



**EMERALDLIFE**  
Insuring Today's Diversity

## Cruise Cover

### Single and Annual Multi Trip Policies

This policy is for residents of the United Kingdom, the Channel Islands, the Isle of Man and British Forces Posted Overseas only.

For policies issued from 01/01/2024 to 31/12/2024

It is important that you read this policy document along with your schedule of cover carefully to ensure that it meets your requirements and that you understand the conditions and what is and what is not covered by this policy.

## Important Information

**For emergency medical assistance abroad or to cut short your trip:**

contact our 24-hour emergency advice line on:

+44 (0) 1444 465573

**For non-emergency claims, to obtain a claim form:**

you can download the relevant form:

<https://www.imglobal.com/member/assistance/claims>

or contact the claims department on:

+44 (0) 1444 465590

**For legal advice:**

contact Penningtons Manches LLP on:

+44 (0)1483 411 499

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## Definitions

When these words are used throughout **your** policy, they will always have the following meaning:

Definition	Meaning
<b>Accidental bodily injury</b>	death or injury caused by external, violent, and accidental means.
<b>Australia and New Zealand</b>	Australia, including Territory of Cocos (Keeling Islands, The Territory of Christmas Island, Norfolk Island and Lord Howe Island), and New Zealand, including the Cook Islands, Niue and Tokelau.
<b>Back country</b>	Guided Skiing in terrain which are in remote areas away from groomed pistes, not within ski boundaries and outside of patrolled resort boundaries, this includes terrain that has been accessed by a ski lift but then requiring a hike, ski, climb or skidoo to reach these areas.
<b>Beach swimming</b>	Within fifty (50) metres of the shore, in areas marked with safety buoys or under the supervision of a lifeguard.
<b>BFPO</b>	British Forces Posted Overseas
<b>Business associate</b>	Someone <b>you</b> work with, who due to the nature of their job means their absence from work requires <b>you</b> to cancel or alter <b>your trip</b> . A senior manager or director of the business must confirm this in the event of a claim.
<b>Business equipment</b>	Any business owned property that is fundamental to the business. Examples of equipment include devices such as mobile phones, Tablets, tools, <b>laptops</b> , and <b>business samples</b> .
<b>Business samples</b>	Business goods, samples and equipment taken on an insured journey by an <b>insured person</b> and that are owned by <b>you</b> or <b>your</b> employer.
<b>Capable public facility / facilities</b>	(For the purposes of medical treatment abroad) - means a state medical facility which has the facilities and expertise to treat the medical condition ( <b>illness</b> or injury) as determined by <b>us</b> and / or <b>our</b> appointed representative
<b>Cash</b>	Sterling or foreign currency in note or coin form.
<b>Catastrophe or Natural Catastrophe</b>	A natural event such as avalanche, blizzard, earthquake, flood, forest fire, hurricane, lightning, tornado, tsunami, or volcanic eruption.
<b>Change(s) in your health</b>	Any deterioration or <b>change in your health</b> between the date the policy was bought and the date of travel, this includes new medication, change in regular medication, deterioration of a previously stable condition, referral to a specialist, investigation of an undiagnosed condition or awaiting treatment/consultation.
<b>Channel Islands</b>	Jersey, Guernsey, Alderney, Sark, Herm, Jethou, Brecqhou and Lihou.
<b>Close relative</b>	Spouse or partner of over 6 months, parents, grandparents, legal guardians, foster child, parents-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepparents, stepchild, stepbrother, stepsister, aunt, uncle, brother, sister, child, grandchild, niece, nephew, or fiancé(e).
<b>Complications of Pregnancy and Childbirth</b>	In this policy ' <b>complications of pregnancy and childbirth</b> ' will only include the following: Toxaemia (toxins in the blood), Bicornuate uterus, Gestational diabetes (diabetes arising as a result of pregnancy), Gestational hypertension (high blood pressure arising as a result of pregnancy), Pre-eclampsia (where <b>you</b> develop high blood pressure, carry abnormal fluid and have protein in <b>your</b> urine during the second half of pregnancy), Ectopic pregnancy (a pregnancy that develops outside of the uterus), Foetal Growth Retardation due to Placental Insufficiency, Molar pregnancy or hydatidiform mole (a pregnancy in which a tumour develops from the placental tissue), Post-partum haemorrhage (excessive bleeding following childbirth), Retained placenta membrane (part or all of the placenta is left behind in the uterus after delivery), Placental abruption (part or all of the placenta separates from the wall of the uterus), Hyperemesis gravidarum (excessive vomiting as a result of pregnancy), Obstetric cholestasis, Placenta praevia (when the placenta is in the lower part of the uterus and covers part or all of the cervix), Stillbirth, Miscarriage, Emergency Caesarean section, A termination needed for medical reasons, or Premature birth more than 8 weeks (or 16 weeks if <b>you</b> know <b>you</b> are having more than one baby) before the expected delivery date.
<b>Connecting transport</b>	A <b>connecting flight</b> , watercraft, train, or motor vehicle which departs <b>your</b> first scheduled stop-over destination twelve (12) hours after arrival from <b>your international departure point</b> .
<b>Cruise</b>	A pleasure voyage, sailing as a passenger on a purpose-built ship on river/s, sea/s or oceans that may include stops at various ports.
<b>Curtailement</b>	The cutting short of <b>your trip</b> by <b>your</b> early return <b>home</b> or <b>your repatriation</b> to a hospital or nursing home in <b>your home country</b> . Payment will be made on the number of full days of <b>your trip</b> that are lost from the day <b>you</b> are brought <b>home</b> .
<b>Domestic flight</b>	A <b>flight</b> where the departure and arrival take place within the <b>United Kingdom, Channel Islands, or the Isle of Man</b> .
<b>Drones</b>	Un-manned aerial vehicles.
<b>Emergency treatment</b>	Any ill-health or injury which occurs during <b>your trip</b> and requires immediate medical treatment before <b>you</b> return <b>home</b>
<b>Essential items</b>	Underwear, socks, toiletries, and a change of clothing.

