,000 if:

Your carer (providing they are insured on this policy) has to curtail their **trip** with **you** due to one of the reasons stated above. However, if **you** wish to continue **your trip**, **we** will pay up to £1,000 in total for the costs of extra accommodation and transport to replace **your** original carer

Provided:

1. **you** have contacted the 24/7 assistance team before making any arrangements

2. **you** have paid **your excess** or accepted it will be deducted from any settlement.
3. **you** are not claiming due to a **known event**.
4. **you** are not claiming due to Foreign, Commonwealth and Development Office (FCDO), government or local authority advice relating to any infectious disease including Covid-19.
5. **you** are able to provide evidence from a medical professional confirming the **illness**, infectious disease, injury or death.
6. no one was showing symptoms of, or had been diagnosed with, Covid-19 when this policy was purchased.
7. **you** do not ask **us** to pay for the cost of **your** original return ticket when **we** have paid for a new ticket or arranged **your** medical **repatriation**.
8. **you** did not cut short **your trip** because:
 - **you** simply did not want to continue travelling or had a fear of continuing **your trip**.
 - **you** could no longer afford to pay for the **trip**.
 - of an **existing medical condition** which **you** have not told **us** about and that **we** have not agreed to cover in writing.
9. of a normal pregnancy, without any accompanying bodily injury, **illness**, disease, or complication. Normal Childbirth would not constitute an unforeseen event. Please see pregnancy under Health/existing medical conditions of this policy **you**, or a travel companion are not the defendant in a court of law.
10. **you** did obtain prior authority to take leave, or **your** leave was not cancelled on disciplinary grounds
11. **you** do not ask **us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, Air Passenger Rights, ATOL (including Civil Aviation Authority requirements), or ABTA protection, or from **your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers.
12. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.
13. **you** are able to prove **your** financial loss.
14. **you** did not purchase insurance with the reasonable intention or likelihood of claiming.
15. **your** claim is not relating to course charges or tuition fees unless agreed in writing by **us**.
16. **you** must provide **us** with all information and documentation **we** may reasonably require enabling **us** to verify and process **your** claim.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:

Disembarkation from a **cruise** ship that does not involve immediate return to **your home**.

If you need to make a claim:

- If **you** need to **curtail** (cut short) **your trip** due to a medical emergency relating to anyone insured or travelling with **you**, **you** must contact the 24/7 assistance team first on +44 (0) 144 446 5573 for **your** claim to be valid.
- If **you** need to **curtail** (cut short) **your trip** due to a reason, other than a medical emergency to anyone insured or travelling with **you**, **you** must contact the non-emergency claims team on +44 (0) 144 446 5590 for **your** claim to be valid.

Our claims handlers will need to see:

- Completed **curtailment** claim form
- Booking invoice(s) for each part of the trip
- Evidence to support the reason for **your curtailment**, including the medical certificate in **your** claim form completed and stamped by the General Practitioner of the person(s) whose illness, injury or death has led to the **curtailment**, if applicable. This doesn't apply if the medical reason relates to **you** and **you** have contacted our assistance team at the time, and they have confirmed **you** need to return home early
- Proof of **your** payment for each part of the **trip** (bank / card statements)
- All invoices, bank / card statements and receipts for any additional costs you incur as a result of **your** early return home
- Details of other insurance, or third party responsible, if applicable

MISSED DEPARTURE AND TRAVEL DELAY (POLICY B SECTION 2)

Missed Departure

We will pay up to the amount shown in the schedule of cover if:

the vehicle in which **you** are travelling to **your international departure point** becomes undrivable due to mechanical failure or being involved in an accident or **your public transport** is delayed, preventing **you** from being able to check-in on time for **your** outward departure from the **United Kingdom, Channel Islands, Isle of Man or BFPO**.

Provided:

1. **you** have allowed sufficient time to check-in as shown on **your** itinerary
2. **your excess** has been paid or deducted from any settlement

Or

Travel Delay

We will pay up to the amount shown in the schedule of cover for each full 12 hours delay if:

the departure of **your** international **flight**, international train or sailing is delayed for more than twelve (12) hours from its scheduled departure time from **your international departure point**.

Provided:

1. **you** are not claiming for additional expenses if **you** are forced to cut short **your trip** or any expenses for loss of accommodation, loss of car hire expenses, loss of **excursions** or any loss not specified in the policy.
2. **you** are at the airport/port/station and the delay is over twelve (12) hours
3. delay is not due to the diversion of aircraft after it has departed
4. The claim is not due to a strike or industrial action which began or was announced before the start date of **your** policy and/or the date **your** travel tickets or confirmation of booking were issued

Or

Abandonment

We will pay up to the amount shown in the schedule of cover if:

after twelve (12) hours of delay at the airport, rail terminal or port **your** outbound journey from the **United Kingdom, Channel Islands, Isle of Man or BFPO, you** abandon the **trip**.

Provided:

1. **your trip** is not a one-way **trip**.
2. **your excess** has been paid or deducted from any settlement

3. **you** flight/train/sailing was not cancelled by the **transport provider**.
4. **you** are not abandoning **your trip** due to Foreign, Commonwealth and Development Office (FCDO), government or local advice relating to any infectious disease including Covid-19.
5. **you** did not decide to abandon **your** travel plans after **you** had left **your** home country.
6. **you** have followed the advice and requirements set by either the government or transport provider.
7. **you** or anyone insured on this policy was not showing symptoms of, or had been diagnosed with, Covid-19 when this policy was purchased.
8. **you** can provide **us** with a written report from the transport provider confirming the refusal of boarding.
9. **you** must provide **us** with all information and documentation **we** may reasonably require enabling **us** to verify and process **your** claim.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:

1. any compensation when **your** tour operator has rescheduled **your** flight itinerary or the airline/railway company/shipping line/handling agents offer or provide alternative transport that departs within 12 hours or where **you** being able to obtain a refund from any other source, where **your** scheduled airline is bonded or insured elsewhere or where **you** have paid for the flight by credit card and can claim a refund from credit card provider, even if the payment is insufficient to meet **your** claim.
2. **your** scheduled airline being in administration or, in the USA and Canada, in Chapter 11 at the time of taking out **your** policy.
3. unless **you** obtain confirmation from the police/motoring authorities to confirm a major accident on a motorway causing delays or closure on the motorway.
4. unless **you** obtain confirmation of the delay from the authority who went to the accident or breakdown affecting the vehicle in which **you** are travelling in.
5. If **you** do not check in for **your** flight, sea crossing, coach or train departure before the intended departure time.
6. any claims arising from withdrawal of service temporarily or otherwise.

If you need to make a claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed claim form
- Booking invoice(s) for each part of the **trip**
- Travel delay: Carrier's letter showing the scheduled and actual departure dates and times, and exact reason for the delay
- Missed departure: Evidence of the mechanical failure, or accident, of the vehicle you're travelling in, or of the delay to **public transport** being used, to get **you** to **your** international departure point
- Missed departure: Invoices, bank / card statements and receipts for additional costs **you** incurred
- Details of other insurance, or third party responsible, if applicable

PERSONAL ACCIDENT (POLICY B SECTION 3)

We will pay a single payment as shown on your schedule of cover for your accidental bodily injury whilst on your trip, that independently of any other cause, results in your:

- Death, (limited to £1,500 when **you** are under eighteen (18) or over seventy-five (75) at the time of incident).
- Loss of limb/sight; total and permanent loss of sight in one or both eyes, or total loss by physical severance or total and permanent loss of use of one or both hands or feet.
- permanent total disablement preventing **you** from engaging in paid employments or paid occupations of any and every kind occurring within twelve (12) months of the event happening*
*Where you are not in paid employments or occupations, this shall be defined as 'all your usual activities, pastimes and pursuits of any and every kind'.

Provided:

1. **you** have not deliberately exposed yourself to danger and that the incident is due to an accident and not **illness** or infection.
2. **you** are not eighteen (18) or under or over seventy-five (75) and claiming permanent disablement.
3. **you** are not claiming for more than one of the benefits that is a result of the same injury.

Personal Accident cover is a one-off lump sum benefit for the death or very serious incapacity, as specified, of an insured person when this is solely caused by an accident occurring during the period of insurance. It is quite separate from costs covered under the medical section.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:

1. any payment for permanent disablement when **your** age is under eighteen (18) or over seventy-five (75) at the time of the incident.
2. **your** sickness, disease, medical condition, treatment, **illness**, or physical condition that is gradually getting worse.
3. an injury which existed prior to the commencement of the **trip**.
4. any claims not notified to **us** within twelve (12) months of the date of the accident.

If you need to claim:

For any serious accident during your **trip**, contact must be made, as soon as possible, with the 24/7 assistance team on +44 (0) 1444 465 573

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed personal accident claim form
- Booking invoice(s) for the **trip**
- Medical evidence to support any permanent bodily injury, with permission to obtain further records, if needed
- Death certificate, confirming cause of death, if applicable
- Grant of Probate / Letter of Administration, if applicable
- Full contact details of any witnesses
- Full contact details of any responsible third party, including their insurance details, if known
- Official reports detailing the accident
- Details of any other insurance, if applicable

Given the sensitive nature of these claims, **we** are happy to receive basic details of what happened with your claim form and then let you know exactly what is needed to support the claim.

EMERGENCY MEDICAL AND REPATRIATION EXPENSES (POLICY B SECTION 4)

(THIS IS NOT PRIVATE MEDICAL INSURANCE)

There is no cover for any expenses incurred in private medical facilities if we have confirmed medically capable public facilities are/were available. We reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.

