

## Single Trip And Backpacker Travel Insurance Policy

Cover is only available if **you** are a **resident** of the **UK**, the **Channel Islands** or the Isle of Man.  
This policy has restricted cover for claims relating to existing medical conditions.

If **you** are renting an **insured vehicle** for use within **your home** country, **you** must also have  
at least 2 nights pre-booked accommodation.

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## Important Telephone Numbers

Customer Services:		<b>020 8603 9653</b>
24hr emergency medical assistance (for medical emergencies or curtailment requests):		
	Outside UK:	<b>+44 20 8686 1666</b>
	Within UK:	<b>020 8686 1666</b>
24-hr Legal helpline:		
	Outside UK:	<b>+44 20 8603 9804</b>
	Within UK:	<b>020 8603 9804</b>
Claims:		<b>020 8603 9958</b>

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

## Demands and Needs Statement

Allianz Global Assistance travel insurance suits the demands and needs of customers who wish to insure themselves for medical emergencies, delayed or missed departures, cancellation and curtailment, lost, stolen or delayed possessions, loss of travel money and passport, personal accident, personal liability and legal expenses when travelling.

The levels of cover may vary depending on which option you choose and where you travel (whether in the UK or overseas).

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

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

**Allianz Global Assistance has only provided you with information and has not provided you with any recommendation or advice about whether this product meets your specific insurance demands and needs.**

## About us and our insurance services



Allianz Global Assistance  
102 George Street  
Croydon  
CR9 6HD

### 1. The Financial Conduct Authority (FCA)

The FCA is the independent watchdog that regulates financial services. Use this information to decide if our services are right for you.

### 2. Whose products do we offer?

We are an insurance intermediary that offers products from a single insurance company, AWP P&C SA which is a French company duly authorised in France. We act on their behalf.

### 3. Which service will we provide you with?

You will not receive any personal advice or a recommendation from us for travel insurance. We may ask some questions to narrow down the selection of products that we will provide details on. You will then need to make your own choice about how to proceed.

### 4. What will you have to pay us for this service?

You will only pay us the premium for your policy, and you will not pay us a fee for arranging this on your behalf. We are paid for our services to you by the insurance company, AWP P&C SA. The nature of such payment is a mixture of commission and other fees based on our costs for administering your policy.

### 5. Who regulates us?

Allianz Global Assistance is a trading name of AWP Assistance UK Ltd, 102 George Street, Croydon CR9 6HD which is authorised and regulated by the Financial Conduct Authority. Our Financial Services Register number is 311909. Our permitted business includes arranging travel insurance.

You can check this on the Financial Services Register by visiting the FCA's website [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting the FCA on 0800 111 6768.

### 6. What to do if you have a complaint

If you wish to register a complaint, please contact us:

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

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service for independent arbitration. Visit: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk) write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR, call 0800 023 4567 or 0300 123 9 123, email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

### 7. Are we covered by the Financial Services Compensation Scheme (FSCS)?

For your added protection, we are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations.

Insurance advising and arranging is covered for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangements is available from the FSCS by calling 0800 678 1100 or 020 7741 4100, or visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk)

## Schedule of cover

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

Cover	Bronze Limit (up to)	Silver Limit (up to)	Gold Limit (up to)	Backpacker Limit (up to)
<b>Excess</b>	£100	£75	£50	£100
<b>1 Cancellation or curtailment</b> - Excursions	£500 £150	£2,500 £150	£5,000 £150	£2,500 £150
<b>2 Emergency medical and associated expenses</b> - In-patient benefit - Dental - Funeral expenses - Excursions	£1 million  £10 / day £200 max. £350 £1,500 £150	£5 million  £20 / day £500 max. £350 £1,500 £150	£10 million  £40 / day £1,000 max. £350 £1,500 £150	£5 million  £20 / day £500 max. £350 £1,500 £150
<b>3 Loss of passport</b>	No cover	£150	£250	£150
<b>4 Delayed personal possessions</b>	£50	£150	£200	£150
<b>5 Personal possessions</b> - Single item - Valuables limit - Tobacco, alcohol, fragrances limit	No cover	£1,500 £300 £400 £50	£2,000 £300 £500 £50	£1,500 £300 £400 £50
<b>6 Personal money</b> - Cash limit	No cover	£500 £250	£500 £250	£500 £250
<b>7 Personal accident</b>	£5,000	£15,000	£20,000	£15,000
<b>8 Missed departure</b>	£250	£500	£750	£500
<b>9 Delayed departure</b> - Delay  - Abandonment	£100 (£10 each 12 hours)  £500	£250 (£20 first 12 hours, £10 each extra 12 hours)  £2,500	£300 (£30 first 12 hours, £15 each extra 12 hours)  £5,000	£250 (£20 first 12 hours, £10 each extra 12 hours)  £2,500
<b>10 Personal liability</b>	£1 million	£2 million	£2 million	£2 million
<b>11 Legal expenses</b>	No cover	£25,000	£25,000	£25,000
<b>Additional covers</b>				
<b>12 Winter sports cover</b> Ski pack Delayed ski equipment Ski equipment (own) - Single item Ski equipment (hired) Piste closure Avalanche closure	£300 No cover No cover No cover £200 (£20 a day) £250 (£25 a day)	£300 £300 £400 £300 £200 £200 (£20 a day) £250 (£25 a day)	£300 £300 £400 £300 £200 £200 (£20 a day) £250 (£25 a day)	£300 £300 £400 £300 £200 £200 (£20 a day) £250 (£25 a day)
<b>13 Golf cover</b> Loss of green fees Delayed golf equipment Golf equipment (own) - Single item Hole-in-one	N/A N/A N/A N/A N/A	£375 (£75 a day) £200 (£20 a day) £1,500 £300 £50	£375 (£75 a day) £200 (£20 a day) £1,500 £300 £50	N/A N/A N/A N/A N/A
<b>14 Business cover</b> Replacement business associate Business equipment Business samples	N/A N/A N/A	£750 £300 £150	£1,000 £500 £350	N/A N/A N/A
<b>15 Wedding cover</b> Wedding rings Wedding gifts Wedding clothes Wedding photographs/video	N/A N/A N/A N/A	£250 each ring £1,000 each couple £1,500 each couple £750	£250 each ring £1,000 each couple £1,500 each couple £750	N/A N/A N/A N/A

Additional covers (continued)	Bronze Limit (up to)	Silver Limit (up to)	Gold Limit (up to)	Backpacker Limit (up to)
<b>16 Accidental damage excess / deposit reimbursement</b>	£2,000	£2,000	£2,000	N/A
Excess / deposit charged by hire company	£2,000	£2,000	£2,000	N/A
Roof of the vehicle	£600	£600	£600	N/A
Windows, windscreen or glass in sunroof	£800	£800	£800	N/A
Undercarriage	£500	£500	£500	N/A
Tyres				
- Each tyre for replacement	£100	£100	£100	N/A
- Each tyre for repair	£50	£50	£50	N/A
<b>17 Rental vehicle key cover</b>	£500	£500	£500	N/A

#### Note

##### Inner limits

Some sections of cover also have extra sub-limits, for example the personal accident section has a benefit limit depending on the age of the **insured person**.