<b>Europe 1</b>	Albania, Andorra, Austria, Azores, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Corfu, Corsica, Crete, Croatia, Czech Republic, Denmark, Eire (Republic of Ireland), Estonia, Faroe Islands, Finland, France, Georgia, Germany, Gibraltar, Greece, Holland (Netherlands), Hungary, Iceland, Italy, Kos (Greek Island), Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, , Madeira, Moldova, Monaco, Montenegro, Morocco, North Macedonia, Norway, Poland, Portugal, Rhodes, Romania, Russia (West of the Ural Mountains), San Marino, Sardinia, Serbia, Slovakia, Slovenia, Sweden, The <b>Channel Islands</b> , Tunisia, Ukraine, <b>United Kingdom</b> , Vatican City. <u>Excluding</u> Spain, the Balearics, the Canaries, Turkey, Cyprus, Malta, Egypt, Israel, Jordan and Switzerland.
<b>Europe 2</b>	All countries listed in <b>Europe 1</b> , including the Spain, the Balearics, the Canaries, Turkey, Cyprus, Malta, and Switzerland.
<b>Excess</b>	The amount <b>you</b> must contribute towards each claim. All excesses shown for this policy are per section and are payable by each <b>insured person</b> , for each incident giving rise to a separate claim and will be deducted from <b>your</b> claim settlement if <b>you</b> have not made any direct payments. If <b>you</b> have made any direct payments, these will be refunded to <b>you</b> , minus any excesses which apply, on the approval of <b>your</b> claim. <b>Your excess</b> may be increased to include <b>existing medical conditions</b> (including anything directly or indirectly related to that condition) confirmed in writing by <b>us</b> . The increased <b>excess</b> will apply to all persons insured on the policy whose claim has been caused by the declared medical condition.
<b>Excursion</b>	A short journey or activity undertaken for leisure purposes.
<b>Existing medical condition</b>	Any disease, <b>illness</b> , or injury, including any psychological conditions which <b>you</b> knew about before <b>you</b> bought this insurance, or which develops before <b>your</b> outward journey and where <b>you</b> answer “Yes” to any of the questions stated under the Health/ existing medical conditions section of this policy
<b>Family</b>	Two adults and their dependents who are under the age of 18, <b>resident</b> in the <b>United Kingdom, Channel Islands</b> , or the Isle of Man and in full time education. In this scenario, a dependent is considered as children, grandchildren, stepchildren, adopted children or foster children.
<b>Flight</b>	A service using the same airline or airline <b>flight</b> number.
<b>Funeral Expenses Abroad</b>	Costs for burial or cremation outside <b>your home country</b> and/or returning <b>your</b> ashes to <b>your home country</b> .
<b>Gadgets</b>	Includes: Mobile phones, iPhones, iPads, Tablets, Smartwatches and Go Pro’s.
<b>Golf equipment</b>	Golf Clubs, Golf Balls, Golf Bag, Golf Trolley and Golf Shoes.
<b>Home</b>	One of <b>your</b> normal places of residence in the <b>United Kingdom, the Channel Islands, Isle of Man or BFPO</b> .
<b>Home country</b>	Either the <b>United Kingdom, Channel Islands</b> , or the Isle of Man
<b>Household</b>	a house or <b>home</b> and its occupants regarded as a unit
<b>Ill/illness</b>	A condition, disease, set of symptoms or sickness leading to a significant <b>change in your health</b> , as diagnosed and confirmed by a doctor
<b>Insured person</b>	Each individual person in their own right named on schedule of cover
<b>Inshore</b>	Within twelve (12) Nautical miles off the shore.
<b>International departure point</b>	The airport, international rail terminal or port from which <b>you</b> departed from the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> to <b>your</b> destination, and from where <b>you</b> depart to begin the final part of <b>your</b> journey <b>home</b> at the end of <b>your</b> trip.
<b>Issuing Agent</b>	The company who has directly issued <b>your</b> insurance document to <b>you</b> whether on the phone or online through the internet
<b>Known event</b>	An existing, publicly announced or publicly broadcasted occurrence such as government directives, unusual weather conditions, road traffic accidents, passport or custom delays or a strike.
<b>Manual labour</b>	Work that is physical including, but not limited to construction, installation, assembly and building work and involving the lifting or carrying of heavy items in excess of 25Kg.
<b>Medical conditions</b>	Any disease, <b>illness</b> , or injury, including any psychological conditions.
<b>Mobility equipment</b>	Wheelchair, motorised wheelchair, mobility scooter, walking frame, prosthetic limb, walking stick or crutches.
<b>Money</b>	Travellers Cheques and non- <b>cash</b> equivalents.
<b>Motorised vehicle</b>	A self-propelled vehicle with an engine or motor that is either internal combustion, electric or combination of both.
<b>Off piste</b>	Skiing on slopes which are un-marked and ungroomed within resort boundaries that are considered safe by resort management, where ski lifts and emergency services are easily accessible and ending back at a ski area lift. Not including <b>back country</b> or areas marked as prohibited from entry.
<b>On piste</b>	Skiing on pistes marked and groomed within resort areas and always finishing at the bottom of tows or lifts within the resort and never in areas that are cordoned off or restricted. All other areas are considered as ‘ <b>off piste</b> ’ or ‘ <b>back country</b> ’ and therefore require purchase of an additional <b>Sports and hazardous activities</b> pack.
<b>Offshore</b>	Over twelve (12) Nautical miles off the shore