We will pay for trips outside your home country up to the amount shown in the schedule of cover OR up to £1,000 for trips inside your home country for necessary emergency expenses (that are payable within six (6) months of the event that causes the claim resulting from your death, injury, or illness) for:

1. customary and reasonable fees or charges for necessary and **emergency treatment**, to be paid outside **your home country** for medical, surgical, hospital, nursing home or nursing services.
2. additional travel, accommodation, and **repatriation** costs to be made for, or by, **you** and for any one other person who is required for medical reasons to stay with **you**, or a child who requires an escort to travel to **you** from **your home country** or to travel with **you**, where it is deemed medically necessary following **emergency treatment**.
3. **your** death outside **your home country** for local funeral expenses abroad limited to the amount shown in the schedule of cover
4. **your** death outside **your home country** for the cost of returning **your** ashes **home** or the return of **your** body to **your home** in the **United Kingdom, Channel Islands, Isle of Man or BFPO**.

Hospital Benefit

We will pay up to the amount shown in the schedule of cover for:

each full 24-hour period that **you** are in a public hospital abroad as an in-patient during the period of the **trip** in addition to the fees and charges.

Emergency Dental Treatment

We will pay up to the amount shown in the schedule of cover for:

emergency dental treatment only to treat sudden pain limited to the amount shown in the schedule of cover

Loss of Medication

We will pay up to the amount shown in the schedule of cover for:

the necessary and reasonable cost of replacing essential medication lost or stolen during **your trip**.

Provided you are not claiming for:

1. any costs where **you** have not paid **your excess**.
2. any costs as a result of having to isolate due to an infectious disease, including COVID-19 where you have not had any **emergency treatment**.
3. treatment due to, or a complication of, an **existing medical condition** unless **we** have agreed cover in writing and any additional premium has been paid.
4. any sums which can be recovered by **you**, and which are covered under any National Insurance Scheme or Reciprocal Health Arrangement
5. any elective or pre-arranged treatment or any routine non-emergency tests or treatment, this includes complications as a result of elective, pre-arranged or cosmetic treatment received whilst abroad.
6. costs of private treatment unless **our** 24/7 assistance team has agreed, and **capable public facilities** are not available.
7. replenishment of any medication **you** were using at the start of the **trip** or follow up treatment for any condition **you** had at the start of **your trip**.
8. the cost of early **repatriation** when medical treatment of a standard acceptable by **our** 24/7 assistance team is available locally.
9. the cost associated with the diversion of an aircraft due to **your** death, injury, or **illness**.
10. repairs to or for artificial limbs or hearing aids.
11. the cost of diagnostic tests or treatment for any existing condition other than that which has caused the immediate emergency.
12. any extra costs for single/private accommodation in a hospital or nursing home
13. any costs involving the use of precious metals for any dental treatment.
14. the provision of dentures, crowns, or veneers
15. any treatment or work which could wait until **your** return **home**

Confinement or Isolation

We will pay up to the amount shown in your schedule of cover for each full 24 hours up to the amount shown in your schedule of cover if:

during **your** trip abroad **you** are confined to **your** trip accommodation on medical advice.

And

Pre-paid excursions

We will pay for the loss of pre-paid excursions booked before you go on your trip up to the amount shown in the schedule of cover if:

you are unable to go on **your** pre-booked excursion during your trip due to **you** or anyone insured having to isolate as a result of an infectious disease including Covid-19.

Provided:

1. **you** have a valid claim under the Emergency medical and repatriation expenses section of this policy.
2. **you** do not remain an inpatient after the date **we**, in consultation with **your** treating doctor, told **you** that **you** could return home or be safely discharged to **your** trip accommodation until **you** were fit to return home.
3. **you** can provide **us** with the booking confirmation/invoices for **your** pre-paid excursions.
4. **you** must provide **us** with all information and documentation **we** may reasonably require enabling **us** to verify and process **your** claim.

If you need medical assistance when you are away, you should call 112 in Europe, 911 in the USA and Canada or the local equivalent of 999

You must then call our 24/7 assistance team, on +44 (0)1444 465 573 to authorise cover.

Customers should receive emergency medical treatment or management regardless of their ability to pay or any other consideration. A failure or refusal by a treating hospital or treating doctor to provide **emergency treatment**, management or care is a clear breach of an established duty of care.

This is a travel insurance policy and not private medical insurance. This means there is no cover for any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available. **We** reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.

Whilst the actual medical care **you** receive is in the hands of the local doctors treating **you**, **we** can obtain the medical information **we** need from them to establish what is wrong, as well as their treatment and discharge plans. **We** can support **you** in the event **you** are admitted to a facility that may not be capable for **your** clinical needs or where there are concerns over practice. In order for **us** to discuss **your** medical condition with **your** doctors, **you** will need to sign a release of information authorising **our** claims administrator to access **your** medical records. **You** should keep copies of medical documents provided by the local doctors and submit them to support **your** claim.

We will then advise on, and can put in place, suitable **repatriation** plans to get **you home** as soon as it is medically safe to do so. **We** will liaise with the treating doctor to get a fit to fly certificate when needed, and with aero-medical experts who will advise on both the timing and method of **repatriation** that is best suited to **your** individual needs and **your** recovery.

It is important that **you** are aware of the following:

Medical Treatment (important considerations)

- There is no cover for:
 - routine, non-emergency, elective cosmetic or elective treatment
 - treatment that can wait until **you** return **home**
 - Any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available.
- **The 24/7 assistance** doctors are not treating **you**; they are not responsible or in control of the clinical care **you** are receiving in a medical facility.
- **We** reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.
- Having travel insurance does not ensure a 'fast track' medical service from the treating facility, much like the NHS – emergency service rooms can be busy at certain times and so it is possible **you** may have to wait as **you** would in **your** local NHS hospital unless **you** require critical care.
- Once **you** are discharged from hospital this does not always mean **you** are fit to fly **home** – For example, if **you** were in the **United Kingdom** and suffered the same injury/illness, then **you** would not consider flying out on holiday so soon after surgery/treatment/incident. In an instance like this **you** must speak to the 24/7 assistance team for advice.
- Some medical facilities may raise charges that are far in excess of customary and reasonable; **we** will deal with such bills directly and there is no need for **you** to pay them. **You** simply need to pass any correspondence about such bills to **our** claims administrator to ensure **we** can provide full financial protection.

Repatriation (important considerations for bringing you home)

- Coming **home** straight away is not always an option even if **you** are considered 'fit to fly' by the treating doctor.
- **We** have a medical team with experience in aviation medicine who will advise on both the timing and method of **repatriation** which is best suited to **your** individual needs and **your** recovery.
- Most airlines require specific criteria to be met in order to accept a 'medical passenger'.
- Things change – if **your** health, stability, or vitals change – then so do the plans.
- Availability of air ambulances, stretchers and appropriate medical escorts can be limited in specific areas and at different times of the year.
- Air Ambulances are 'flying intensive care units' and are only used to transport critical patients to a hospital in the **United Kingdom** if treatment is not possible where they are.
- If **you** require **emergency treatment** during **your trip**, **we** reserve the right to bring **you** back **home**, providing the 24/7 emergency assistance doctor in consultation with the treating doctor agree **you** can safely travel **home**. If **you** refuse to return **home**, **we** have the right to stop cover with immediate effect.

In the event that you do receive out-patient treatment when you are travelling

In European Union Countries – The Global Health Insurance Card (GHIC) allows **you** (provided **you** are a **United Kingdom** or **BFPO resident**) to access state-provided healthcare in all European Union (EU) countries, excluding Switzerland, Iceland, Liechtenstein. The GHIC is also not valid in Norway, however **you** can use a **UK** passport to get medically necessary state healthcare in Norway. **We** strongly recommend that **you** carry **your** GHIC with **you** when travelling abroad. Remember to check **your** GHIC is still valid before **you** travel. Applying at <https://services.nhsbsa.nhs.uk/cra/where-will-you-live> for the card is free. If **your** GHIC is accepted whilst obtaining medical treatment abroad **your** policy **excess** will be reduced to Nil (with the exception of increased **excess** relating to declared **medical conditions**).

If **you** are travelling outside the EU, then there are some countries that have reciprocal agreements with the **UK** and the Channel Islands and these can be found on www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEACountries/Pages/Non-EEACountries.aspx. Please note **residents** of the Isle of Man or **Channel Islands** are not eligible for a GHIC. Any **UK** issued European Health Insurance Card (EHIC) remains valid until the date of expiry on the card. **You** will be responsible for 75% of the medical charges if treated in a private facility, where **we** have made you aware that there were/are **capable public facilities** available to **you**.

In Australia – **you** should enrol for Medicare, and have it accepted.

Using these agreements in public facilities will mean that medical treatment will be free, or at a reduced cost, and **your** standard policy **excess** will be waived from any claim **you** may make. **You** will be responsible for 75% of the medical charges if treated in a private facility, where **we** have made you aware that there were/are **capable public facilities** available to **you**.

In the United States – **you** should contact the **24/7 assistance team** as soon as possible, **USA** based medical facilities may raise charges that are far in excess of reasonable and customary and due to local practices, **you** may be contacted due to balance billing by collection agencies.

Everywhere else in the World – if there is no **capable public facility** that will treat **you** free of charge, **you** can pay the medical facility and retain all receipts so that **you** can make a claim when **you** get **home** provided the costs do not exceed £500.

If the costs exceed or are likely to exceed £500; or if you are admitted to hospital, you must call the 24/7 assistance team on: +44 (0) 1444 465 573 to authorise cover

If you do not follow these instructions or the advice and recommendations of the 24/7 assistance team your claim may be rejected or not paid in full.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. (Including any treatment, tests, and associated illnesses for non-declared existing medical conditions). Additionally, no cover is provided under this section for:

1. any costs where **you** are an inpatient or it is a **repatriation** claim and **our** 24/7 assistance team, have not been notified or has not agreed the costs. **We** reserve the right to decline associated costs.
2. any medication and/or treatment which at the time of departure is known to be required or to be continued outside **your home country**.