##### Policy excess

The **excess** only applies to certain sections - see under the heading 'What you are not covered for' under each individual section for further details. The **excess** under Bronze cover for section 10 - Personal liability is increased to £150.

##### Wedding cover

Cover under this section is only available on single trip Silver and Gold policies.

## Important information

Thank **you** for taking out Allianz Global Assistance travel insurance with **us**.

**Your** insurance confirmation email shows the sections of the policy **you** have chosen, the people who are covered and any special terms or conditions that may apply.

**Your** policy does not cover everything. **You** should read this policy carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand, **you** should call Allianz Global Assistance travel insurance on **020 8603 9653** or write to **us** at 102 George Street, Croydon, CR9 6HD, email: [insurance@allianz-assistance.co.uk](mailto:insurance@allianz-assistance.co.uk)

#### Insurer

**Your** Allianz Global Assistance travel insurance is underwritten by AWP P&C SA and is administered in the **United Kingdom** by Allianz Global Assistance.

#### How your policy works

**Your** policy and insurance confirmation email is a contract between **you** and **us**. **We** will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**. Unless specifically mentioned, the benefits and exclusions within each section apply to each **person insured**.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

#### Information you need to tell us

There is certain information that **we** need to know as it may affect the terms of the insurance cover **we** can offer **you**.

**You** must, to the best of **your** knowledge, give accurate answers to the questions **we** ask when **you** buy **your** Allianz Global Assistance travel insurance. If **you** do not answer the questions truthfully it could result in **your** policy being invalid and could mean that all or part of a claim may not be paid.

If **you** think **you** may have given **us** any incorrect answers, or if **you** want any help, please call **020 8603 9653** as soon as possible and **we** will be able to tell **you** if **we** can still offer **you** cover.

#### Cancellation rights

If **your** cover does not meet **your** requirements, please notify **us** within 14 days of receiving **your** insurance confirmation email and return all **your** documents for a refund of **your** premium.

**You** can contact **us** at Allianz Global Assistance travel insurance, 102 George Street, Croydon, CR9 6HD telephone **020 8603 9653** email: [insurance@allianz-assistance.co.uk](mailto:insurance@allianz-assistance.co.uk)

If during this 14 day period **you** have travelled, made a claim or intend to make a claim then **we** can recover all costs that **you** have used for those services. Please note that **your** cancellation rights are no longer valid after this initial 14 day period.

#### Policy excess

Under some sections of **your** policy, **you** will have to pay an **excess**. This means that **you** will be responsible for paying the first part of the claim for each **person insured**, for each section, for each claim incident. The amount **you** have to pay is the **excess**.

### Financial Services Compensation Scheme (FSCS)

For **you** added protection, the **insurer** is covered by the FSCS. **You** may be entitled to compensation from the scheme if the **insurer** cannot meet its obligations. This depends on the type of business and the circumstances of the claim. Insurance cover provides protection for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangements is available from the FSCS, by calling **0800 678 1100** or **020 7741 4100**, or by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk).

### Governing law

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

### Contracts (Rights of Third Parties) Act 1999

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

### Data protection notice

**We** care about **your** personal data.

This summary and **our** full privacy notice explain how Allianz Global Assistance protects **your** privacy and uses **your** personal data. **Our** full Privacy Notice is available at [www.allianz-assistance.co.uk/privacy-notice/](http://www.allianz-assistance.co.uk/privacy-notice/)

If a printed version is required, please write to Legal and Compliance Department, Allianz Global Assistance, 102 George Street, Croydon CR9 6HD.

- **How will we obtain and use your personal data?**

**We** will collect **your** personal data from a variety of sources including:

- Data that **you** provide to **us**; and
- Data that may be provided about **you** from certain third parties, such as **your** insurance broker, **doctors** in the event of a medical emergency or airline companies in the event of repatriation

**We** will collect and process **your** personal data in order to comply with **our** contractual obligations and/or for the purposes of **our** legitimate interests including:

- Entering into or administering contracts with **you**;
- Informing **you** of products and services which may be of interest to **you**.

- **Who will have access to your personal data?**

**We** may share **your** personal data:

- With public authorities, other Allianz Group companies, industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting and fraud prevention purposes;
- With other service providers who perform business operations on **our** behalf;
- Organisations who **we** deal with which provide part of the service to **you** such as in the event of a medical emergency;
- To meet **our** legal obligations including providing information to the relevant ombudsman if **you** make a complaint about the product or service that **we** have provided to **you**.

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

- **How long do we keep your personal data?**

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

- **Where will your personal data be processed?**

**Your** personal data may be processed both inside and outside the European Economic Area (EEA).

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

- **What are your rights in respect of your personal data?**

**You** have certain rights in respect of **your** personal data. **You** can:

- Request access to it and learn more about how it is processed and shared;
- Request that **we** restrict any processing concerning **you**, or withdraw **your** consent where **you** previously provided this;
- Request that **we** stop processing it, including for direct marketing purposes;
- Request that **we** update it or delete it from **our** records;
- Request that **we** provide it to **you** or a new insurer; and
- File a complaint.

- **Automated decision making, including profiling**

**We** carry out automated decision making and/or profiling when necessary.

- **How can you contact us?**

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

By post: Data Protection Officer, AWP Assistance UK Ltd, 102 George Street, Croydon CR9 6HD

By telephone: **020 8603 9853**

By email: [AzPUKDP@allianz.com](mailto:AzPUKDP@allianz.com)

## Definition of words

When the following words and phrases appear in the policy document or insurance confirmation email, they have the meanings given below. These words are highlighted by the use of bold print.

### Accident

An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.

### Appointed adviser

The solicitor or appropriately qualified person, firm or company, including us, who is chosen to act for **you** in **your** claim for compensation.

### Area of cover

**You** will not be covered if **you** travel outside the area **you** have chosen as shown on **your** insurance confirmation email.

- **Europe**  
UK, Continental Europe, Mediterranean islands, the **Channel Islands**, Isle of Man, Morocco, Algeria, Tunisia, Libya, Egypt, Israel, Turkey, Madeira, Canary Islands, the Azores, the Republic of Ireland, Iceland, Russia, Estonia, Latvia, Lithuania, Belarus, Ukraine, Moldova and Georgia.
- **Worldwide (excluding USA)**  
Worldwide, excluding United States of America, Canada and all islands in the Caribbean Sea including the Bahamas.
- **Worldwide (including USA)**  
Worldwide.

### Note

**You** will not be covered if **you** travel to a country or region where the Foreign and Commonwealth Office has advised against all travel or all but essential travel. For further details, visit [gov.uk/foreign-travel-advice](http://gov.uk/foreign-travel-advice).

If **you** are renting an **insured vehicle** for use within **your home** country, **you** must have at least 2 nights pre-booked accommodation.

### Business associate

Any person in **your home** country that **you** work closely with, whose absence from work means that the director of **your** business needs **you** to cancel or curtail **your journey**.

### Business equipment

Computer, television, fax and phone equipment (including mobile phones, PDAs) and any other equipment which is needed to carry out **your** business duties.

### Business samples

Demonstration goods or samples of goods sold by **your** company.

### Channel Islands

Jersey, Guernsey, Sark, Alderney and Herm.