<b>Open water swimming</b>	Swimming in outdoor bodies of water such as open oceans, lakes, and rivers, outside of marked swimming areas and with the absence of a lifeguard.
<b>Our</b>	Red Sands Insurance Company (Europe) Limited
<b>Pair or set</b>	Two or more items of <b>possessions</b> that are complementary or purchased as one item or used or worn together.
<b>Package holiday</b>	any holiday where two or more components (i.e., transport and accommodation) have been booked with a tour operator and therefore falls within the Package Travel and Linked Travel Arrangements Regulations 2018'.
<b>Period of Insurance</b>	<p>Single <b>trip</b> policies:  A single trip policy commences when <b>you</b> leave <b>home</b> in the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> to start <b>your trip</b> and ends when <b>you</b> have returned to <b>your home</b> in the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> as shown on the Schedule of cover and limits.  The cancellation section for Single <b>Trip</b> insurance commences when the premium has been paid and ends when <b>you</b> depart the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> on <b>your</b> outward journey.</p> <p>Annual multi-trip policies:  If <b>you</b> have chosen an Annual Multi <b>Trip</b> Insurance, the outward journey and return journey from and to, <b>your home</b> in the <b>United Kingdom, Channel Islands or BFPO</b> must be pre-booked prior to the outward journey and take place during the start and end date of the insurance as shown on the Schedule of cover and limits. Any <b>trips</b> where the return date falls outside of the end date shown on the schedule of cover will not be covered. The total duration of any one <b>trip</b> is limited to a maximum of 31 days and any <b>trip</b> exceeding this duration will not be covered in whole or in part (unless the required premium has been paid to increase the duration and this is confirmed in writing). All <b>trips</b> must include at least one-night pre-booked accommodation.  The cancellation section commences from the start date of the policy. Subsequent <b>trips</b> will be covered for cancellation from the date <b>you</b> booked the <b>trip</b> and provided that the <b>trip</b> falls within the start and end date of the insurance as shown on the Schedule of cover.</p>
<b>Possessions;</b>	Each of <b>your</b> suitcases and containers of a similar nature and their contents and articles <b>you</b> are wearing or carrying:
<b>Clothes,</b>	Underwear, outerwear, hats, socks, stockings, belts, and braces.
<b>Cosmetics (excluding items considered as 'Duty Free'),</b>	Make-up, hair products, perfumes, creams, lotions, deodorants, brushes, combs, toothbrushes, toothpastes, and mouthwashes.
<b>Luggage,</b>	Handbags, suitcases, holdalls, rucksacks, and briefcases.
<b>Buggies, strollers and car seats,</b>	Buggies, Strollers & Car seats
<b>Laptops,</b>	A computer that is portable and suitable for use while travelling excluding Mobile phones, iPhones, iPads, Tablets, Smartwatches, E-reader, and gaming consoles.
<b>Electrical items and photographic equipment,</b>	Any item requiring power, either from the mains or from a battery and any equipment used with them (such as CDs, Flash Drives, or other personal storage media), e-readers, electronic games, cameras, video cameras, camera cases, stands/tripod, satellite navigation systems and electronic shavers excluding <b>Laptops</b> and <b>Gadgets</b> as defined in these definitions.
<b>Fine jewellery and watches,</b>	Rings, watches (only meaning a traditional watch such as analogue; automatic or digital, and not an item such as a smart watch (this is defined as a <b>gadget</b> as shown in these definitions), necklaces, earrings, bracelets, body rings, made of or containing any precious or semi-precious stones or metal.
<b>Eyewear,</b>	Spectacles, sunglasses, prescription spectacles or binoculars.
<b>Duty free,</b>	Any items purchased at <b>duty free</b> .
<b>Shoes,</b>	Boots, shoes, trainers, and sandals.
<b>Valuables</b>	<b>Fine jewellery and watches, Electrical items and photographic equipment,</b> musical instruments, furs, or leather clothing, (excluding footwear).
<b>Public transport</b>	Buses, coaches, <b>domestic flights</b> or trains that run to a published scheduled timetable.
<b>Redundant</b>	Being an employee where <b>you</b> qualify under the provision of the Employment Rights Acts, and who, at the date of termination of employment by reason of redundancy, has been continuously employed for a period of two (2) years or longer and is not on a short-term fixed contract.
<b>Repatriation</b>	medically necessary evacuation to return <b>home</b> , or the return of <b>your</b> ashes <b>home</b> or the return of <b>your</b> body to <b>your home</b> in the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> .
<b>Resident</b>	Means a person who has had their main <b>home</b> in the <b>United Kingdom, the Channel Islands, Isle of Man or BFPO</b> and has not spent more than six (6) months abroad in the year before buying this policy.
<b>Scheduled airline</b>	An airline that publishes a timetable and operates its service to a distinct schedule and sells tickets to the public at large, separate to accommodation and other ground arrangements.
<b>Ski equipment</b>	Skis, ski bindings, ski poles, ski boots, ski goggles, ski helmet, board boots, snowboard bindings and snowboards.
<b>Ski pack</b>	Ski pass, ski lift pass and ski school fees.

<b>Sports and hazardous activities</b>	Any recreational activity that requires skill and involves increased risk of injury. If <b>you</b> are taking part in any sport/activity, please refer to the Additional <b>Sports and Hazardous Pursuits</b> section of this policy where there are lists of <b>Sports and hazardous activities</b> informing <b>you</b> of which <b>Sports and hazardous activities</b> are covered on the policy as standard and which <b>Sports and hazardous activities</b> require an additional premium to be included. If the <b>Sports and hazardous activities you</b> are participating in does not appear in the lists, please call: 0330 131 9950 during working hours to see if it can be added to the policy
<b>Sports Equipment</b>	Items which are usually worn, carried, used or held during the participation of <b>Sports and hazardous activities</b> .
<b>Terrorism</b>	an act of unlawful use of violence and intimidation, in the pursuit of political, religious, ideological, or ethnic aims, which has been declared as an act of <b>terrorism</b> by the Government of the United Kingdom or the government of the country where the act occurred.
<b>Timetable restrictions</b>	Restrictions to enable continuation with published schedule itinerary.
<b>Travel documents</b>	Current passports, ESTAs, valid visas, travel tickets, Vaccine Certificate, Global or European Health Insurance Cards (GHIC or EHIC) and valid reciprocal health form S2.
<b>Travel/Travelling companion</b>	A person with whom <b>you</b> are travelling with and on the same booking, or with whom <b>you</b> have arranged to meet at <b>your trip destination</b> with the intention of spending a proportion of <b>your trip</b> with, who may have booked independently and therefore not included on the same booking and may have differing inbound and outbound departure times or dates.
<b>Trip</b>	A holiday or journey for which <b>you</b> have made a booking such as, a <b>flight</b> or accommodation that begins when <b>you</b> leave <b>home</b> and ends on <b>your</b> return to either (i) <b>your home</b> , or (ii) a hospital or nursing home in the <b>United Kingdom, the Channel Islands, Isle of Man or BFPO</b> , following <b>your repatriation</b> .
<b>Trip destination</b>	The final destination shown on <b>your</b> travel itinerary.
<b>Unattended</b>	When <b>you</b> do not have direct and clear sight of, and are not in a position to prevent any unauthorised activity (loss, theft or damage) to, <b>your Possessions, Passports and Travel Documents and Personal money or cash</b> .
<b>Unexpectedly</b>	At the time of purchase of this insurance policy there was no knowledge of a circumstance that would lead to a claim, including information publicised in mainstream media/medical outlets.
<b>United Kingdom/UK</b>	United Kingdom - England, Wales, Scotland, and Northern Ireland, Isle of Man.
<b>Us/We</b>	Red Sands Insurance Company (Europe) Limited
<b>Wintersports</b>	Skiing, snowboarding, ice skating, big foot skiing, cross country / Nordic skiing, dry slope skiing, sledging, snowmobiling, snow kiting and snow shoeing.
<b>Worldwide 1</b>	Argentina, Ascension Islands, <b>Australia and New Zealand</b> , Bahrain, Brazil, British Indian Ocean Territories, Brunei, Chile, China, Costa Rica, Ecuador, Egypt, Falkland Islands, French Guiana, India, Iran, Israel, Jordan, Kenya, Kuwait, Lebanon, Malaysia, Mauritius, Namibia, New Caledonia, Oman, Panama, Peru, Philippines, Qatar, Saint Helena, Saudi Arabia, Senegal, South Korea, Taiwan, Tristan da Cunha and United Arab Emirates (UAE).
<b>Worldwide 2</b>	Anywhere in the world <u>Excluding</u> the United States of America (USA), Canada, Greenland, the Caribbean and Thailand.
<b>Worldwide 3</b>	Anywhere in the world.
<b>You/Your</b>	Each individual person in their own right named on schedule of cover