3. expenses incurred where **you** have not had the recommended vaccinations and inoculations by the UK government for the area **you** are travelling to or taken the recommended medication.
4. claims arising from normal pregnancy, without any accompanying bodily injury, **illness**, disease, or complication. Normal Childbirth would not constitute an unforeseen event. Please see pregnancy under Health/existing medical conditions of this policy.
5. services or treatment received by **you**, for any form of cosmetic or elective surgery.
6. any services or treatment received by **you** after the date that in the opinion of **our** 24/7 assistance team, in consultation with **your** treating doctor, **you** can return **home**, or which can reasonably wait until **you** return to **your home country**.
7. additional accommodation which exceeds the standard of that originally booked or any costs for food or drink.
8. additional **flights** which exceed the standard of that originally booked unless medically necessary and agreed with **our** 24/7 assistance team.
9. any claim where **you** went against FCDO, government, local authority or medical advice relating to any infectious disease, including Covid-19.
10. any claim where the risk associated with bringing **you home** is greater than the risk of **you** remaining in resort.
11. any claim where **your** return **home** would present unnecessary risk to other travellers.
12. medical costs in excess of customary and reasonable levels of charging.
13. any costs for isolation if **you** contract or are suspected of contracting an infectious disease, including Covid-19.

If you need to claim:

For emergency medical treatment and/or repatriation call our 24/7 assistance team 24 hours a day, 7 days a week, 365 days a year, from anywhere in the world on **+44 (0)1444 465 573**

For your out of pocket expenses, download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed medical expenses claim form
- Booking invoice(s) for the **trip**
- Your assistance case number, for emergency medical claims
- Medical report(s) confirming the diagnosis
- Invoices, bank / card statements and receipts for self-paid costs
- A copy of your GHIC (or old EHIC) card covering the incident date, if travelling in Europe
- Details of other insurance, or third party responsible, if applicable

ADDITIONAL MEDICAL EXPENSES (POLICY B SECTION 5)

If **you** undergo surgery which is covered under the Emergency Medical and Repatriation Expenses Section of this policy, involving a minimum in-patient stay of at least five (5) days in a hospital outside the **United Kingdom, Channel Islands, Isle of Man or BFPO** during **your trip**.

Recuperation Holiday

We will pay up to the amount shown in your schedule of cover per day for:

travel and accommodation costs of another holiday to recuperate from **your** surgery

Provided:

you take the **trip** within three (3) months of **your** return to the **United Kingdom, Channel Islands, Isle of Man or BFPO**.

UK Medical Exam

We will pay up to the amount shown in your schedule of cover for:

necessary costs to have a relevant medical examination within the **United Kingdom, Channel Islands, Isle of Man or BFPO** following an incident on **your trip**.

Provided:

you have the examination in the **United Kingdom, Channel Islands, Isle of Man or BFPO** within three (3) months of **your** return to the **United Kingdom, Channel Islands, Isle of Man or BFPO** from **your trip**.

Home Help or Nanny

We will pay up to the amount shown in the schedule of cover for each full 24 hours of home help for:

the necessary costs of employing a home help or registered nanny to assist with **your** recovery

Provided:

you are hospitalised or need to stay in bed at **home** immediately after being repatriated on the advice of a registered medical practitioner or the 24/7 assistance company

Cosmetic Surgery

We will pay up to the amount shown in your schedule of cover for:

the necessary costs of cosmetic surgery to correct soft facial tissue damage caused by an accident sustained during **your trip**

Provided:

1. it has been recommended by a medical practitioner
2. the injury was sustained during **your trip**.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:

1. any claim which does not directly relate to an accident or **illness** suffered during **your trip**
2. any costs which the 24/7 assistance team has not authorised
3. any claim for home help or nanny if **you** needed a home help or a registered nanny before **you** began **your trip**

If you need to claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed medical expenses claim form
- Booking invoice(s) for the **trip**
- Details of the additional medical expenses requested

- Evidence to support the medical need to incur additional medical examination cost, employing help, undergoing cosmetic surgery etc (such as medical report)
- Invoices, bank / card statements and receipts for self-paid costs
- Details of other insurance, or third party responsible, if applicable

PERSONAL POSSESSIONS (POLICY B SECTION 6)

Personal Possessions

We will pay up to the amount shown on your schedule of cover for:

1. the cost of repairing any **possessions** that are damaged whilst on **your trip**, up to the original purchase price of the item, less an allowance for age, wear and tear.
- Or
2. the original purchase price of any **possessions**, less an allowance for age, wear and tear, to cover **possessions** that are stolen, permanently lost or destroyed whilst on **your trip**
 - for all **valuables** limited to the amount shown in the schedule of cover
 - for any single article, **pair** and/or **set** of articles limited to the amount shown in the schedule of cover
 - for all prescription spectacles limited to the amount shown in the schedule of cover
 - for **laptops** limited to the amount shown in the schedule of cover

(Please note: In the event of a claim for a **pair** and/or **set** of articles **we** shall be liable only for the value of that part of the **pair or set** which is lost, stolen, damaged or destroyed)

Delayed baggage

We will pay up to the limit shown on your schedule of cover for:

the purchase of **essential items** if **your luggage** containing **your possessions** is delayed due to being misplaced, lost or stolen on **your** outward journey from **your home country** for over twelve (12) hours from the time **you** arrived at **your trip destination** (Please note: that any amount **we** pay **you** will be deducted from **your** claim if **your** personal property proves to be permanently lost).

Personal Money

We will pay up to the limit shown on your schedule of cover for:

the replacement of stolen **money** or **cash** whilst on your trip

- **cash** is limited to the amount shown on **your** schedule of cover if it is lost or stolen whilst being carried on **your** person or left in a locked safety deposit box

Provided:

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. **you** have complied with the carrier's conditions of carriage.
3. **you** have notified the Police, **your** carrier or tour operator's representative of any loss or theft and obtained an independent written report.
4. **you** own the **possessions** **you** are claiming for and are able to provide proof of ownership/purchase and original purchase price for any **possessions** over £50 in value.
5. **you** are able to provide evidence of the amount of any **cash** or **money** that is stolen
6. **you** are not claiming for **possessions** which have been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth or vermin, perishable items and/or their contents i.e., food, liquids, gels etc.
7. **you** are not claiming for **possessions** which have been lost or stolen from a beach or lido (if so, **we** will only pay a maximum of £50)
8. **you** have not left **money, cash, electrical items, eyewear, hearing aids, jewellery and watches** or **photographic equipment unattended** (including being contained in **luggage** during transit) except where they are locked in a safe or safety deposit box where these are available, or left out of sight in **your** locked holiday or **trip** accommodation. This includes **possessions** left behind following **you** disembarking **your** coach, train, bus, **flight**, ferry, or any other mode of transport.
9. **you** have not left **your possessions unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means.
10. **you** have obtained written confirmation of any loss, damage, or delay from **your** tour operator / airline provider.

Your travel insurance policy is not intended to cover items of high value, such as Jewellery, expensive watches etc. as these should be fully insured under your house contents insurance on an All-Risks extension for 365 days of the year. There is a maximum amount you can claim and a maximum amount in total for each category, and these are shown under the possessions section of your schedule of cover.

The personal possessions section only covers items that belong to you, is not 'new for old' and an amount for age, wear and tear will be deducted.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy or any possessions, cash or money that do not fall within the categories above. Additionally, no cover is provided under this section for:

1. mobile telephones, SIM cards, mobile phone prepayment cards, lost/stolen mobile phone call charges or mobile telephone accessories, car keys, **gadgets** (please see definitions), **duty free** items such as tobacco products, alcohol, and perfumes.
2. the use of, loss, theft, or damage to, **drones**.
3. **Sports equipment** whilst in use.
4. any claim not evidenced by a report specified in this section, unless otherwise agreed by **us**.
5. loss, theft or damage arising from the delay, detention, seizure or confiscation by Customs or other officials.

If you need to claim

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed luggage and money claim form
- Booking invoice(s) for the **trip**

- Proof of ownership / purchase for the **possessions** claimed
- Damaged: Estimate for repair, or proof that the **possession** is beyond repair or destroyed
- Loss or theft: Official written loss, theft or damage report, from police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by **you**.
- Delayed, loss or damage (checked-in baggage): Property Irregularity Report (PIR) or equivalent obtained within 24 hours of the incident, and if applicable the carrier's written confirmation the **possessions** are permanently lost
- Delayed, loss or damage (checked-in baggage): Tickets and luggage tags
- Delayed, loss or damage (checked-in baggage): Evidence from the carrier of any compensation or reimbursement issued to **you** towards **your** losses
- Delayed: Invoices and receipts for **essential items** purchased in resort
- Delayed: Evidence of the date and time **your possessions** were returned to **you**
- Personal money: Evidence of the original amount exchanged for **your** trip, by way of currency exchange receipts, withdrawal slips etc.
- Personal money: Evidence of funds used to continue with **your** trip, including bank / card statements, withdrawals slip(s) etc
- Details of other insurance, or third party responsible, if applicable

For damaged items:

Keep damaged **possessions** in case we ask for them. If requested, they will need to be sent to: Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. **We** will not cover the postage cost applicable.

Any possessions with a purchase price over £50 must be supported by original proof of ownership or purchase. An individual limit of £50 will apply to each possession not supported, with an overall limit of £150 for all such possessions.