### Damage

For sections 16 and 17 only

Damage to the **insured vehicle** caused by fire, vandalism, accident or theft occurring during **your rental period**.

### Couple

Two adults who have been permanently living together at the same address for more than six months and who will be travelling together. Cover will not apply unless both persons are booked to travel together.

### Departure point

The airport, international train station or port where **your** outward journey to **your** destination begins and where **your** final journey back **home** begins (including any connecting transport **you** take later).

### Doctor

A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than **you** or a **relative**.

### Economic sanction(s)

Any sanction, prohibited or restricted under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or **United Kingdom**. These may change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freezing the assets of a government, the corporate entities and residents of a sanctioned country, or freezing the assets of specific individuals or corporate entities.

### Excess / Deposit

- For sections 1-15 only  
The deduction **we** will make for the amount otherwise payable under this policy for each **person insured**, for each section, for each claim incident. For example a **couple** that both have **personal possessions** stolen from their bag and both incur a medical expense during the same **journey**, will have a total of four excesses deducted. Two of these will be for the two claims under section 5 (possessions) and two of these will be for the two claims under section 2 (medical).
- For sections 16 and 17 only  
The amount stated in **your** rental agreement that **you** are responsible for in the event of **damage** to the **insured vehicle**.

### Family

Two adults and all of their children (including foster children) aged 17 and under if in full time education. All persons must live at the same address. Each adult can travel independently, however, all insured children must travel with at least one of the insured adults.

### Golf equipment

Golf clubs, golf bag, golf trolley and golf shoes.

### Hazardous activity

The following activities are automatically covered:

- banana boating, cricket, cycling, deep sea fishing, fell walking, glacier walking, golf, hiking, horse riding (not competitions, show jumping, hunting, eventing, polo or rodeo), jet skiing, marathon running, mountain biking, netball, orienteering, parascending over water, ringos, running, safari trekking in a vehicle (must be an organised tour), scuba diving to a depth of 30 metres (if **you** hold a certificate of proficiency or **you** are diving with a qualified instructor), snorkelling, surfing, swimming, trekking, wakeboarding, walking, water skiing, windsurfing and zorbing.

There is no cover for:

- any professional sporting activity; or
- any kind of racing except racing on foot; or
- any kind of manual work.

**We** may be able to cover **you** for other activities that are not listed. Please contact Allianz Global Assistance travel insurance **020 8603 9653**. An extra premium may need to be paid.

### Home

**Your** usual place of residence in the **UK**, the **Channel Islands** or the Isle of Man.

### Insured vehicle

The vehicle owned by a licensed rental company or agency, which **you** have agreed to hire from them according to the terms of **your** rental agreement. The vehicle must:

- be no more than 10 years old;
- have no more than 9 seats;
- not be driven off a Public Highway;
- not be a motor home, campervan, commercial vehicle, minibus, motorcycle or moped;
- have a retail purchase price of less than **£70,000**.

### Insurer

AWP P&C SA.

### Journey

A trip that takes place during the **period of insurance** which begins when **you** leave **home** and ends when **you** get back **home** or to a hospital or nursing home in **your home** country, whichever is earlier.

- For single trip cover:
  - **you** will only be covered if **you** are aged 64 or under at the date **your** policy was issued.
  - any other trip which begins after **you** get back is not covered.
  - a trip which is booked to last longer than 180 days is not covered.
  - **you** will only be covered for taking part in **winter sports** activities when the extra premium has been paid and this is shown on **your** insurance confirmation email.
- For backpacker cover:
  - **you** will only be covered if **you** are aged 35 or under at the date **your** policy was issued.
  - any other trip which begins after **you** get back is not covered.
  - a trip which is booked to last longer than 365 days is not covered.
  - **you** will only be covered for taking part in **winter sports** activities when the extra premium has been paid and this is shown on **your** insurance confirmation email.



### Legal action

Work carried out to support a claim that **we** have agreed to. This includes settlement negotiations, hearings in a civil court, arbitration and any appeals resulting from such hearings other than an application by **you**:

- to the European Court of Justice, European Court of Human Rights or similar International body; or
- to enforce a judgment or legally binding decision.

### Legal costs

Fees, costs and expenses (including Value Added Tax or the equivalent local goods and services tax) which **we** agree to pay for **you** in connection with legal action. Also, any costs which **you** are ordered to pay by a court or arbitrator (other than damages, fines and penalties) or any other costs **we** agree to pay.

### Pair or set

A number of items of **personal possessions** (not including **ski equipment** or **golf equipment**) that belong together or can be used together.

### Period of insurance

- For sections 1-15 only  
Cancellation cover begins from the issue date shown on **your** insurance confirmation email and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey**.

All cover ends on the expiry date shown on **your** insurance confirmation email, unless **you** cannot finish **your** journey as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances, **we** will extend cover free of charge until **you** can reasonably finish that **journey**.

- For section 16 and 17 only  
Cover starts at the beginning of **your rental period** and finishes either at the end of **your rental period** or on the expiry date shown on **your** booking confirmation (whichever is the earlier).

### Personal money

Cash, cheques, postal and money orders, current postage stamps, travellers' cheques, coupons or vouchers which have a monetary value, admission tickets and travel tickets, all held for private and not business purposes.

### Personal possessions

Each of **your** suitcases, trunks and similar containers (including their contents) and articles worn or carried by **you** (including **your valuables**).

### Redundancy

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period of two years with the same employer if **you** are aged 18 and over or 65 and under.

### Relative

**Your** mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).

### Rental period

- For section 16 and 17 only  
The dates **you** have arranged to hire the **insured vehicle**, as confirmed on **your** rental agreement.
  - **You** will only be covered if **you** are aged between 21 and 64 at the date **your** policy was issued.
  - Any other vehicle rental beginning after **your journey** ends is not covered.
  - A vehicle rental booked outside the **period of insurance** is not covered.
  - A vehicle rental booked to last longer than 31 days is not covered.
  - If **you** are renting an **insured vehicle** for use within **your home** country, **you** must also have at least 2 nights pre-booked accommodation.

### Resident

A person who has their main **home** and is registered with a **doctor** in the **UK**, the **Channel Islands** or the Isle of Man and has not spent more than six months abroad during the year before the policy was issued.

### Ski equipment

This consists of skis, poles, boots, bindings, snowboards or ice skates.

### Ski pack

Hired **ski equipment**, ski school fees and lift passes.

### Travelling companion

Any person that has booked to travel with **you** on **your journey**.

### United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

**Valuables**

Jewellery, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer, television, fax and phone equipment (including mobile phones), MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.

**We, our, us**

AWP Assistance UK Ltd trading as Allianz Global Assistance which administers the insurance on behalf of the insurer.

**Wedding clothes**

The wedding dress, wedding suit and other accessories including shoes, make up, hair styling and flowers all bought especially for the insured bride or bridegroom, to use on their wedding day during the **journey**.

**Wedding gifts**

Gifts given to the insured bride or bridegroom during the **journey**. These may be sent in advance or purchased during the **journey**.

**Wedding ring**

The ring of the insured bride or bridegroom, who are to be married during the **journey**.