## About us

**Your** travel policy is specially arranged by goodtogoinsurance.com. Goodtogoinsurance.com is a trading name of Ancile Insurance Group Limited who are Registered in England and Wales under company number 05429313, registered office at Kao Hockham Building, Edinburgh Way, Harlow, Essex CM20 2NQ, and is authorised and regulated by the Financial Conduct Authority (FCA). **Our** Financial Services Register number is 471641. **You** can check this on the Financial Services Register by visiting the FCA's website [www.fca.org.uk/firms/financial-services-register](http://www.fca.org.uk/firms/financial-services-register) or by contacting the FCA on 0800 111 6768.

This policy is underwritten by Red Sands Insurance Company (Europe) Ltd. Red Sands Insurance Company (Europe) Limited is registered in Gibraltar Reg. No: 87598. Registered office: Level 3 Ocean Village Business Centre, 23 Ocean Village Promenade, Gibraltar. Red Sands Insurance Company (Europe) Limited is authorised and regulated by the Gibraltar Financial Services Commission and is subject to

regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority in respect of business underwritten in the UK (No: 231635).

Red Sands Insurance Company (Europe) Limited is a member of the UK's Financial Services Compensation Scheme (FSCS) and Association of British Insurers (ABI).

Details of the insurers financial strength can be viewed on the Red Sands website. See [www.redsands.gi](http://www.redsands.gi).

**We** have appointed Global Response Limited for **our** 24/7 emergency assistance services and claims management. Global Response Limited is a company registered in England and Wales under company number 05830667 with its registered address at 254 Upper Shoreham Road, Shoreham-By-Sea, West Sussex, BN43 6BF. Global Response Limited forms part of the International Medical Group® (IMG®) group of companies and operates under the medical supervision an in-house team of highly experienced doctors and nurses who oversee all medical cases.

## Information about your policy

It is important that **you** read this policy document along with **your** schedule of cover carefully to ensure that it meets **your** requirements and that **you** understand the conditions and what is and what is not covered by this policy.

The policy is designed to cover most events; however, it will not provide cover for all circumstances, and **we** expect that **you** take all possible care to safeguard against accident, injury, loss or damage as if **you** had no insurance cover.

**You** will find full details of the cover, conditions, and exclusions in this policy. If **you** have any queries, or require additional cover please contact the **issuing agent**.

Cover is provided for each traveller whose name appears on the insurance documentation and where the policy premium has been paid.

In the event that **you** have paid for a **trip** on behalf of other individuals not insured by this policy please be advised that **your** policy only provides cover for **your** proportion of **trip** costs, as opposed to the amount **you** have paid on behalf of others.

If the Schedule of Cover and limits show NIL/No cover then that section of the policy is not applicable to the insurance cover **you** have purchased.

**We** have a cancellation and refund policy, which **you** will find in full later in this document.

## Accurate and relevant information

**You** have a duty to answer questions fully, honestly, accurately, to the best of **your** knowledge and any information **you** give to **us** must not be misleading. This applies when **you** take the policy out, at any time during the policy period and in the event of a claim.

The terms of any insurance that **we** arrange on **your** behalf will be based upon the information provided by **you** to **us**. If **you** don't understand the meaning of any question, or do not know the answer it is vital that **you** tell **us**. Once cover has been arranged, **you** must contact **us** immediately to notify **us** of any changes to the information that has been previously provided to **us**. The most serious consequence of failing to provide full, and accurate information, or misleading information before **you** take out insurance or when **your** circumstances change, could be the invalidation of **your** cover and in that instance, it would mean that a claim will be rejected.

**We** reserve the right to cancel **your** policy from inception and refuse all claims made against it following any fraud, misleading information, or deliberate misrepresentation. In the event that it becomes necessary to cancel **your** policy, **we** will issue immediate notice of cancellation of the policy by email and/or recorded delivery to **you** at **your** last known address.

## Criteria for purchase

This insurance is sold on the understanding that **you** agree with all of the following points unless an amendment has been agreed with **us** and **we** have confirmed the amendment to **you** in writing:

- **you** will not be covered if **your trip** has already started, when the insurance is purchased.
- **you** must be in the **United Kingdom, Channel Islands, Isle of Man or BFPO** when the policy starts and when the policy ends.
- travel must take place within the dates shown on **your** schedule of cover.
- there is no cover under this policy if **you** purchase this insurance and are aware of any circumstances that are likely to lead to a claim.
- for international travel the policy is only valid for **trips** commencing in and returning to **your home country** and **you** must have a pre-booked outbound and a return coach, ferry, **flight, train** or **crruise**. For all **trips** (including **trips in your home country**) the policy must cover the whole duration of the **trip** for the insurance to be valid.
- **you** are a **resident** of the **United Kingdom, the Channel Islands, Isle of Man or BFPO** and have not spent more than 6 months abroad in the year prior to purchasing the policy.
- **you** must be registered with a General Practitioner in the **United Kingdom, Isle of Man or Channel Islands**.
- **you** are not travelling specifically to receive medical treatment during **your trip** or in the knowledge that **you** are likely to need treatment.
- **you** are not travelling against medical advice and are fit and able to undertake the planned **trip**.
- **you** are not travelling for more than 185 consecutive days on a single trip policy.
- **you** are not travelling for more than 31 consecutive days on an annual multi-trip policy (unless the required premium has been paid to increase the single trip duration and this is confirmed in writing).
- **you** are not travelling independently of the named insured adults on the policy where **you** are under 18 years of age.
- **you** are travelling with the intention to return to the **United Kingdom, Channel Islands, Isle of Man or BFPO** within **your trip** dates unless an extension has been agreed with **us** and **you** have received confirmation in writing.
- **you** are not awaiting an initial diagnosis for symptoms **you** are currently experiencing. **We** are unable to provide any cover until **you** have a confirmed diagnosis.
- all **existing medical conditions** must be disclosed as well as any previous **existing medical conditions** that fall within the questions stated under the Health/existing medical conditions section of this policy and any additional premium required must be paid.
- if **your** medical circumstances have changed in any way **you** must notify **us** of any change, and **we** must have agreed to the change(s) in writing and any additional premium required must be paid.