MOBILITY AIDS (POLICY B SECTION 7)

We will pay up to the amount shown in the schedule of cover for:

Either:

1. the cost of repairing your **mobility equipment** that is damaged whilst on **your trip**, up to the limit shown, less an allowance for age, wear, and tear.
- Or
2. up to the limit shown, less an allowance for age, wear, and tear, to cover your **mobility equipment** that is stolen, permanently lost or destroyed whilst on **your trip**.

Or

3. cost of hire for essential **mobility equipment** whilst travelling, in the event that **your mobility equipment** is lost or damaged or delayed

Provided:

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. the **mobility equipment** is brought with **you** from **your home country** at **your** own cost and **you** have complied with the carrier's conditions of carriage.
3. **you** have notified the Police, **your** carrier or tour operator's representative of any loss or theft and obtained an independent written report.
4. **you** own the **mobility equipment** **you** are claiming for and are able to provide proof of ownership/purchase.
5. **you** are not claiming for **mobility equipment** which have been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth, or vermin.
6. **you** have not left **mobility equipment unattended** (including being contained in **luggage** during transit) except where they are locked securely or left out of sight in **your** locked holiday or **trip** accommodation.
7. **you** have not left **your mobility equipment unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered luggage area of a motor vehicle and entry was gained by violent and forcible means or in respect of mobility scooters securely locked and immobilised.
8. **you** have obtained written confirmation of any loss, damage, theft, or delay.
9. the **mobility equipment** is essential or medically necessary for **you** to continue **your** holiday and **you** would use the **mobility equipment** in **your home country** for mobility purposes and is necessary for day to day living.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy or any mobility equipment that does not fall within the categories above. Additionally, no cover is provided under this section for:

1. any loss if **you** do not exercise reasonable care for safety/supervision of **your mobility equipment**.
2. **mobility equipment** not owned by **you**.
3. any claim not evidenced by a report specified in this section, unless otherwise agreed by us.

If you need to claim

Download a claim form at <https://www.imglobal.com/member/assistance/claims> or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed claim form
- Booking invoice(s) for the **trip**
- Damaged: Estimate for repair, or proof that the **mobility equipment** is beyond repair or destroyed
- Loss or theft: Official loss, theft or damage written report, from the police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by **you**
- Delayed: Invoices and receipts for hiring essential **mobility equipment**
- Delayed: Evidence of the date and time your **mobility equipment** was returned to **you**
- Details of other insurance, or third party responsible, if applicable

For damaged items:

Keep damaged **mobility equipment** in case we ask for them. If requested, they will need to be sent: Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. **We will not cover the postage cost applicable**

Any mobility equipment with a purchase price over £50 must be supported by original proof of ownership or purchase. An individual limit of £50 will apply to each item of mobility equipment not supported, with an overall limit of £150 for all such mobility equipment.

LOSS OF PASSPORT AND TRAVEL DOCUMENTS (POLICY B SECTION 8)

We will pay up to the amount shown in the schedule of cover for:

1. the cost of an emergency travel document or replacement **travel document** on **your trip**.
2. the necessary costs of collecting **your** emergency or replacement **travel document** on **your trip**.

if during **your** trip abroad your **travel documents** are lost, stolen or damaged beyond use

Provided:

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. **you** are not claiming for **travel documents** which have been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth or vermin, perishable items and/or their contents i.e., food, liquids, gels etc.
3. **you** are not claiming for **travel documents** which have been lost or stolen from a beach or lido (if so, **we** will only pay a maximum of £50).
4. **you** have not left **your travel documents unattended** (including being contained in **luggage** during transit) except where they are locked in a safe or safety deposit box where these are available or left out of sight in **your** locked holiday or **trip** accommodation. This includes **travel documents** left behind following **you** disembarking **your** coach, train, bus, **flight**, ferry, or any other mode of transport.
5. **you** have not left **your travel documents unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means.
6. **you** are not claiming for any costs incurred before departure or after **you** return **home** or any costs which are due to any errors or omissions on **your travel documents** or **money** exchange.
7. **you** are not claiming for any missed travel or accommodation arrangements as a result of **your** passport being lost, stolen or damaged.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:

1. any financial loss suffered as a result of **travel documents** being lost or stolen.
2. the cost of a new **travel documents** upon **your** return to the **United Kingdom, Channel Islands, Isle of Man or BFPO.**

If you need to claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed claim form
- Booking invoice(s) for the **trip**
- Loss or theft: Official loss, theft or damage written report, from the police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by **you**
- Documents from the Consulate / Embassy, airline or travel provider where **you** obtained the emergency travel document
- Invoices, bank / card statements and receipts for transport and accommodation costs to obtain the emergency travel document
- Invoices, bank / card statements and receipts for the cost of the emergency travel document
- Details of other insurance, or third party responsible, if applicable.

PERSONAL LIABILITY (POLICY B SECTION 9)

We will pay up to the amount shown in the schedule of cover for:

1. an event occurring during the period of this insurance that **you** are legally liable to pay that relates to an incident caused directly or indirectly by **you** and that results in:
 - **accidental bodily injury** of any person.
 - loss of, or damage to, property that does not belong to **you** or any member of **your family** and is neither in **your** charge or control nor under the charge or control of any member of **your family, household** or employee or anyone in **your** service.
 - loss of, or damage to **your** temporary holiday accommodation that does not belong to **you**, or any member of **your family, household** or employee or anyone in **your** service up to the amount shown in the schedule of benefit.

Provided:

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. liability for loss of, or damage to, property or **accidental bodily injury** is not caused or suffered by:
 - **your** own employment, profession or business or anyone who is under a contract of service with **you**, acting as a carer, whether paid or not, or any member of **your family** or **travelling companion** or is caused by the work **you** or any member of **your family** or **travelling companion** employ them to do.
 - **your** ownership, care, custody, or control of any animal.
3. compensation or any other costs are not caused by accidents involving **your** ownership, possession, or control of any: land or building or their use either by or on **your** behalf other than **your** temporary **trip** accommodation, ownership or use of aircraft, horse-drawn or mechanical/**motorised vehicles** (other than wheelchairs, electric wheelchairs or mobility scooters), bicycles, vessels (other than rowing boats, punts or canoes), animals, or firearms.

This section does not cover any claim resulting from the ownership or use of motorised vehicles. You need to take out separate motor insurance or other cover if you intend to drive a car or use any other motorised vehicle during your trip

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:

1. **accidental bodily injury** suffered by **you** or any member of **your family** or any event caused by any deliberate or reckless act or omission by **you** or a member of **your family**.

- claims where an indemnity is provided under any other insurance or where it falls on **you** by agreement and would not have done if such agreement did not exist. i.e., rental disclaimer.
- racing of any kind.

If you need to claim:

Never admit responsibility to anyone, regardless of what happens, and do not agree to pay for any damages, repair costs or compensation without our authority to do so. If you do, this may invalidate your claim.

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed Personal Liability claim form
- Booking invoice(s) for the **trip**
- Detailed explanation of the circumstances, confirming the location, time of day and exactly what happened. This may also need to include a sketch of the location before and after the incident concerned
- Full contact details of any witnesses
- Full contact details of any responsible third party, including their insurance details, if known
- Official reports detailing the accident
- Details of other insurance, if applicable

Given the sensitive nature of these claims, we are happy to receive basic details of what happened with **your** claim form and then let **you** know exactly what is needed to support the claim.

LEGAL EXPENSES (POLICY B SECTION 10)

We will pay up to the amount shown in the schedule of cover and for thirty (30) minutes legal advice on the telephone for:

1. legal costs and expenses incurred in pursuing claims for compensation and damages due to **your** death or personal injury whilst on the **trip**
2. enquires relating to **your** insured **trip**.

Provided:

1. **you** accept that **your** legal expenses indemnity is paid as a loan for all persons insured to take legal action for compensation as a result of **your** death, **illness** or injury during **your** journey. **You** must pay this loan back to **us** out of any compensation **you** receive.
2. legal proceedings in the USA or Canada follow the contingency fee system operating in North America.
3. **you** are not pursuing a claim against a carrier, travel agent, tour operator, tour organiser, the insurers or their agents or the claims office.
4. **we** believe that **you** are likely to obtain a reasonable settlement.
5. the costs cannot be considered under an arbitration scheme or a complaints procedure.
6. **you** are not claiming against another insured person who is a member of **your family**, a friend or **travelling companion**, whether insured by **us** or another provider.
7. the claim is not due to damage to any mechanical/**motorised vehicle**.
8. the claim is not pursued in more than one country.
9. the claim is reported to **us** and/or **our** appointed representative within three (3) months after the incident which led to the claim.
10. **you** take all reasonable steps to keep any costs as low as possible.
11. any costs do not relate to fines or damages awarded to punish the person responsible rather than to compensate for any losses.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy.

For Legal Expenses Penningtons Manches Cooper LLP is **our** appointed representative due to its expertise in travel law. They are regularly audited by **us** and maintain the highest levels of customer service. They also have delegated authority to act which means **your** claim is likely to proceed much quicker. Because of the relationship between **us** and Penningtons Manches Cooper LLP **we** are able to address any concerns which may arise in a way which is simply not possible with another firm.