**Winter sports**

The following activities are covered if **winter sports** cover is shown on **your** insurance confirmation email during the **period of insurance**:

- Skiing, snowboarding, big-foot skiing, cross-country skiing, glacier skiing, mono-skiing, sledging, snow blading and tobogganing.  
Off piste skiing is covered when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines.

There is no cover for:

- Bobsleighbing, heli skiing, lugging, ski acrobatics, ski flying, ski jumping, ski racing, ski stunting or snow cat skiing.

**We** may be able to cover **you** for other activities that are not listed. Please contact Allianz Global Assistance travel insurance **020 8603 9653**. An extra premium may need to be paid.

**You, your, person insured**

- For sections 1-15 only  
Each person shown on the insurance confirmation email, for whom the appropriate insurance premium has been paid.
- For sections 16-17 only  
Each person shown on the booking confirmation, who is authorised to drive the **insured vehicle**.

## 24-hour emergency medical assistance

Please tell **us** immediately about any serious illness or accident abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **your** medical expenses are over **£500**. If **you** are claiming for a minor illness or accident **you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call 24 hours a day 365 days a year or email.

From outside **your home** country phone **+44 20 8686 1666**, Fax **+44 20 8603 0204**

From within **your home** country phone **020 8686 1666**, Fax **020 8603 0204**

email **medical@allianz-assistance.co.uk**

Please give **us your** age and **your** insurance confirmation email number. Say that **you** are insured with Allianz Global Assistance travel insurance. Below are some of the ways the 24-hour emergency medical assistance service can help.

### Confirmation of payment

**We** will contact hospitals or **doctors** abroad and guarantee to pay their fees, providing **you** have a valid claim.

### Repatriation

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing home in **your home** country, **you** will normally be transferred by regular airline or road ambulance. Where medically necessary in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go **home** early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

**You** can contact **us** at any time, day or night. **You** will be answered by one of **our** experienced assistance co-ordinators who **you** should give all relevant information to. Please make sure **you** have details of **your** policy before **you** phone.

## Reciprocal health arrangements

### European Health Insurance Card (EHIC)

- The EHIC entitles **you** to reduced-cost, sometimes free, medical treatment that becomes necessary while **you** are in a European Economic Area (EEA) country or Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway.
- The card gives access to state-provided medical treatment only. Remember, this might not cover all the things **you** would expect to get free of charge from the NHS in the **UK**. **You** may have to make a contribution to the cost of **your** care.
- **You** may apply for an EHIC online at [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or by calling **0300 330 1350**. Application forms are also available from the Post Office.

#### Note

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

### Australia

- If **you** are travelling to Australia **you** can enrol in Medicare which will entitle **you** to subsidised hospital treatments and medicines. **You** can do this by contacting a local Medicare office in Australia.
- All claims for refunds under the Medicare scheme must be made before **you** leave Australia. For more information on Medicare visit: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or email: [medicare@medicareaustralia.gov.au](mailto:medicare@medicareaustralia.gov.au)

If **you** make use of these arrangements or any other worldwide reciprocal health arrangement which reduces **your** medical expenses, **you** will not have to pay an **excess**.

## Health declaration and health exclusions

**If you make a claim arising from a medical condition that has not been declared correctly and accepted by us, it is unlikely that your claim will be paid.**

The following apply to 'Cancellation and curtailment charges - Section 1', 'Emergency medical and associated expenses - Section 2' and 'Personal accident – Section 9'.

**It is very important that you read the following and declare any existing medical conditions to us.**

- 1 You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the following if in the 12 months before taking out this insurance or booking **your journey** (whichever is later), **you**:
  - a** have been prescribed medication;
  - b** have received treatment or attended a medical practitioner for any medical condition;
  - c** have attended a hospital or a clinic as an out-patient or in-patient;
  - d** have been referred for tests, investigations, treatment, surgery or are awaiting results.
  - e** have been diagnosed as having a terminal illness.

### Unless

**You** have declared any existing medical conditions to **us** and **we** have confirmed cover in writing.

This policy is issued based on the answers **you** gave to the health declaration questions **we** asked **you** at the time of taking out this insurance.

Medical condition(s) that **you** declared, which **we** are able to cover, are shown in the 'Medical Screening Declaration' attached to **your** confirmation email.

**You** need to check this information carefully and contact **us** if there is anything wrong or if **you** need to declare any other conditions. Please let **us** know within 14 days and be aware that any changes to the original declaration, particularly if declaring another medical condition, could affect **our** decision to cover **you**, or may mean an extra premium has to be paid.

**Phone: 0371 200 0428.** Lines are open 9am to 5pm Monday to Friday.

Based on any extra medical information **you** provide, **we** will confirm if cover can be offered for **your** declared medical condition(s), and/or if an extra premium needs to be paid. If an extra premium is required, cover will not start until this has been paid and **we** have issued written confirmation.

- 2 You** will not be covered unless **you** are fit to travel and able to undertake **your** planned **journey**.
- 3 You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been advised not to travel if **you** had sought their advice before beginning **your journey**.
- 4 You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- 5 You** will not be covered if **you** had any undiagnosed symptoms for which **you** were awaiting investigations or consultations or the results of investigations and where the underlying cause had not been established.
- 6 You** will not be covered if **you** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

### Changes in health

If **your** health changes after taking out this insurance and before **your journey**, **you** do not need to tell **us** about the changes, as long as **your doctor** has confirmed that **you** are fit to travel.

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

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

- **you** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- **you** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- **you** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

**Note**

**Indirectly related claims**

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions. For example if **you**:

- suffer from asthma, chronic obstructive pulmonary disease or other lung disease, **you** are more likely to get a chest infection.
- have high blood pressure, high cholesterol or diabetes, **you** are more likely to have a heart attack or a stroke.
- have osteoporosis, **you** are more likely to break or fracture a bone.
- have or have had cancer, **you** are more likely to suffer with a secondary cancer.

**Level of medical cover provided**

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

## General exclusions

The following exclusions apply to the whole of **your** policy:

**We** will not cover **you** for any claim arising from, or relating to, the following:

- 1** War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, terrorism (this does not apply to claims made under Emergency medical and associated expenses - Section 2 and Personal accident - Section 7) or weapons of mass destruction.
- 2** Any epidemic or pandemic.
- 3** **You** not following any advice or recommendations made by the Foreign and Commonwealth Office, World Health Organisation or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
- 4** Any **economic sanction** which prohibits **us**, the **insurer** or members of the Allianz Group from providing cover under this policy.
- 5** **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 6** Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 7** Any currency exchange rate changes.
- 8** The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and Personal accident sections).
- 9** **You** acting in an illegal or malicious way.
- 10** The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 11** **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug or alcohol addiction).
- 12** **You** not enjoying **your journey** or not wanting to travel.
- 13** Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
- 14** **You** not answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.
- 15** Any damage covered by **your** vehicle rental agreement.

## Conditions

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

- 1 **You** are a **resident** of the **UK**, the **Channel Islands** or the Isle of Man.
- 2 **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have a valid insurance confirmation email.
- 4 **You** accept that **we** will not extend the **period of insurance**:
  - for single trip cover if the original policy plus any extensions have either ended, been in force for longer than 180 days or **you** know **you** will be making a claim.
  - for backpacker cover if the original policy plus any extensions have either ended, been in force for longer than 365 days or **you** know **you** will be making a claim.
- 5 **You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.
- 6 **You** accept that no alterations can be made to the terms and conditions of the policy, unless **we** confirm them in writing to **you**.
- 7 **You** are not aged:
  - 65 or over at the date **your** policy was issued for single trip cover.
  - 36 or over at the date **your** policy was issued for backpacker cover.
  - 20 and under or 65 and over at the date **your** policy was issued for cover under section 16 and 17.