## How your policy works

### Your policy wording

Your insurance document shows details of both pre-travel (Policy A - cancellation) and travel (Policy B - all other sections) insurance policies, including the sections of cover, terms, conditions, things which are not covered, and information on what to do if you need to claim.

The policy is a legal contract between us and you.

We will pay for any insured event, as described in the policy, that happens during the **period of insurance** and for which you have paid the required premium.

Travel insurance policies have specific requirements for both purchasing and making successful claims. Please take the time to read and understand it straight away as not all policies are the same. All risks which are covered are set out clearly in sections with terms, conditions, and things which are not covered; if your circumstances do not fit those specified then there is no cover in place.

### Extension of cover

If you are unable to complete the **trip** before your travel policy expires, cover will be automatically extended without additional premium for the additional days necessary to complete the **trip** in the event of either:

- your injury, or **illness** during your **trip**.
- you having to isolate due to an infectious disease during your **trip**.
- delay or failure of **public transport** services during your **trip**.
- delay or failure of your return **flight** to the **United Kingdom, Channel Islands, Isle of Man or BFPO** from your **international departure point**.

If you request an extension of the **period of insurance** (for any reason not listed above), after the commencement of travel you must contact your **issuing agent** to see if we can provide cover. We will be unable to extend your policy:

- if you have submitted a claim or are aware of a circumstance that could be expected to cause a claim under this policy.
- if the total period exceeds the maximum **trip** duration allowed under this policy.
- if your policy has expired.

### Cancelling your policies and “cooling off” period

Under the Financial Conduct Authority’s Insurance Conduct of Business, you have cancellation rights:

You have the right to cancel this policy, at which point all benefits of the policy will stop.

You have a ‘cooling off’ period where, should you decide that you find that the terms and conditions do not meet your requirements and provided you have not travelled or claimed on the policy, you can advise your **issuing agent**, within 14 days of purchase for a full refund. Should you wish to cancel your policy outside of the 14-day cooling off period and can confirm that there have been no claims on the policy and that you have not travelled, in addition to a £18 administration charge, the following cancellation terms will be applied dependant on what type of policy you have purchased:

- Single Trip policies of one (1) month or less **trip** duration - no premium will be refunded.

- Single Trip policies of more than one (1) month **trip** duration - a refund of 50% of the policy premium. If you have travelled or are intending to claim or have made a claim (irrespective of whether your claim was successful or not) we will not consider refunding any amount of your premium.
- Annual Multi Trip policies - Provided you have not made a claim (irrespective of whether your claim was successful or not) on the policy and you confirm in writing that there is no claim pending, should you chose to cancel and understand that all benefits of the policy will be cancelled, we will refund 1/12th of the total premium paid, for each **full** calendar month remaining on the policy from the date of cancellation. If you are intending to or have claimed (irrespective of whether your claim was successful or not) we will not consider refunding any proportion of your premium.

We reserve the right to give immediate notice of cancellation of this policy, without refund, by email and/or recorded delivery to you at your last known address in the event of the following circumstances: fraud, misleading information or deliberate misrepresentation, abusive behaviour to any of our staff or agents. We also reserve the right to cancel your policy immediately with a pro-rata refund if you have a change in circumstances prior to travelling and you are no longer eligible for cover, examples of this include you not being able to meet the criteria for purchase or us not being able to offer you cover for any **medical conditions**.

### Medical cover

Your travel policy is not Private Medical Insurance, in that it only covers unavoidable, unexpected **emergency treatment**. You are not covered for private medical treatment if we have confirmed medically **capable public facilities** are/were available.

You need to check with your doctor that you have had all the recommended vaccinations and inoculations by the **UK** government for the area you are travelling to. It is also recommended that you check with your doctor that it is safe for you to travel bearing in mind your method of travel, the climate and the availability and standard of local medical services in your chosen destination.

You will then need to declare your **existing medical condition/s**, and have it accepted by us for it to be eligible for cover under your policy.

You may be required to obtain your medical records in the event of a claim.

It is often wise to carry additional supplies of your regular prescribed medications in your hand **luggage** in case your bags are delayed.

Cover will not be granted if travel is against the advice of any of your medical professionals, such as your doctor or dentist.

See ‘In case of serious medical emergency’ section of this policy wording for more details.

### Medicare

If you are travelling to Australia, you must register with Medicare on arrival. There is a Medicare office in all major towns and cities in Australia. Registration is free and this will entitle you to reduce medical charges from doctors, reduced prescription charges and access to Medicare hospitals.



## Claims

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

## In case of a serious medical emergency

In the event **you** become unwell or sustain a minor injury please call **our** 24/7 assistance team first on +44 (0)1444 465 573 so they can help **you** find appropriate treatment locally.

In the case of a serious medical condition please call the local emergency services immediately, 112 in Europe, 911 in the USA and Canada or the local equivalent to 999, particularly if **you** have any symptoms which might require emergency treatment including, but not limited to, difficulty breathing, chest pain, seizure (fit) activity, decreased level of consciousness, heavy bleeding, sudden swelling of the face and lips, signs of a stroke or any other life-threatening condition.

### Please note your policy is not a private medical policy:

**You** must receive treatment in public/state facilities wherever possible. Our emergency assistance team will be able to advise **you** if capable public facilities are available. **We** reserve the right to organise a transfer from a private medical facility where medically appropriate.

**You must, in all cases call our 24/7 assistance team on +44 (0) 1444 465 573 to authorise cover. Failure to do so may invalidate your claim.**

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

Whilst the actual medical care **you** receive is in the hands of the local doctors treating **you**, **we** can obtain the medical information **we** need from them to establish what is wrong, as well as their treatment and discharge plans. **We** can support **you** in the event **you** are admitted to a facility that may not be capable for **your** clinical needs or where **we** have concerns over their medical practice.