1. If **we** accept **your** claim, **we** will appoint Penningtons Manches Cooper LLP to pursue the claim on **your** behalf.
2. **We** may, at **our** discretion, agree to instruct an alternative firm, either at the point of issuing proceedings, or if there is a conflict of interest
3. **We** will only agree to the instruction of an alternative firm, at the point of issuing proceedings, or if there is a conflict of interest, if that firm also agrees to act in line with **our** terms of appointment.
4. Where a claim occurs, **you** will supply any reports or information and proof to Penningtons Manches Cooper LLP, **us** and the claims office as may be required. Any legal expenses incurred without Penningtons Manches Cooper LLP, **our** or that of the claim's office prior authorisation will not be paid. **We** will settle all claims under the law of the country that **you** live in within the **United Kingdom, Channel Islands** or Isle of Man unless **we** agree otherwise with **you**.

If you need to claim:

If **you** have an accident abroad and require legal advice **you** should contact:

Penningtons Manches Cooper LLP 31 Chertsey Street, Guildford, Surrey, GU1 4HD

They will arrange for up to thirty minutes of free advice to be given to **you** by a lawyer.

To obtain this service **you** should telephone:

+44 (0)1483 411 499

Opening Hours Monday-Friday 9am-5pm (GMT)

CATASTROPHE (POLICY B SECTION 11)

We will pay up to the amount shown in the schedule of cover for:

reasonable additional costs of travel and accommodation within a twenty (20) mile radius, to the same standard as those on **your** booking, to enable **you** to continue **your trip** close to that originally booked if the pre-booked accommodation has been damaged by fire, flood, earthquake, storm, lightning, explosion, or hurricane.

Provided:

1. **you** are able to provide evidence of the necessity to make alternative travel arrangements.
2. **You** are not claiming due to a **known event**.
3. **your** trip is not within the **United Kingdom, Channel Islands** or Isle of Man.
4. **your** trip is not part of a tour operator's **package holiday**.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:

1. any amounts recoverable from any other source.
2. **your** reluctance or unwillingness to travel or to continue with **your** original **trip** when official directives from the local or national authority state it is acceptable to do so.
3. any cost or expense payable by or recoverable from the tour organiser, airline, hotel, or other provider of services.
4. alternative transport **home** missed **flights**/connections, food, drink, telephone calls or any other loss specified in this policy.
5. any claim where the fire, flood, earthquake, storm, lightning, explosion, or hurricane had already happened before **you** left **home**.
6. any claim as a result of any epidemic or pandemic as declared by the World Health Organisation (WHO).
7. any claim due to FCDO, government or local advice relating to any infectious disease including Covid-19.

If you need to claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed travel delay/missed departure claim form
- Booking invoice(s) for the **trip**
- Evidence from official sources confirming the reason **you** need to find alternative accommodation and the date on which this instruction was issued to **you**
- Invoices, bank / card statements and receipts for the additional costs incurred
- Details of other insurance, or third party responsible, if applicable

HIJACK (POLICY B SECTION 12)

We will pay up to the amount shown in the schedule of cover for:

each full 24-hour period you are confined as a result of hijack

Provided:

you have obtained confirmation from the airline, carrier or their handling agents confirming period of confinement.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:

1. any claim where **you** are unable to provide **us** with proof of the incident, i.e., Police / authorities / medical report.
2. any claim where **you** are attacked or confined as a result of **your** illegal activity or reckless behaviour.

If you need to claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed travel delay/missed departure claim form
- Booking invoice(s) for the **trip**
- Evidence from official sources, including any carrier involved, of the date of the incident and how long you were confined
- Details of other insurance, or third party responsible, if applicable

KENNEL AND CATTERY EXPENSES (POLICY B SECTION 13)

We will pay up to the amount shown in the schedule of cover for:

1. any additional kennel or cattery fees for each full period of 12 hours that **you** are delayed following the delayed arrival in the UK, **Channel Islands**, Isle of Man or BFPO of **your** pre-booked flight, train, coach or sea **trip** on the return journey.

Or

2. any additional kennel or cattery fees for each full period of 12 hours that **you** are unable to return home due to **your illness**.

Provided:

you have obtained written confirmation from the airline, carrier, or their handling agents of the period of delay or have contacted **our** 24/7 assistance team about **your** medical claim.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in the main policy wording. Additionally, no cover is provided under this section for:

any claim where **you** are unable to provide **us** with proof of the incident.

If you need to claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed claim form
- Booking invoice(s) for each part of the **trip**
- Delay: Carrier's letter showing the scheduled and actual departure dates and times, and exact reason for the delay
- **Illness:** Medical certificate in **your** claim form completed and stamped by **your** General Practitioner confirming the **illness** that led to the delay
- Invoices, bank / card statements and receipts for additional costs **you** incurred
- Details of other insurance, or third party responsible, if applicable

WINTERSPORTS EXTENSION (POLICY B) on payment of additional premium

Upon payment of an additional premium for **wintersports**, **your** policy will cover **wintersports** – (on piste Skiing, snowboarding, ice skating, big foot skiing, cross country / Nordic skiing, dry slope skiing, sledging, snowmobiling, snow kiting and snow shoeing, for leisure purposes only and not participating in any timed, competitive or **off piste**/specialist ski/snow board activities) for the entire duration of **your** Single Trip policy or for 24 days in total on **your** Annual Multi Trip policy. When participating in **wintersports** the appropriate clothing, including crash helmets, must be worn, and any activities undertaken match the level of experience **you** have in that sport (e.g., if **you** are an amateur skier do not undertake a black run).

Off piste and more specialist **wintersports** cover will require the **Sports and hazardous activities** cover extension. See the **Sports and hazardous activities** section in the main wording to see what activities can be covered on payment of an additional premium and contact **your** issuing agent to see if **we** can add them to **your** cover.

Ski equipment

We will pay up to the amount shown in the schedule of cover for:

1. the cost of repairing **Ski equipment** that is damaged whilst on **your trip**, up to the original purchase price of the **Ski equipment**, less an allowance for age, wear, and tear.
- Or
2. the original purchase price of the **Ski equipment**, less an allowance for age, wear and tear, to cover **Ski equipment** that is stolen, permanently lost or destroyed on **your trip**.
- for any single article, **pair** and/or **set** of articles limited to the amount shown in the schedule of cover

Ski Hire

We will pay up to the amount shown in the schedule of cover for:

the cost of hiring replacement **ski equipment** if **your ski equipment** is delayed due to being misplaced, lost, or stolen on **your** outward journey for over 12 hours from the time **you** arrived at **your trip destination**.

Provided:

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. **you** have complied with the carrier's conditions of carriage.
3. **you** have notified the Police, **your** carrier or tour operator's representative of any loss or theft and obtained an independent written report.
4. **you** own the **Ski equipment** **you** are claiming for and can provide proof of ownership/purchase and original purchase price for any **Ski equipment** over £50 in value.
5. **you** are not claiming for **Ski equipment** which have been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth or vermin, perishable items and/or their contents i.e., food, liquids, gels etc.
6. **you** have not left **your Ski equipment unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means.
7. **you** have obtained written confirmation of any loss, damage, or delay from **your** tour operator / airline provider.

Ski Pack

We will pay up to the amount shown in the schedule of cover for

the unused portion of **your Ski Pack** costs paid for or contracted to be paid for before **your trip** commenced if you are unable to use the **ski pack** facilities because of **your** serious injury or **illness** occurring during the **trip**.

Provided:

1. **you** have not **curtailed your trip** and are certified by a medical practitioner in the resort as being unable to ski and written confirmation is obtained.
2. there is written confirmation that no refund is available for the unused **Ski Pack** by **your** tour operator's or the ski resorts representative.

Piste Closure

We will pay up to the amount shown in the schedule of cover if

you are unable to ski because your resort stays closed, for more than 24 hours, due to the lack of snow in **your** resort.

Provided:

1. **you** are skiing north of the earth's equator between 1st January and 30th April, or south of the earth's equator between 1st June and 31st October and the ski resort is higher than 1600 metres above sea level.
2. the lack of snow conditions are not public knowledge prior to the start of **your trip**.
3. **you** have obtained a letter from **your** tour operator/transport provider or ski resort representative stating the reason for closure, the date, time of the closure and the date and time it re-opened.
4. it does not exceed the pre-booked period of insurance of **your trip**

Avalanche Closure

We will pay up to the amount shown in the schedule of cover for

reasonable extra travel and accommodation expenses for each full 24 hours that you are delayed from **your** arrival at, or departure from, **your** resort, more than 24 hours, due to avalanche, landslide or landslip.

Provided:

1. that **your** tour operator does not pay for your extra travel and accommodation costs.
2. that **you** have not received compensation from someone or somewhere else, if you have this will be deducted from **your** claim.

The ski equipment cover only covers ski equipment listed under the ski equipment definition that belongs to you, is not 'new for old' and an amount for age, wear, and tear will be deducted.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in the main policy wording or any ski equipment, that does not fall within the categories above. Additionally, no cover is provided under this extension for:

1. any claim if **your** tour operator has compensated, offered, or provided travel, alternative transport and/or accommodation to an alternative resort.
2. any claim not evidenced by a report specified in this section, unless otherwise agreed by **us**.
3. for the **excess** shown in the schedule of cover and limits per **insured person**.
4. for claims that are not confirmed as medically necessary by the emergency assistance company and where a medical certificate has not been obtained from the attending medical practitioner abroad confirming that **you** are unable to ski and unable to use the **ski pack** facilities.
5. for claims where **you** have not obtained confirmation of resort closure from the local representative.
6. for claims where not all skiing facilities are totally closed.
7. for claims where the snow conditions are known or are public knowledge at the time of effecting this insurance.
8. claims where **you** have not obtained a written statement from the appropriate authority confirming the reason for the delay and how long it lasted.