### We have the right to do the following

- 1 Cancel the policy if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
- 2 Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration or deliberate mis-statement when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
- 3 Only cover **you** for the whole of **your journey** or **rental period** and not issue a policy if **you** have started **your journey** or **rental period**.
- 4 Take over and deal with, in **your** name, any claim **you** make under this policy.
- 5 Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any forms (including Department for Work and Pensions forms), which will help **us** to recover any payment **we** have made under this policy.
- 6 With **you** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a postmortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
- 7 Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
- 8 Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
- 9 Only refund or transfer **your** premium if **you** decide that the policy does not meet **your** needs and **you** have contacted **us** within 14 days from the date **you** receive **your** policy and insurance confirmation email. **We** can recover all costs that **you** have used if **you** have travelled or made a claim or intend to make a claim.
- 10 Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
- 11 If **you** cancel or cut short **your journey** for any reason other than those specified in Section 1, all cover provided on **your** single trip and backpacker policy will be cancelled without refunding **your** premium.
- 12 Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

## Making a claim

To claim, please visit the website [www.azgatravelclaims.com](http://www.azgatravelclaims.com). This will lead **you** to **our** online claims notification service where claim forms can be obtained immediately via email or by downloading directly from the site.

Alternatively, phone **020 8603 9958** and ask for a claim form or  
Write to: Allianz Global Assistance travel insurance claims department, PO Box 451, Feltham, TW13 9EE or  
Email: [travel.claims@allianz-assistance.co.uk](mailto:travel.claims@allianz-assistance.co.uk)

**You** should fill in the form and send it to **us** as soon as possible with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

**You** will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

### For all claims

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

### Cancellation or curtailment

- If **you** need to curtail **your journey** call from within **your home** country on **020 8686 1666** or from outside **your home** country on **+44 20 8686 1666** immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

### Medical expenses

- Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **£500**.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

### If your passport is lost, stolen or destroyed

- A receipt from the Consulate confirming the cost of the replacement passport and a written report from the police if **your** passport is stolen.

### Personal possessions, Personal money and Rental vehicle key cover

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Confirmation, such as foreign exchange receipts and withdrawal slips, from **your** bank or bureau de change for issuing foreign currency, or suitable evidence for Sterling.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.

### For loss or damage in transit claims, including delayed possessions

- Please obtain a Property Irregularity Report (PIR) from the airline or a carrier's report from the rail company, shipping line or their handling agent. This should be done within 7 days of the delay / loss / damage. **You** have 21 days to write to the airline confirming details of essential replacement items purchased.

### Personal accident

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

### Missed departure

- Detailed account of the circumstances causing **you** to miss **your** departure together with supporting evidence from the public transport provider or accident / breakdown authority attending the private vehicle **you** were travelling in.

### Delayed departure

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.

### Personal liability

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

### Legal expenses

- Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies) within 90 days of the event causing **your** claim.
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not reply to any correspondence from a third party without **our** written consent.
- Full details of any witnesses, providing written statements where available.

### Winter sports

#### Ski pack

- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission / discharge if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot take part in **your** pre-booked ski activities because of medical reasons, **you** should obtain a medical certificate from them confirming this.

#### Ski equipment

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.
- All hire receipts and luggage labels / tags.
- A written report from **your** airline or other carrier if **your ski equipment** is delayed or misdirected.

#### Piste closure / Avalanche closure

- Written confirmation from **your** tour operator, the local piste authority or ski lift operator confirming the reason for the closure and duration.

### Golf cover

#### Loss of green fees

- If **you** are advised by a **doctor** at **your** resort that **you** cannot play golf because of medical reasons, **you** should obtain a medical certificate from them confirming this.

#### Golf equipment (including delayed golf equipment)

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.
- All hire receipts and luggage labels / tags.
- A written report from **your** airline or other carrier if **your golf equipment** is delayed or misdirected.

#### Hole in one

- Written confirmation from secretary of the golf club where **you** got **your** hole in one.

### Business cover

#### Replacement business associate

- If it is necessary for a **business associate** to replace **you** following curtailment of **your journey** call within **your home** country **020 8686 1666** outside **your home** country **+44 20 8686 1666** immediately to get **our** prior agreement.

#### Business equipment and business samples

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.

### Wedding cover

#### Loss, theft or damage of wedding rings, gifts or clothes

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.

#### Wedding photographs / videos

- Written confirmation from the booked photographer confirming the event.

### Accidental damage excess / deposit reimbursement

- Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- Full details of any witnesses, providing written statements where available.
- Detailed account of the circumstances that led to the accident / damage to the **insured vehicle**, including where appropriate a written police report.



## Making a complaint

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

In the first instance, please:

Write to:

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

Please supply **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

If **you** are not satisfied with **our** final response **you** can refer the matter to the **UK** Financial Ombudsman Service for independent arbitration. Visit **www.financial-ombudsman.org.uk** write to Financial Ombudsman Service, Exchange Tower, London, E14 9SR call **0800 023 4567** or **0300 123 9 123** or email **complaint.info@financial-ombudsman.org.uk**

## Cancellation or curtailment charges - Section 1

If **you** think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour emergency medical assistance' for more information.

### WHAT YOU ARE COVERED FOR

**We** will pay up to the amount shown in **your** schedule of cover in total (including up to the amount shown in **your** schedule of cover in total for excursions), for **your** part of unused personal accommodation, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

**We** will provide this cover in the following necessary and unavoidable circumstances:

#### Cancellation

If **you** cancel **your journey** before it begins because one of the following happens:

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a **relative** or **business associate** of **you** or a **travelling companion**.
- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country.
- **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **Your redundancy**

#### Curtailment

**You** cut **your journey** short (curtail) after it has begun because of one of the following:

- Anything mentioned in Cancellation except **redundancy**.
- **You** are injured or ill and are in hospital for the rest of **your journey**.

#### Note

**We** will calculate curtailment claims from the date it is necessary for **you** to return to **your home** country or the date **you** are hospitalised as an in-patient, for the rest of **your journey**. **We** will pay unused personal accommodation and other travel expenses based on each 24-hour period **you** have lost. If **you** need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will put the value of these tickets towards the extra transport costs **we** have to pay.

## WHAT YOU ARE NOT COVERED FOR

### Under Cancellation and Curtailment

An **excess** of the amount shown in **your** schedule of cover.

Any condition stated under Health declaration and health exclusions.

Anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for.

Booking, credit card and non-Sterling transaction fees.

The cost of Airport Departure Duty/Tax recoverable from elsewhere.

Administration costs charged by **your** travel, accommodation or other provider to process a refund as a result of cancelling all or part of **your** booking (including obtaining Airport Departure Duty/Tax refunds).

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

Anything caused by:

- **you** not having the correct passport or visa;
- **your** carriers' refusal to allow **you** to travel for whatever reason;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your journey**;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- the death of any pet or animal;
- the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

### Under Cancellation

Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel.

Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your journey** were bought (whichever is the later).

### Under Curtailment

Cutting short **your journey** unless **we** have agreed.

Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come **home** because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel.

The cost of any of **your** remaining pre-booked tickets if **you** have not used them and **we** have paid extra transport costs for **you** to return to **your home** country earlier than planned.

**You** travelling on a motorcycle, unless the rider holds a valid **UK** motorcycle licence and all **persons insured** are wearing crash helmets.

Anything caused by **you** taking part in a **hazardous activity** or **winter sports** unless shown on **your** insurance confirmation email.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Emergency medical and associated expenses - Section 2

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your journey** because of illness, injury or accident, or if **your** medical expenses are over **£500** **we** must be told immediately - see under the heading

'24-hour emergency medical assistance' for more information.

### WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your** Personal Representatives for the following necessary and unforeseen emergency expenses if **you** die, are injured, have an accident or are taken ill during **your journey**.

#### Cover outside your home country

Up to the amount shown in **your** schedule of cover for reasonable fees or charges **you** incur for:

- **Treatment**  
Medical, surgical, medication costs, hospital, nursing home or nursing services.
- **Repatriation**  
**Your** repatriation to **your home** country if medically necessary.
- **Transport and accommodation**  
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from **your home** country on medical advice.
- **Funeral expenses**  
The reasonable cost of transporting **your** body or ashes to **your home** or **we** will pay up to **£1,500** for **your** funeral expenses, in the place where **you** die outside **your home** country.
- **Search and rescue**  
Mountain search and rescue services when deemed medically necessary.

**We** will also pay

- **In-patient benefit**  
Up to the amount shown in **your** schedule of cover if **you** are in hospital as an in-patient during the **journey** as well as any fees or charges paid under **Treatment**.
- **Dental**  
Up to the amount shown in **your** schedule of cover for emergency dental treatment to relieve sudden pain.
- **Excursions**  
Up to the amount shown in **your** schedule of cover in total for **your** excursions that have been paid for before **your journey** began and that cannot be recovered from anywhere else, if **you** get written advice from a **doctor** that **you** cannot go on them, because of an injury or illness during **your journey**.

#### Cover within your home country

Up to **£50,000** for:

- **Transport and accommodation**  
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from within **your home** country on medical advice; and the reasonable cost of transporting **you**, **your** ashes or body **home**.

## WHAT YOU ARE NOT COVERED FOR

### **Under Cover outside your home country except in-patient benefit and excursions and under Cover within your home country**

An **excess** of the amount shown in **your** schedule of cover, unless **your** claim is reduced because **you** used a European Health Insurance Card or any other reciprocal health arrangement (see 'Reciprocal health arrangements' for more information).

The cost of replacing any medication **you** were using when **you** began **your journey**.

### **Under Cover outside your home country and Cover within your home country**

Any condition stated under Health declaration and health exclusions.

Extra transport and accommodation costs which are of a higher standard to those already used on **your journey**, unless **we** agree.

Anything caused by:

- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds a valid **UK** motorcycle licence and all **persons insured** are wearing crash helmets.
- **you** taking part in any **hazardous activity** or **winter sports** unless shown on **your** insurance confirmation email.

Any costs incurred 12 months after the date of **your** death, injury or illness.

Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section.

### **Under Cover outside your home country - Treatment**

Services or treatments **you** receive within **your home** country.

Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country.

Medical costs over **£500**, in-patient treatment or repatriation which **we** have not authorised.

The extra costs of having a single or private room in a hospital or nursing home.

The cost of all treatment which is not directly related to the illness or injury that caused the claim.

### **Under Cover outside your home country - Funeral expenses**

**Your** burial or cremation within **your home** country.

### **Under Cover outside your home country - Dental**

Replacing or repairing false teeth or artificial teeth (such as crowns).

Dental work involving the use of precious metals.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Loss of passport - Section 3

### WHAT YOU ARE COVERED FOR

**We** will pay the following if **your** passport is lost, stolen or destroyed on **your journey**.

#### **Costs for issuing a temporary passport**

Up to the amount shown in **your** schedule of cover in total for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your home** country.

#### **Remaining value of original passport**

The equivalent cost (based on the current replacement costs) of the period remaining on **your** passport that is lost stolen or destroyed.

### WHAT YOU ARE NOT COVERED FOR

Any claim unless **you** get a letter from the consulate **you** reported the loss to.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Delayed personal possessions - Section 4

### WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** schedule of cover in total for essential replacement items, if **your personal possessions** (this does not include **valuables, golf equipment or ski equipment**) are temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

#### Note

**You** must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under the Personal possessions - Section 5. This will only be done where Silver, Gold or Backpacker cover has been purchased.

### WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Personal possessions - Section 5

### WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** schedule of cover in total for **your personal possessions** (this does not include **ski equipment, golf equipment, business equipment or business samples**) damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** in total whether jointly owned or not is shown in **your** schedule of cover. There is also a single article, **pair or set** limit, which is also shown in **your** schedule of cover.

#### Note

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** schedule of cover.

More than **£50** for tobacco, alcohol, fragrances and perfumes.

More than the part of the **pair or set** that is stolen, lost or destroyed.

Breakage of or damage to:

sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.

Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin.

The cost of replacing or repairing false teeth.

A claim for more than one mobile phone per **person insured**.

Loss or theft of, or damage to the following;

- items for which **you** are unable to provide a receipt or other proof of purchase;
- films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost;
- goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- **personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle;
- **valuables** left in a motor vehicle;
- **valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time;
- **valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**;
- contact or corneal lenses, unless following fire or theft;
- bonds, share certificates, guarantees or documents of any kind.;
- **personal money** (see section 6);
- passport (see section 3).

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Personal money - Section 6

### WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** schedule of cover for loss or theft of **your personal money** (but no more than the amount shown in **your** schedule of cover in cash in total, whether jointly owned or not) while on **your journey**.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** schedule of cover.

Compensation unless **you** can provide receipts for the amount **you** had from the place where **you** got the currency.

Loss or theft of **personal money**, unless it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.

**Personal money** left in a motor vehicle;

Loss caused by a reduction in exchange rates or shortage caused by mistakes in exchanging currency.

Loss or theft of travellers' cheques if the place where **you** got them from provides a replacement service.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Personal accident - Section 7

### WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your** Personal Representative one of the following amounts for an **accident** during **your journey**.

#### Death

Up to the amount shown in **your** schedule of cover for death. (**We** will not pay more than **£2,500** if **you** are aged 15 or under at the time of the **accident**.)

#### Permanent loss

Up to the amount shown in **your** schedule of cover for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

#### Physical disablement

Up to the amount shown in **your** schedule of cover for a permanent physical disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 15 or under or aged 65 or over at the time of the **accident**.)

#### Note

Death benefit payments will be made to **your** Personal Representative.

### WHAT YOU ARE NOT COVERED FOR

Any condition stated under Health declaration and health exclusions.

Any claim rising more than one year after the original **accident**.

Anything caused by:

- **your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your** insurance confirmation email;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds a valid **UK** motorcycle licence and all **persons insured** are wearing crash helmets;
- **you** taking part in any **hazardous activity** or **winter sports** unless shown on **your** insurance confirmation email.