In order for **us** to discuss **your** medical condition with **your** doctors, **you** will need to sign a release of information authorising **our** claims administrator to access **your** medical records. **You** should keep copies of medical documents provided by the local doctors and submit them to support **your** claim. **We** will then advise on, and can put in place, suitable **repatriation** plans to get **you home** as soon as it is medically safe to do so. **We** will liaise with the treating doctor to get a fit to fly certificate when needed, and with aero-medical experts who will advise on both the timing and method of **repatriation** that is best suited to **your** individual needs and **your** recovery.

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

### Medical Treatment (important considerations):

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

### Repatriation (important considerations for bringing you home):

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

**In the event that you do receive out-patient treatment when you are travelling, you should seek treatment from public/state facilities wherever possible. Please refer to the following for specific areas of travel**

- **In European Union Countries –** We expect **you** to obtain The Global Health Insurance Card (GHIC) which allows **you** to access state-free or reduced healthcare in all European Union (EU) countries, excluding Switzerland, Iceland and Liechtenstein. Although the GHIC is also not valid in Norway, **you** can use a **UK** passport to get medically necessary state healthcare in Norway. **We** strongly recommend that **you** carry **your** GHIC with **you** when travelling abroad. Remember to check **your** GHIC is still valid before **you** travel. **You** can apply at: <https://services.nhsbsa.nhs.uk/cra/where-will-you-live> - the card is free.

If **your** GHIC is accepted whilst obtaining medical treatment abroad **your** policy **excess** will be reduced to Nil (with the exception of increased **excess** relating to declared medical conditions). Any **UK** issued European Health Insurance Card (EHIC) remains valid until the date of expiry on the card.

- Please note Non-UK/BFPO, residents of the Isle of Man or **Channel Islands** are not eligible for a GHIC.  
**In Australia –** **you** should enrol for Medicare, and have it accepted.  
Using these agreements in public facilities will mean that medical treatment will be free, or at a reduced cost, and **your** standard policy **excess** will be waived from any claim **you** may make.
- **In the United States –** **you** must contact the **24/7 assistance team** as soon as possible, **USA** based medical facilities may raise charges that are far in excess of what is customary or appropriate and due to local practices, **you** may be contacted about bills by collection agencies.
- **Everywhere in the World –** If **you** do not receive treatment in a public facility, **our** liability will be limited to £250, unless contact is made with the 24/7 assistance team and full cover has been agreed.

**You must contact the 24/7 assistance team if the costs are likely to exceed £500 or if you are admitted to hospital.**

Contact the 24/7 assistance team on: +44 (0) 1444 465 573 to authorise cover

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

If **you** are travelling outside the EU, then there are some countries that have reciprocal agreements with the **UK** and the **Channel Islands** and these can be found on [www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx](http://www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx) .

## **Health/existing medical conditions**

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

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

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

**All existing medical conditions must be disclosed as well as any previous existing medical conditions that you have had that fall within the above questions.**

**If you have not declared all your existing medical conditions your policy may be cancelled or treated as though it never existed, and any claims may be rejected or not fully paid. This could result in you being responsible for paying your own emergency medical costs abroad.**

**Our policy will not provide cover for any claims directly or indirectly related to drug or alcohol misuse.**

**If you are HIV+ and:**

- **you** have been on antiviral treatment for more than three months and no new antiviral drug is planned, and
- **your** CD4 count exceeds 350 or **you** have been advised by a doctor that CD4 monitoring is not necessary, and
- **your** latest viral load is less than 50mls or undetectable,

then **you** do not need to declare HIV as an **existing medical condition**, and if that is **your** only medical condition then **you** do not need to go through medical screening. If **you** cannot agree with the above statement, then HIV will need to be declared.

**Important, please note:**

1. **You** must be fit to undertake **your** planned **trip** and will not be covered if travelling against medical advice.
2. **You** must not travel against medical advice or with the intention of obtaining medical treatment or consultation abroad.
3. **We** will cover **you** for **existing medical conditions that you** have declared to **us** and which **we** have accepted in writing. These **existing medical conditions** are set out in the “Medical Declaration”.
4. **You** must declare all **existing medical conditions** as well as any previous **medical conditions** that fall within the questions stated under the Health/existing medical conditions above. If **you** declare some **existing medical conditions** and not others **your** policy may be cancelled or treated as if it never existed, and **your** claims may be rejected or not fully paid.
5. **We** may require an additional premium to cover **your existing medical conditions**. Should **you** decide not to pay the additional premium for an **existing medical condition**, **you** will not be eligible for cover and **your**

policy will be cancelled in line with the cancellation terms of the policy.

6. **We** will not cover **you** if **your** state of health changes between when **you** purchased this policy and when **you** travel if **you** do not tell **us**. Any change to **your** state of health must be agreed in writing by **us** before **you** travel.
7. **We** will not cover **you** if **you** have an undiagnosed medical condition for which **you** have any symptoms or are awaiting a diagnosis unless **we** have agreed to exclude this and confirmed in writing.
8. Please check that the information set out in the “Medical Declaration” is correct. If not, **you** must call **your issuing agent** on 0330 131 9950 to advise them. If the information is incorrect **your** policy may be cancelled or treated as if it never existed and/or **your** claims may be rejected or not fully paid.
9. **Your** policy may be cancelled or treated as if it never existed and/or **your** claims may be rejected or not fully paid if a claim is made relating to any **medical condition, illness** or injury of the **Insured Person(s)**, or any person who **your** travel depends on, which **you** or they knew about before **you** bought this insurance, or which develops before **your** outward journey where **we** have not been notified.
10. **We** reserve the right to increase the premium, increase the **excess**, exclude the **existing medical condition**, or withdraw the cover prior to travelling on **your trip** should the stability of the **existing medical condition** make it necessary.
11. **You** do not need to tell **us** if you are taking pre-exposure prophylaxis (PrEP), provided that **you** have not previously had a positive test result for HIV. If **you** have previously had a positive test result for HIV, then please see above conditions outlined under “If **you** are HIV+ and”.
12. **You** do not need to tell **us** if you are on birth control tablets, unless this has caused any health issues
13. If **you** are transgender, there may be specific procedures **you** have had as part of transitioning which may increase **your** risk of falling ill while travelling, and which therefore should be disclosed as part of the Medical Declaration. If **you** go through the medical screening process and list specific conditions and procedures, then **you** have met the requirements of the screening process even **though** you have not stated that **you** are transgender.
- 14.