If you need to Claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 1444 465 590

Our claims handlers will need to see:

- Completed claim form
- Booking invoice(s) for the **trip**
- Proof of ownership / purchase for the **Ski equipment** claimed
- Damaged: Estimate for repair, or proof that the **Ski equipment** is beyond repair or destroyed
- Loss or theft: Official loss, theft or damage written report, from the police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by **you**.
- Delayed, loss or damage (checked-in baggage): Property Irregularity Report (PIR) or equivalent obtained within 24 hours of the incident, and if applicable the carrier's written confirmation the items are permanently lost
- Delayed, loss or damage (checked-in baggage): Tickets and luggage tags
- Delayed, loss or damage (checked-in baggage): Evidence from the carrier of any compensation or reimbursement issued to you towards your losses
- Delayed: Invoices and receipts for **essential items** purchased in resort
- Delayed: Evidence of the date and time **your** baggage was returned to **you**
- **Ski pack**: Medical report confirming when **you** became medically unfit to ski
- **Ski pack**: Evidence of all prepaid **ski pack** costs
- Piste closure: Documentation from the ski resort confirming the lack of snow & the dates their piste was closed
- Details of other insurance, or third party responsible, if applicable
- Damaged: Keep damaged items in case **we** ask for them. If requested, they will need to be sent to: Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. **We** will not cover the postage cost applicable

Any item with a purchase price over £50 must be supported by original proof of ownership or purchase. An individual limit of £50 will apply to each item not supported, with an overall limit of £150 for all such items

SPORTS AND HAZARDOUS ACTIVITIES

You are not covered for taking part in any **Sports and hazardous activities** unless it is listed below, and unless **you** have paid the required premium where appropriate. In respect of **Sports and hazardous activities** Categories B to C, the maximum age limit is 75. If **you** are going to take part in any sports or activities which may be considered dangerous or hazardous that is not detailed below, please contact **your** issuing agent who will see if **we** can provide cover.

Important note:

1. Under the Personal Liability Section of this policy, **you** will not be covered whilst participating in any **Sports and hazardous activities** or anything caused directly or indirectly by **you** owning or using any firearms or weapons, animal, aircraft, **motorised vehicle**, boat and other watercraft, or any form of motorised leisure equipment, including jet skis and snowmobiles.
2. Under the Personal Accident Section of this policy, **you** will not be covered whilst participating in any **Sports and hazardous activities**.

For the purpose of **Sports and hazardous activities**, **sole purpose** shall mean taking part in any **Sports and hazardous activities** on more than 50% of the number of days of **your** booked **trip**.

All Sports and hazardous activities are subject to the following endorsement:

Sports and hazardous activities endorsement:

The exclusion of **Sports and hazardous activities** in the General conditions and exclusions applying to all sections of cover is deleted in respect of cover under the **Curtailed** Section and Emergency Medical and **Repatriation** Expenses Section only for participation in the following **Sports and hazardous activities** on a non-professional (amateur) and recreational basis, provided that; **you** ensure the activity is adequately supervised, that appropriate safety equipment (such as protective headwear, life jackets etc.) are worn at all times and **you** do not participate in such **Sports and hazardous activities** for more than 90 days after the start date of your trip in any one **Period of Insurance**.

Cover for the following activities that are considered to be Sports and hazardous activities is included at no extra premium provided they are incidental to the trip (not sole purpose) and for recreational purposes only, not for competitions or any professional activity:

Category A:

Aerobics, Angling/Fishing (Fresh Water), Archery, Badminton, Bamboo Rafting, Banana Boating, Baseball, Basketball, Beach Games, Biking on road only, Blade Skating, Board Sailing-**Inshore** only, Boating, Body Boarding- **Inshore** only, Boogie Boarding- **Inshore** only, Bowls, Canoeing, Catamaran Sailing-**Inshore** only, Clay Pigeon Shooting, Cricket, Croquet, Cross Country Running, Curling, Cycling (excluding off-road, BMX or Mountain Biking), Dancing, Darts, Dinghy Sailing, Disc Golf, Doughnut, Dragon Boat Racing, Fell walking up to 2000 metres, Fruit or Vegetable Picking (no higher than 3 metres),

Glass Bottom Boats, Goalball, Golf, Handball, Hiking up to 2000 metres (excluding the use of picks, ropes and guides), Hobie Catting - **Inshore** only, Ice-skating (rink only), Jet Boating - **Inshore** only, Jet Skiing - **Inshore** only, Jogging, Kayaking- **Inshore** only and up to white water grade 3, Kite Boarding, Kite Surfing, Korfbal, Laser Tag, Low Ropes, Motorcycling up to 50cc (Excluding Quad biking and Motorcycle Touring), Netball, Non-Manual Labour – excluding Animal Sanctuary/Refuge work, Orienteering, Parascending (towed by boat), Pilates, Pony Trekking, Pool, Power Boating -**Inshore** only, Rackets, Racquet Ball, Rafting - Inshore only and up to white water grade 3, Rambling up to 2000 metres (excluding the use of picks, ropes and guides), Roller skating, Rounders, Rowing, Sail Boarding -**Inshore** only, Sailing- **Inshore**, Scuba diving (up to 18 metres, also see scuba diving endorsement in this policy), Sea Fishing (From Shore), Snooker, Snorkelling, Softball, Spinning, Squash, Surfing - **Inshore** only, Swimming - (Pool and **Beach swimming** within a marked area with a lifeguard only), Swimming off a boat (with a qualified supervisor in attendance i.e. a lifeguard), Swimming with dolphins, Sydney Harbour Bridge Climbing (Professional, organised and supervised), Table tennis, Tennis, Theme Parks, Trampolining, Trekking up to 2000 metres (excluding the use of picks, ropes or guides), Tubing, Tug of War, Volleyball, Wakeboarding, Walking up to 2000 metres (excluding the use of picks, ropes and guides), War games, Water Parks, Water Polo, Water-skiing – **Inshore** only and no jumping, Whale Watching, Windsurfing - **Inshore** only, Yachting (excluding crewing) - **Inshore** and Yoga.

The following Category activities are not covered by this insurance unless an additional premium has been paid and the schedule of cover and limits shows the cover has been provided. If the additional premium has been paid, the activities are covered provided they are incidental to the trip (not sole purpose) and for recreational purposes only, not for competitions or any professional activity, and subject to the above endorsement:

Category B:

Provided **you** have paid the appropriate premium, **you** will be covered for all of the activities listed in Category A plus the following activities: - Animal/Camel/Elephant/Horse/Riding under 7 days, Breathing Observation Bubble (BOB) up to 18 metres, Bungee Jump , Charity Rallies (no racing) - Sole purpose of **trip** is covered, Cycle Touring - Sole purpose of **trip** is covered, Deep Sea Fishing -**Inshore** only, Dog Sledging, Fell Walking(between 2000 and 3000 metres altitude) - Sole purpose of **trip** is covered, Fencing, Flying a private plane or small aircraft, Flying as a passenger in a private or small aircraft, Football, Glacier Walking, Go Karting up to 250cc, Gorilla Trekking - Sole purpose of **trip** is covered, Gymnastics, Hiking between 2000 and 3000 metres altitude (excluding the use of picks, ropes and guides) - Sole purpose of **trip** is covered, Hockey - (Field), Hot Air Ballooning, Hydro Zorbing, Manual/Farm Work (ground level only no machinery - excluding Animal Sanctuary/Refuge work), Motorcycling (between 51cc – 125cc no racing) as a rider or passenger. When using the vehicle, either as a driver or passenger, a helmet must always be worn. The rider must hold an appropriate **UK** licence (Excluding Motorcycle Touring), Paint Balling, Passenger Sledge, Quad Biking (no racing) 125cc or under as a rider or passenger. When using the vehicle, either as a driver or passenger, a helmet must always be worn. The rider must hold an appropriate **UK** licence, Rambling between 2000 and 3000 metres altitude (excluding the use of picks, ropes and guides) - Sole purpose of **trip** is covered, Reindeer Sledge, Safari (**UK** booked and not involving use of firearms) - Sole purpose of **trip** is covered, Scuba Diving (between 18 and 30 metres, also see scuba diving endorsement in this policy), Sea Canoeing - **Inshore** only, Sea Kayaking -**Inshore** only, Soccer, Trekking between 2000 and 3000 metres altitude (excluding the use of picks, ropes and guides) - Sole purpose of **trip** is covered, White Water Canoeing (Grade 4), White Water Kayaking (Grade 4), White Water Rafting (Grade 4) and Wind Tunnel Flying.

Category C:

Provided **you** have paid the appropriate premium, **you** will be covered for all of the activities listed in Categories A and B, plus the following activities: - Abselling, Big Foot, Devil Karting, Dirt Boarding, Gaelic Football, Glacier Skiing, Gliding, Horse riding over 7 days (no Polo, Hunting or Jumping), Hurling, Ice Fishing, Ice Hockey - With full body protection, Kick Boxing (Training only), Lacrosse/Shinty, Manual Work (ground level only including the use of light hand held machinery), Marathon, Martial Arts (Training only), Motorcycling over 125cc. Must have a full Clean Licence and be over the age of 25 years as a rider or passenger. When using the vehicle, either as a driver or passenger, a helmet must always be worn (Excluding Quad biking and Motorcycle Touring), Octopush, **Off Piste** Skiing (with a professional guide/instructor within recognised resort areas), **Off Piste** Snowboarding (with a professional guide/instructor within recognised resort areas), Outdoor Endurance Events, River Tubing, Roller Hockey, Rugby, Sand Boarding, Sand Dune Surfing, Sand Skiing, Sand Yachting, Segway (Supervised, non-competitive), Shark Diving (Cage only), Skate Boarding, Ski Run Walking, Ski Yawing, Ski-Dooing, Skiing - Sole purpose of **trip** is covered, Skiing (Cross Country), Skiing (Dry Slope), Sledging, Snow Blading - Sole purpose of **trip** is covered, Snow Boarding - Sole purpose of **trip** is covered, Snow Bobbing, Snow Carting up to a 125cc, Snow Decking, Snow Go Karting, Snow Kiting, Snow Mobiling, Snow Parascending, Snow Scooting, Snow Shoe Walking, Snow Shoeing, Snow Tubing, Snow Zorbing, Snowboarding (Dry Slope), Snowcat Driving, Snowcat Skiing, Summer Tobogganing, **Open water swimming**, Swimming off a boat (Unsupervised and/ or no lifeguard), **Open water swimming** with Dolphins, Tobogganing, Tree Top Canopy Walking, Triathlon, Water Hockey, White Water Canoeing (Grade 5 to 6), White Water Kayaking (Grade 5 to 6), White Water Rafting (Grade 5 to 6), Yachting/Sailing (including crewing) –**Offshore** but within European waters only - Sole purpose of **trip** is covered, and Zip Lining.