**We** will not pay more than one of the benefits resulting from the same injury.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Missed departure - Section 8

### WHAT YOU ARE COVERED FOR

We will pay **you** up to the amount shown in **your** schedule of cover in total for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back **home** because **you** do not get to the **departure point** by the time shown in **your** travel itinerary (plans) because:

- public transport (including scheduled flights) does not run to its timetable; or
- the vehicle **you** are travelling in has an accident or breaks down.

### WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

- get a letter from the public transport provider (if this applies) confirming that the service did not run on time;
- get confirmation of the delay from the authority who went to the accident or breakdown (if this applies) affecting the vehicle **you** were travelling in;
- have allowed time in **your** travel plans for delays which are expected.

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).

Failure of public transport caused by a riot, civil commotion, strike or industrial action which began or was announced before **you** left **home** or where **you** could have reasonably made other travel arrangements.

The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Delayed departure - Section 9

### WHAT YOU ARE COVERED FOR

Compensation if the flight, international train or sea vessel **you** are booked on is delayed at its **departure point** from the time shown in **your** travel itinerary (plans) because of:

- a serious fire, storm or flood damage to the **departure point**;
- industrial action;
- bad weather;
- mechanical breakdown of the international train or sea vessel; or
- the grounding of the aircraft due to a mechanical or a structural defect.

We will pay:

#### Delay

Up to the amount shown in **your** schedule of cover; or

#### Abandonment

Up to the amount shown in **your** schedule of cover in total for **your** part of the unused costs of the **journey** which have been paid or where there is a contract to pay that cannot be recovered from anywhere else, if, after **you** have been delayed for more than 24 hours, **you** decide to abandon the **journey** before **you** leave **your home** country.

### WHAT YOU ARE NOT COVERED FOR

#### Under Delay and Abandonment

Anything which is caused by **you** not checking in at the **departure point** when **you** should have done.

Missed connections.

Compensation unless **you** get a letter from the airline, railway company or shipping line giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight, international train or sea vessel.

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).

The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

#### Under Abandonment

An **excess** of the amount shown in **your** schedule of cover.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Personal liability - Section 10

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

### WHAT YOU ARE COVERED FOR

**We** will pay up to the amount shown in **your** schedule of cover plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following.

- Bodily injury of any person.
- Loss of or damage to property which **you** do not own and **you** or a relative have not hired, loaned or borrowed.
- Loss of or damage to the accommodation **you** are using on **your journey** that does not belong to **you** or a **relative**.

#### Note

Inform **us** as soon as **you** or **your** Personal Representatives are aware of a possible prosecution, inquest or fatal injury, which might lead to a claim under this section.

Please do not negotiate, pay, settle, admit or deny any liability to any third party, without **our** written consent.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** schedule of cover.

Any liability for bodily injury or loss of or damage to property that comes under any of the following categories:

- something which is suffered by anyone employed by **you** or a **relative** and is caused by the work they are employed to do;
- something which is caused by something **you** deliberately did or did not do;
- something which is caused by **your** employment or employment of a **relative**;
- something which is caused by **you** using any firearm or weapon;
- something which is caused by any animal **you** own, look after or control;
- something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.

Any contractual liabilities.

Any liability for bodily injury suffered by **you**, a **relative** or **travelling companion**.

Compensation or other costs caused by accidents arising from **your** ownership or possession of any of the following:

- the use of any land or building except for the accommodation **you** are using on **your journey**;
- motorised or mechanical vehicles and any trailers attached to them;
- aircraft, motorised watercraft or sailing vessels.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**



## Legal expenses - Section 11

You can call our 24-hour legal helpline for advice on a travel related legal problem to do with **your journey**.

Within **your home** country: Phone **020 8603 9804**

Outside **your home** country: Phone **+44 20 8603 9804**

### WHAT YOU ARE COVERED FOR

If **you** die, are ill, or injured during **your journey** and **you** or **your** Personal Representative take **legal action** to claim damages or compensation for negligence against a third party **we** will do the following:

- nominate an **appointed adviser** to act for **you**. If **you** and **we** cannot agree on an **appointed adviser**, the matter can be referred to an Alternative Resolution Facility.
- pay up to the amount shown in **your** schedule of cover in legal costs for **legal action** for **you** (but not more than twice this amount in total for all **persons insured** on this policy) for each event giving rise to a claim.

#### Note

- **you** must conduct **your** claim in the way requested by the **appointed adviser**;
- **you** must keep **us** and the **appointed adviser** fully aware of all facts and correspondence including any claim settlement offers made to **you**;
- **we** will not be bound by any promises or undertakings which **you** give to the **appointed adviser**, or which **you** give to any person about payment of fees or expenses, without **our** consent;
- **we** can withdraw cover after **we** have agreed to the claim, if **we** think a reasonable settlement is unlikely or that the cost of the **legal action** could be more than the settlement.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** schedule of cover.

Any claim:

- not reported to **us** within 90 days after the event giving rise to the claim;
- where **we** think a reasonable settlement is unlikely or where the cost of the **legal action** could be more than the settlement;
- involving **legal action** between **you** and members of the same household, a **relative**, a **travelling companion**, or one of **your** employees;
- where another insurer or service provider has refused **your** claim or where there is a shortfall in the cover they provide;
- against a travel agent, tour operator or carrier, **us**, the **insurer**, another **person insured** under this policy or **our** agent.

#### Legal costs:

- for **legal action** that **we** have not agreed to;
- if **you** refuse reasonable settlement of **your** claim. **You** should use Alternative Resolution Facilities such as mediation in this situation;
- if **you** withdraw from a claim without **our** agreement. If this occurs **legal costs** that **we** have paid must be repaid to **us** and all **legal costs** will become **your** responsibility;
- if **we**, **you** or **your appointed adviser**, are unable to recover **legal costs** incurred following a successful claim for compensation, **we** will be entitled to receive such costs from the compensation **you** receive. Any repayment is limited to the actual costs incurred and will not be more than half of the compensation **you** receive;
- awarded as a personal penalty against **you** or the **appointed adviser** (for example not complying with Court rules and protocols);
- for bringing **legal action** in more than one country for the same event.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Winter sports cover - Section 12

This section is only in force if **you** have paid the appropriate additional premium and cover is confirmed on **your** insurance confirmation email.

### WHAT YOU ARE COVERED FOR

#### Ski pack

**We** will pay up to the amount shown in **your** schedule of cover in total for **your ski pack** costs that have been paid for and that cannot be recovered from anywhere else, if:

- **you** have to cancel or curtail **your journey**.
- **you** cannot ski because of an injury or illness during **your journey**.

#### Delayed ski equipment

**We** will pay up to the amount shown in **your** schedule of cover for the hire of alternative **ski equipment** if **yours** is temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

#### Ski equipment

**We** will pay up to the amount shown in **your** schedule of cover in total for **your** own **ski equipment** and up to the amount shown in **your** schedule of cover in total for **your** hired **ski equipment** that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit, which is shown in **your** schedule of cover.

#### Note

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

#### Piste closure

**We** will pay one of the following, if it is not possible for **you** to ski or snow board at **your** pre-booked ski resort, because the ski-lifts and ski-schools that **you** are due to use are closed as a result of adverse weather conditions.