#### **Non-travelling relatives**

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

#### **Waiting list**

If **you** are currently on a waiting list for treatment or investigation for a diagnosed **existing medical condition**, **our**

policy will not provide cover for Cancellation or **Curtailed** under the following circumstances:

1. **You** receive an appointment for treatment or investigation which conflicts with **your** planned **trip**, or
  2. As a result of the awaited treatment or investigation **you** become unable to travel on **your** planned **trip**
- Being on a waiting list for treatment or investigation for diagnosed **existing medical conditions** which have been declared to and agreed by **us** does not affect the emergency medical and repatriation section of this policy whilst **you** are away.
- Should **you** become aware of a change in **your** diagnosis before **you** travel, please notify **your issuing agent** **immediately**.

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

#### **Change in circumstances (including change in your health)**

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

To declare a change in **your** circumstances, **you** must contact **your issuing agent** during office hours on 0330 131 9950 to see if **we** can provide cover for **your trip**. **We** may, in the light of such changed circumstances, not be able to continue cover under this insurance. In this instance **we** will cover **you** for any loss of deposit or cancellation charges (if **your** cover includes cancellation cover) **you** have necessarily incurred up to the date of the change of circumstances that are normally covered under Cancellation Policy A section 1 of this insurance, in these circumstances no policy **excess** will be applied. Alternatively, **we** will provide a full refund for single trip policies, or pro-rata refund for Annual Multi-trip policies following the terms of the ‘cancelling **your** policies’ section of this wording, provided there has been no claim(s) made under this insurance.

#### **Pregnancy**

**We** provide cover under this policy if something unexpected happens. In particular, **we** provide cover under the Emergency Medical and Repatriation Expenses section for **accidental bodily injury** or **illness**. **We** don’t consider pregnancy or childbirth to be an **illness** or accidental bodily injury.

To be clear, **we** only provide cover for Cancellation, **Curtailed** and Emergency Medical and Repatriation Expenses for claims that come from **Complications of Pregnancy and Childbirth**.

Please make sure **you** read the definition of **Complications of Pregnancy and Childbirth** in the definitions of this policy. **We** will not cover denial of boarding by **your** carrier, so **you** should check that **you** will be able to travel with the carrier/airline in advance. If at the time of booking **your trip** **you** are aware that **you** are pregnant, **you** must ensure that **you** are able to have the recommended vaccinations and

inoculations by the **UK** government for that **trip**; no cover will be provided for cancellation in the event that, after booking **you** discover travel is advised against, or **you** are unable to receive the appropriate and recommended vaccinations and inoculations for that country. Please make sure **your** Medical Practitioner and Midwife are aware of **your** travel plans, and that there are no known complications, and **you** are fit to undertake the planned **trip**.

## General conditions and exclusions applying to all sections of cover

Below are some important conditions and exclusions which apply to **your** pre-travel (policy A) and travel (policy B), it is recommended that **you** read this along with the conditions for each section of **your** policies, this will make sure that **you** are aware of any conditions and exclusions which may affect **your** circumstances or likelihood to claim.

### Applying to all sections of your policy

**You are not covered under any section, unless specified, for any of the following circumstances:**

1. Any **trip** under an annual multi-trip policy that exceeds 31 days duration. This includes not insuring **you** for part of a **trip** which is longer than 31 days.
2. Any **trip** under an annual multi-trip policy where the return date falls outside of the end date of cover shown on the schedule of cover.
3. Any costs incurred before departure (except cancellation) or after **you** return **home**.
4. Any claim not supported by the correct documentation as laid out in the individual section.
5. Any claim that is due to any failure (including financial) of **your** travel agent or tour operator, any transport or accommodation provider, their agent or anybody who is acting as **your** agent, unless specified.
6. **You** are travelling to an area that is classified as 'Advise against all travel or Advise against all but essential travel' by the Foreign, Commonwealth and Development Office (FCDO). Loss of earnings, additional hotel costs, additional car hire, Visa's, ESTAs, additional parking fees, vaccinations, inoculations, kennel fees, cost of taxi fares, telephone calls, faxes or any expenses for food or drink, or any other loss unless it is specified in the policy.
7. Any claim arising directly or indirectly from **you** failing to provide full and accurate information including full details of **medical conditions** or **changes in your health** or anyone's health on which the **trip** depends, known by **you** at the time of buying this policy or which occurs between booking and before **you** travel unless it has been disclosed to **us** and **we** have agreed in writing.
8. The operation of law, or as a result of an unlawful act or criminal proceedings against anyone included in **your** booking, or any deliberate or criminal act by an **insured person**.
9. Any **existing medical condition** or health condition that has been diagnosed, been in existence or for which **you** have received treatment from a hospital or specialist consultant or for which **you** are awaiting or receiving treatment or under investigation, unless **we** have agreed cover in writing before commencing **your trip** and any additional premium has been paid (see Health/existing medical conditions).

10. The cost of any elective (non-emergency) treatment or surgery, including exploratory tests which are not directly related to the **illness/injury** which necessitated **your** admittance into hospital.
11. Any claim due to **your** carrier's refusal to allow **you** to travel for whatever reason.
12. Any costs which are due to any errors or omissions on **your travel documents**.
13. Delay, confiscation, detention, requisition, damage, destruction or any prohibitive regulations by Customs or other government officials or authorities of any country.
14. The use of, or damage to, **drones** (see definitions in this policy).
15. If **you** purchased this insurance with the intention or likelihood of claiming.
16. If **you** choose not to adhere to medical advice given.
17. **You** are piloting or travelling in an aircraft where **you** or the pilot are not licensed to carry passengers.
18. Winter sports of any kind unless the required premium has been paid.
19. **You** are travelling on a **motorised vehicle** for which **you** do not hold appropriate qualifications to ride in the **United Kingdom, Channel Islands** or the Isle of Man. (Please note there is no cover under the Personal Liability section of this policy for any claim related to the use of **motorised vehicles**). **You** can visit the following link to the **UK** Government site for more information on appropriate licenses: [www.gov.uk/ride-motorcycle-moped/bike-categories-ages-and-licence-requirements](http://www.gov.uk/ride-motorcycle-moped/bike-categories-ages-and-licence-requirements)
20. Any payments made, or charges levied after the date of diagnosis of any **change in your health** or medication after the policy was bought unless this has been advised to **us** and any revised terms or conditions have been confirmed in writing.
21. **You** are travelling on a motorcycle or moped or riding pillion unless the required additional premium has been paid.
22. **Your** suicide, self-injury, reckless behaviour, or any wilful act of self-exposure to danger or infection/injury (except where it is to save human life).
23. In respect of all sections other than emergency medical expenses; war, **terrorism**, biological or chemical warfare, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
24. **You, your travelling companion, close relative, or business associate** being under the influence of:
  - drugs (except those prescribed by **your** registered doctor but not when prescribed for treatment of drug addiction);
  - alcohol (a blood alcohol level that exceeds 0.19% (approximately four pints or four 175ml glasses of wine)), solvents.
  - or anything relating to **you, your travelling companion, your close relative or business associates** prior drugs or alcohol misuse, or solvents misuse.
  - Any claim where **you** have travelled against the advice of **your** doctor or a medical professional.
25. Participation in **Manual labour** (see definitions in this policy), unless the required premium has been paid.
26. Participation in any **Sports and hazardous activities** unless the required premium has been paid and the