In addition to the Sports and Hazardous Activities endorsement Scuba diving is also subject to the following endorsement Scuba diving endorsement

Scuba diving to a maximum depth of eighteen (18) metres (see Category A) or thirty (30) metres (see category B) will be covered provided that **you** hold a British Sub Aqua Club (BSAC), Professional Association of Diving Instructors (PADI) or equivalent certificate of proficiency for the dive being undertaken or **you** are under the direct supervision of a qualified instructor; are diving with proper equipment and not contrary to BSAC codes of good practice; are not solo/cave/wreck diving, are not diving for hire or reward; are not diving within 24 hours of flying or flying within 24 hours of diving and are not suffering from any medical condition likely to impair **your** fitness to dive.

IF YOU NEED TO CLAIM

If **you** require a claim form, please download the relevant claim form relating to your claim from the internet at:

www.imglobal.com/member/assistance/claims Alternatively, please advise **us** of the section of the insurance on which **you** want to claim under, along with the policy number and post to:

Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. Telephone: +44 (0)1444 465 590

You need to:

1. give **us** full details in writing of any incident that may result in a claim under any section of the policy at the earliest possible time.
2. provide all necessary information and assistance **we** may require at **your** own expense (including where necessary medical certification and details of **your** National Health number or equivalent and Private Medical Insurance).
3. pass any and all correspondence relating to outstanding medical bills to **us** with **your** claim form, or if received afterwards, send them on to **us** quoting **your** claim reference number.
4. pass on to **us** immediately every writ, summons, legal process, or other communication in connection with the claim
5. provide full details of any House Contents and All Risks insurance policies **you** may have.
6. ensure that all claims are notified within 3 months of the incident occurring
7. not abandon any property to **us** or the claims office
8. not admit liability for any event or offering to make any payment without **our** prior written consent

We will:

1. make **your** policy void where a false declaration is made, or any claim is found to be fraudulent.
2. take over and deal with, in **your** name, the defence/settlement of any claim made under the policy.
3. subrogate against the responsible party and take proceedings in **your** name but at **our** expense to recover for **our** benefit the amount of any payment made under the policy.
4. obtain information from **your** medical records (with **your** permission) for the purpose of dealing with any medical claims. No personal information will be disclosed to any outside person or organisation without **your** prior approval.
5. only make claims payments by electronic BACS transfer, unless otherwise agreed by us.
6. cancel all benefits provided by this policy without refund of premium when a payment has been made for cancellation or **curtailment** of the **trip**.
7. not make any payment for any event that is covered by another insurance policy.
8. only pay a proportionate amount of the claim where there is other insurance in force covering the same risk and to require details of such other insurance.
9. settle all claims under the law of the country that **you** live in within the **United Kingdom, Channel Islands, or Isle of Man** unless **we** agree otherwise with **you**.
10. submit any disputes arising out of this contract to the exclusive jurisdiction of the courts of the country that **you** live in within the **United Kingdom, Channel Islands, or Isle of Man**

DATA PROTECTION – PERSONAL INFORMATION

How Red Sands Insurance Company (Europe) Ltd and Ancile Insurance Group Ltd use your data:

Red Sand Insurance Company (Europe) Limited (“Red Sands”) holds **your** personal information in accordance with all applicable data protection laws. Red Sands are registered under the Data Protection Act in Gibraltar. Ancile Insurance Group (“Ancile”) is registered under the Data Protection Act in the **United Kingdom**, number Z9640415.

Purpose of collection

Both Red Sands and Ancile (together “**We**”) collect, store and use **your** personal information in order to consider **your** application for insurance and to administer insurance services to **you**, including claims investigation and management, Underwriting, Complaint’s handling, the detection and prevention of crime and customer service. **We** are committed to protecting and respecting **your** privacy in accordance with the current Data Protection Legislation (“Legislation”) in **our** respective jurisdictions. This notice sets out the basis on which **We** will process any personal data that **We** collect from **you**, or that **you** provide to us. For the purposes of the Legislation, Red Sands will qualify as the Data Controller and Ancile will qualify as the Data Processor in relation to any personal data **you** supply to us. **We** may also use this information for secondary purposes related to the purposes listed above, such as offering **you** additional insurance or insurance-related products or services that **we** believe **you** might be interested in considering. This will always be done as permitted by the relevant Legislation.

Disclosure

In conducting business, **we** may communicate **your** personal information to organisations to whom **we** may outsource certain functions or to associated companies to fulfil **your** insurance contract. Any such communication is performed with strict adherence to **our** Privacy Policy. **You** have various rights in relation to personal information that is held by us, including the right to request access to **your** personal information, the right to correct inaccurate personal information, or the right to request the deletion or suppression of personal information where this is not restricted by any conflicting legitimate interest.

Privacy Policy (Red Sands)

his notice explains certain aspects of how **we** use **your** information and what rights **you** have in relation to **your** personal information; however, **you** can obtain more information about how **We** use **your** data by reviewing **our** full Privacy Policy. **Our** Privacy Policy is available on **our** website <https://www.redsands.gi/privacy-policy>. **Your** data will always be treated in accordance with **our** Privacy Policy.

OUR PROMISE TO YOU

It is **our** aim to give a high standard of service and to meet any claims covered by these policies honestly, fairly, and promptly. **We** occasionally get complaints, and these are usually through a misunderstanding or insufficient information. Any complaint will be investigated at once and the matter resolved as quickly as possible. Please see below for information on **our** complaints procedure.

HOW TO COMPLAIN

Your right to complain

If **your** complaint is regarding the selling of **your** policies:

email: complaints@ancileinsurance.com or write to: Complaints Manager, Ancile Insurance Group Ltd, Kao Hockham Building, Edinburgh Way, Harlow, Essex, CM20 2NQ

Or if **you** would like to complain about the outcome of **your** claim or assistance provided, please forward details of **your** complaint in the first instance as follows:

Email qualityassurance@global-response.co.uk or write to: Quality Assurance Manager, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. Or Call +44 (0)1444 465 590,

Who will then acknowledge receipt by email within five business days of receiving your complaint.

In the unlikely event that they require longer than four weeks to complete their investigations for **your** complaint, they will write to **you** to explain why they are not yet in a position to respond and indicate when they will make further contact (this must be within eight weeks of the receipt of the original complaint).

If **you** have received their Final Response and are still not satisfied with the outcome, **you** may ask the Financial Ombudsman Service (FOS) to review **your** case. Their address is Exchange Tower, London, E14 9SR. Their telephone advice line is 0800 023 4567 if calling from a landline or 0300 123 9123 if calling from a mobile or visit www.financial-ombudsman.org.uk **You** must do this within six months from the date of the Final Response.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

Red Sands Insurance Company (Europe) Limited is a member of the UK’s Financial Services Compensation Scheme. If **we** are unable to meet **our** liabilities, **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available at www.fscs.org.uk, by emailing enquiries@fscs.org.uk or by phoning the FSCS on 0800 678 1100 or 0207 741 4100.



Certificate Wording

END SUPPLIER FAILURE INSURANCE – ESFI

This cover is provided by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom and is underwritten by Liberty Mutual Insurance Europe SE (**The Insurer**). The Insurer is authorised and regulated by the Luxembourg Minister of Finance and the Commissariat aux Assurances. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority (registered number 829959). Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

The Insurer will pay up to £1,500 in total for each **Insured Person** named on the Invoice for:

- 1 Irrecoverable sums paid prior to Financial Failure of the Scheduled Airline, hotel, train operator including Eurostar, car ferries; villas abroad & cottages in the UK; coach operator, car or camper hire company, caravan sites, campsites, mobile home, safaris; excursions; Eurotunnel; theme parks or attractions all known as the End Supplier of the travel arrangements not forming part of an inclusive holiday prior to departure
or
- 2 In the event of Financial Failure after departure:
 - a) additional pro rata costs incurred by the Insured Person(s) in replacing that part of the travel arrangements to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements
or
 - b) if curtailment of the holiday is unavoidable - the cost of return transportation to the United Kingdom, Channel Islands, Isle of Man or Northern Ireland to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements.

Financial Failure means the End Supplier becoming Insolvent or has an administrator appointed and being unable to provide agreed services.

End Supplier means the company that owns and operates the services listed in point 1 above.

The Insurer will not pay for:

1. Travel or Accommodation not booked within the United Kingdom, Channel Islands, Isle of Man or Northern Ireland prior to departure
2. Any End Supplier which is, or which any prospect of Financial Failure is known by the Insured or widely known publicly at the date of the Insured's application under this policy
3. Any loss or part of a loss which at the time of the happening of the loss is insured or guaranteed by any other existing Policy, Policies, bond or is capable of recovery from under Section 75 of the Consumer Credit Act or from any bank or card issuer or any other legal means
4. The Financial Failure of any travel agent, tour organiser, booking agent or consolidator with whom the Insured has booked travel or accommodation
5. Any losses which are not directly associated with the incident that caused the Insured to claim. For example, loss due to being unable to reach your pre-booked hotel following the financial failure of an airline.