- Up to the amount shown in **your** schedule of cover for the cost of extra transport or lift passes to let **you** ski or snow board at another resort; or
- Up to the amount shown in **your** schedule of cover if no other resort is available.

#### Avalanche closure

**We** will pay up to the amount shown in **your** schedule of cover for extra accommodation and transport costs **you** need to pay to get **you** to **your journey** destination or back **home** because of an avalanche in **your** resort.

### WHAT YOU ARE NOT COVERED FOR

#### Under Ski pack

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Cancellation or curtailment charges - Section 1.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Emergency medical and associated expenses - Section 2.

#### Under Delayed ski equipment

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Delayed personal possessions - Section 4.

#### Under Ski equipment

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Personal possessions - Section 5.

#### **Under Piste closure**

Any compensation for the first full 24 hours at **your** booked ski resort.

Any **journey** in **your home** country.

Any claim unless **you** have a letter from the ski-lift or ski-school operators giving the reason for closing the piste and showing the number of days the piste was closed during **your journey**.

Compensation which **you** can get from **your** tour operator or anywhere else.

Costs if the ski-lifts or ski-schools in **your** pre-booked resort were closed when **your** policy or travel tickets for **your journey** were issued, if this is less than 14 days before the beginning of **your journey**.

Any **journey** that takes place outside a recognised ski resort or the official resort opening dates.

#### **Under Avalanche closure**

Any claim unless **you** have a letter from the relevant authority or **your** tour operator's representative confirming the dates and location of the avalanche.

Compensation which **you** can get from **your** tour operator or anywhere else.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## **Golf cover - Section 13**

This section is only in force if **you** have paid the appropriate additional premium and cover is confirmed on **your** insurance confirmation email.

### **WHAT YOU ARE COVERED FOR**

#### **Loss of green fees**

**We** will pay up to the amount shown in **your** schedule of cover in total for green fees that have been paid for and that cannot be recovered from anywhere else, if:

- **you** have to cancel or curtail **your journey**.
- **you** cannot play golf because of an injury or illness during **your journey**.

#### **Delayed golf equipment**

**We** will pay up to the amount shown in **your** schedule of cover for the hire of alternative **golf equipment** if **yours** is temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

#### **Golf equipment**

**We** will pay up to the amount shown in **your** schedule of cover in total for **your golf equipment** that is damaged, stolen, lost or destroyed on **your journey**. There is also a single article limit, which is shown in **your** schedule of cover.

#### **Note**

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

#### **Hole in one cover**

**We** will pay up to the amount shown in **your** schedule of cover in total if you complete a hole in one gross shot (not including handicap) during a round of golf on **your journey**.

### **WHAT YOU ARE NOT COVERED FOR**

#### **Under Loss of green fees**

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Cancellation or curtailment charges - Section 1.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Emergency medical and associated expenses - Section 2.

#### **Under Delayed golf equipment**

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Delayed personal possessions - Section 4.

#### **Under Golf equipment**

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Personal possessions - Section 5.

#### **Under Hole in one**

Any claim where the par for the course is 67 or less.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Business cover - Section 14

This section is only in force if **you** have paid the appropriate additional premium and cover is confirmed on **your** insurance confirmation email.

### WHAT YOU ARE COVERED FOR

#### Replacement business associate

We will pay up to the amount shown in **your** schedule of cover in total to send replacement **business associate** to complete **your** business itinerary, if **you** have to curtail **your journey**.

#### Business equipment and business samples

We will pay up to the amount shown in **your** schedule of cover in total for **your business equipment** and **business samples** that are damaged, stolen, lost or destroyed on **your journey**.

### WHAT YOU ARE NOT COVERED FOR

#### Under Replacement business associate

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Cancellation or curtailment charges - Section 1.

#### Under Business equipment and business samples

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Personal possessions - Section 5.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Wedding cover - Section 15

This section is only in force if **you** have paid the appropriate additional premium and cover is confirmed on **your** insurance confirmation email.

### WHAT YOU ARE COVERED FOR

#### Loss, theft or damage of wedding rings, gifts or clothes

##### We will pay you

- Up to the amount shown in **your** schedule of cover in total for **your wedding ring** that is damaged, stolen, lost or destroyed on **your journey**.
- Up to the amount shown in **your** schedule of cover in total for **wedding gifts** if they are damaged, stolen, lost or destroyed on **your journey**.
- Up to the amount shown in **your** schedule of cover in total for **wedding clothes** if they are damaged, stolen, lost or destroyed on **your journey**.

#### Wedding photographs / videos

We will pay up to the amount shown in **your** schedule of cover in total for reasonable extra costs to hire another professional photographer or to reprint **your** wedding photographs or replace **your** wedding video if:

- The booked professional photographer is unable to take the photographs or video recording following their death, injury or illness or they are caught in an unforeseen transport delay that could not be avoided.
- The professional photographs or video recording of the wedding day are damaged, lost or destroyed on **your journey** and within 14 days of the wedding day.

### WHAT YOU ARE NOT COVERED FOR

#### Under Loss, theft or damage of wedding rings, gifts or clothes

Anything mentioned under the heading 'What you are not covered for' within Personal possessions - Section 5 or Personal money - Section 6.

#### Wedding photographs / videos

An **excess** of the amount shown in **your** schedule of cover.

Compensation unless **you** get a letter from the booked photographer confirming the event.

Compensation which **you** can get from the booked photographer or anywhere else.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Note

The cover provides reimbursement of up to the value of the **excess/deposit** and not the actual cost of the **damage**.

## Section 16 - Accidental damage excess / deposit reimbursement

This section is only in force if **you** have paid the appropriate additional premium and cover is confirmed on **your** insurance confirmation email.

### WHAT YOU ARE COVERED FOR

**We** will refund **you** the **excess/deposit** amount in **your** rental agreement subject to the limits shown in **your** summary of cover, if the **insured vehicle** is accidentally damaged, involved in an accident or stolen, during the **rental period**.

- For reimbursement of the accidental damage **excess / deposit** applied to **your** vehicle hire insurance;
- For **damage** to the roof;
- For **damage** to the windscreen, windows or sunroof glass;
- For **damage** to the undercarriage;
- For **damage** to each tyre that needs replacing, or if possible repair.

### WHAT YOU ARE NOT COVERED FOR

Any claim where **you** have not followed the terms of **your** rental agreement.

**Damage** to the interior of the **insured vehicle**.

**Damage** covered by **your** rental agreement.

Mechanical failure of the **insured vehicle**.

Misfueling.

General wear and tear.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Section 17 - Rental car key cover

This section is only in force if **you** have paid the appropriate additional premium and cover is confirmed on **your** insurance confirmation email.

### WHAT YOU ARE COVERED FOR

**We** will pay up to **£500** in total to replace rental car keys if these are lost, stolen, or damaged during the **rental period**. This will also include where necessary the costs to replace locks or for a locksmith to break into the **insured vehicle**.

### WHAT YOU ARE NOT COVERED FOR

**Damage** covered by **your** vehicle rental agreement.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

Please contact us on  
Phone 020 8603 9653

and we will be pleased to organise an alternative for you.



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