INSOLVENCY CLAIMS ONLY

Insolvency Claims Procedure: - International Passenger Protection (IPP) claims only. Any occurrence which may give rise to a claim should be advised as soon as reasonably practicable to the following by quoting your Policy Number, Travel Insurance Policy name and **reference IPP ESFI VI-21**:

IPP Claims at Sedgwick
Oakleigh House
14-15 Park Place
Cardiff CF10 3DQ. United Kingdom

Telephone: +44 (0)345 266 1872
Email: insolvency-claims@ipplondon.co.uk
Website: www.ipplondon.co.uk/claims.asp

ALL OTHER CLAIMS -REFER TO YOUR INSURANCE DOCUMENT AND SEE ALTERNATIVE CLAIMS PROCEDURE.



HOW TO MAKE A COMPLAINT

Compliance Officer
Liberty Mutual Insurance Europe SE
20 Fenchurch Street
London EC3M 3AW
Tel: +44 (0) 20 3758 0840
Email: complaints@libertyglobalgroup.com

quoting **your** policy and/or claim number;

If after making a complaint you are still not satisfied you may be entitled to refer the dispute to an independent organisation. This will depend on where you are based, please see below.

For policyholders and insured persons based in the UK

The Financial Ombudsman Service is a free and impartial service, who may be contacted at:

Exchange Tower
Harbour Exchange
London
E14 9SR
Tel: 0800 023 4567
Website: www.financial-ombudsman.org.uk

To confirm whether you are eligible to ask the Financial Ombudsman Service to review your complaint find out more at www.financial-ombudsman.org.uk

Data Protection

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purposes of providing this insurance and the handling of any claims or complaints, we may need to transfer certain information which you have provided to other parties.

Sanctions

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Non-Assignment

No title, right or interest under this policy may be assigned, transferred, conveyed or otherwise disposed of without the consent in writing of the Insurer hereon. Any attempt to assign rights or interests without the **Insurer's** written consent is null and void.

DENIAL OF BOARDING EXTENSION (OVERSEAS RETURN QUARANTINE) (POLICY B)

Accommodation Expenses

We will pay up to the amount shown in the schedule of cover for:

additional accommodation (of a standard no greater than **your** original booking) for each full 24-hour period that **you** are unable to return to **your home country** if **you** were denied boarding on the return journey of **your** trip due to having or being suspected of having an infectious disease (including Covid-19)

Return Transport

We will pay up to the amount shown in the schedule of cover for:

the cost of return transportation to **your home country** (of a standard no greater than the class of journey and in the same mode of transport **you** paid for on **your** outbound journey) at the earliest possible date based on medical or local authority advice if **you** were denied boarding on the return journey of **your** trip due to having or being suspected of having an infectious disease (including Covid-19).

Provided:

1. **you** have paid your excess or accepted it will be deducted from any settlement.
2. **your** airline company, rail operator, coach operator, ferry or cruise operator has not made arrangements to revalidate **your** original ticket, but **you** chose not to accept it.
3. **you** are not claiming for any costs that **you** are able to retrieve or are covered by **your** package holiday provider.
4. **you** did not choose against undertaking **your** return journey.
5. **you** were denied boarding by **your** airline company, rail operator, coach operator, ferry, or cruise operator.
6. **you** are not asking **us** to pay for travel to anywhere other than **your home country**.
7. **you** are not claiming for any costs relating to food or drink.
8. **you** do not ask **us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, ATOL, Air Passenger Rights, (including Civil Aviation Authority requirements), or ABTA protection, or any other specific legislation for transport or travel providers.
9. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider.
10. **you** can provide **us** with a written report from the airline company, rail operator, coach operator, ferry or cruise operator confirming the refusal of boarding.
11. **you** are not claiming for costs associated with **you** attempting to return prior to the recommended return date following your initial refusal of boarding.
12. **you** are not claiming for costs of any **travelling companion** other than.
 - **your** children who are under 18 years of age, or
 - a legal dependant who is unable to travel without **you** who is insured on this policy and where there is no responsible adult to supervise them, until **you** are able to return to **your home country**.
13. **you** must provide **us** with any information or documentation **we** may reasonably require enabling **us** to verify and process **your** claim.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in the main policy wording. Additionally, no cover is provided under this section for:

any claim where **you** have travelled to a destination that the Foreign, Commonwealth and Development Office (FCDO), government or local authority has advised against all or all but essential travel to due to an epidemic or pandemic occurrence before the commencement of **your** journey.

If you need to claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 144 446 5590

Our claims handlers will need to see:

- Completed claim form
- Booking invoice(s) for each part of the **trip**
- Carrier's letter showing the original scheduled departure dates and times, and exact reason for denying **your** boarding
- Invoices, bank / card statements and receipts for additional costs **you** incurred
- Details of other insurance, or third party responsible, if applicable

GOLF COVER EXTENSION (POLICY B)

on payment of additional premium

We will pay up to the amount shown in the schedule of cover for:

Loss of Golf Equipment

1. the cost of repair of **golf equipment** that is partially damaged whilst on **your trip**, up to the market value of the item, allowing for age, wear, and tear.
- Or
2. the market value of the **golf equipment**, allowing for age, wear, and tear to cover **golf equipment** that is stolen, permanently lost, or destroyed whilst on **your trip**.

Equipment Hire

the cost of hire of **golf equipment** if **your golf equipment** is lost, stolen, or delayed on your outward journey for over 12 hours from the time **you** arrived at **your trip** destination.

Provided:

1. **you** have paid your excess or accept it will be deducted from any settlement.
2. **you** have complied with the carrier's conditions of carriage.
3. **you** have notified the Police, **your** carrier or tour operator's representative and obtained an independent written report with written confirmation of any loss or damage.
4. **you** are not claiming for damage caused by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth or vermin, perishable items and/or their contents.
5. **your golf equipment** is not specifically insured elsewhere.
6. **you** own the **golf equipment** **you** are claiming for and are able to provide proof of ownership/purchase and original purchase price for any **golf equipment** over £50 in value.
7. **you** are able to provide either the damaged **golf equipment** on request or to prove the existence or ownership/purchase of any **golf equipment** lost or stolen.
8. **you** have kept all receipts for any hired **golf equipment** and sent them in to **us** with your claim.

Loss of Green Fees

We will pay up to the amount shown in the schedule of cover for:

the loss of green fees should the pre-booked course become unplayable due to adverse weather conditions or because of **your** serious injury/**illness** occurring during the **trip** preventing you from playing golf.

Provided:

the course is closed by a club official, and you have confirmation in writing or contacted the 24/7 assistance team about a medical claim.

Hole in One

We will pay up to the amount shown in the schedule of cover if:

you complete a hole in one stroke gross (i.e., exclusive of handicap) during any organised game on any golf course during **your trip**. Please note: this benefit will only be payable once in any game.

Provided:

1. **you** have confirmation in writing from the club secretary and **your** playing partner.
2. **you** have kept all receipts for these items and send them in to **us** with your claim.

There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in the main policy wording or any items that do not fall within the categories of cover listed. There is a maximum amount you can claim and a maximum amount in total for each category, and these are shown under the Schedule of cover. This section only covers golf equipment listed under the golf equipment definition of the main policy wording that belong to you, is not 'new for old' and an amount for age, wear, and tear will be deducted. Additionally, no cover is provided under this extension for:

1. any intentional damage to **golf equipment** due to carelessness/reckless actions.
2. any claim where **you** have left **your golf equipment unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means.
3. any claim not evidenced by a report specified in this section, unless otherwise agreed by **us**.
4. any claim if **you** do not produce written confirmation from the secretary of the club, stating that the hole in one has been performed to the satisfaction of the club, together with the original score card fully completed and duly signed.

If you need to claim:

Download a claim form at www.imglobal.com/member/assistance/claims or call +44 (0) 144 446 5590

Our claims handlers will need to see:

- Completed cancellation claim form
- Booking invoice(s) for the **trip**
- Proof of ownership / purchase for the items claimed
- Damaged: Estimate for repair, or proof that the item is beyond repair or destroyed
- Loss or theft: Official loss, theft or damage written report, from the police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by You.
- Delayed, loss or damage (checked-in baggage): Property Irregularity Report (PIR) or equivalent obtained within 24 hours of the incident, and if applicable the carrier's written confirmation the items are permanently lost
- Delayed, loss or damage (checked-in baggage): Tickets and luggage tags
- Delayed, loss or damage (checked-in baggage): Evidence from the carrier of any compensation or reimbursement issued to **you** towards **your** losses
- Delayed: Invoices and receipts for **golf equipment** hired in resort
- Delayed: Evidence of the date and time **your golf equipment** was returned to **you**
- Green fees: Medical report confirming when **you** became medically unfit to play, or documentation from the golf club / resort confirming the reason and dates the course was closed
- Hole in one: Documentation from the golf club / resort secretary and playing partner confirming **your** official hole in one during an organised game
- Details of other insurance, or third party responsible, if applicable

For damaged items:

Keep damaged items in case we ask for them. If requested, they will need to be sent to: Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. We will not cover the postage cost applicable.

Any golf equipment with a purchase price over £50 must be supported by original proof of ownership or purchase. An individual limit of £50 will apply to each item not supported, with an overall limit of £150 for all such items