**Sports and hazardous activities** list has been added to the policy (see definitions for **sports and hazardous activities** in this policy).

27. **Your** failure to obtain the required passport, visa or ESTA.
28. No cover will be in force for cancellation if **you** claim under any other section of the policy.
29. Inpatient medical costs **you** have paid without authorisation or approval from **us**.
30. Any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available.
31. For international **trips** where **you** do not have a prebooked return ticket back to the **UK, Channel Islands, Isle of Man or BFPO**.
32. Any Personal Accident or Personal Liability claims where **you** have engaged in any **sports and hazardous activities** where this policy specifically states that the personal accident or personal liability cover is excluded regardless of the additional premium paid (see definitions for **sports and hazardous activities** in this policy).
33. Any claim involving a fall from a building or balcony, except where the building or balcony itself is shown to be defective or does not comply with safety standards, **your** life is in danger, or **you** are attempting to save human life.
34. In all instances **you** must take all possible care to safeguard against accident, injury, loss, or damage as if **you** had no insurance cover.
35. A stop-over in a country outside of **your** geographical limits shown in **your** schedule of cover for more than 24 hours.

## Cancellation (Policy A Section 1)

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

1. pre-paid **excursions** booked before **you** go on **your trip** up to a maximum £250
  2. loss of pre-paid accommodation
  3. pre-paid foreign car hire; and
  4. pre-paid transport charges
- that **you** have paid or agreed to pay and that **you** cannot recover from any other source if **you** were forced to cancel **your trip** because the following **unexpectedly** happened before **you** left **home** and which **you** could not have been expected to foresee or avoid:
1. **you**, anyone named on this insurance, a **travel companion**, a **close relative**, a **close business associate**, or the person **you** were going to stay with became **ill**, was injured, or died (including an infectious disease within 14 days of **your trip** starting).
  2. **you**, anyone named on this insurance, or a **household** member had to isolate at **home** due to an infectious disease.
  3. **your home** was burgled, or seriously damaged by fire, storm, or flood.
  4. **you**, or a **travel companion** were called for jury service or required as a witness in a court of law.
  5. **you**, or a **travel companion** were made **redundant**.
  6. **you**, or a **travel companion** had leave withdrawn and are in the armed forces (including reserves and territorial), emergency services, medical or nursing professions (in the public sector) or senior employees of the government.

7. as a result of fire, earthquake, storm, flood, riot or civil unrest; the Foreign, Commonwealth and Development Office (FCDO) or comparable prohibitive regulations by the government of the country **you** were due to visit and within fifty (50) miles of **your** chosen destination changes the travel advice to advise against all or all but essential travel.
8. **your** passport, or the passport of a **travel companion**, being stolen during the seven (7) days before **your** booked departure.
9. **you** become pregnant after buying this policy, and **you** will be less than 8 weeks (or 16 weeks if more than one baby) pregnant before the due delivery date at the start of, or during, **your trip**. Or **your** doctor advises that **you** are not fit to travel because **you** are suffering from **Complications of Pregnancy and Childbirth**.

Or

**We will pay up to £1,000 for:**

the costs of extra accommodation and transport to replace **your** original carer. In the event that **your** carer (providing they are insured on this policy) has to cancel their **trip** with **you** due to one of the reasons stated above, and **you** wish to continue **your trip**.

**Provided:**

1. **you** have paid **your excess** or accepted it will be deducted from any settlement
2. **you** are not claiming due to a **known event**
3. **you** are able to provide evidence from a medical professional confirming **your illness**. In respect of infectious disease claims, **we** will require either a registered result of a positive pcr test or a medical certificate from **your** doctor.
4. **you** can provide evidence that someone in **your household** has to isolate, and **you** have been instructed to do so as well due to an infectious disease.
5. **you** did not cancel **your trip** because:
  - **you** simply did not want to travel or had a fear of travelling.
  - **you** could no longer afford to pay for the **trip**.
  - of an **existing medical condition** which **you** have not told **us** about and that **we** have not agreed to cover in writing.
  - of a normal pregnancy, without any accompanying bodily injury, **illness**, disease, or complication. Normal Childbirth would not constitute an unforeseen event. Please see pregnancy under Health/existing medical conditions of this policy.
  - of any epidemic, or pandemic as declared by the World Health Organisation (WHO).
  - of Foreign, Commonwealth and Development Office (FCDO), government or local authority advice relating to any infectious disease.
6. **you**, or a **travel companion** did obtain the required **travel documents**, or the recommended inoculations or vaccinations by the **UK** government for the area **you** are travelling to.
7. **you** have reported the theft of **your** passport to the relevant authority and have written proof of the theft.
8. **you**, or a **travel companion** are not the defendant in a court of law.
9. **you** did obtain prior authority to take leave, or **your** leave was not cancelled on disciplinary grounds.

10. **you** do not ask **us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically the Package Travel and Linked Travel Arrangements Regulations 2018, Air Passenger Rights, ATOL (including Civil Aviation Authority requirements), or ABTA protection, or from **your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers.
11. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.
12. **you** are able to prove **your** financial loss.
13. **you** did not purchase insurance with the intention or likelihood of claiming.
14. **your** claim is not relating to course charges or tuition fees unless agreed in writing by **us**.
15. **you** must provide **us** with any information or documentation **we** require enabling **us** to verify and process **your** claim.
16. **your trip** falls within the start and end date of the **period of insurance** as shown on the Schedule of cover.

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

**If you need to claim:**

Download a claim form at [www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

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

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

**Curtailment (Policy B Section 1)**

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

1. pre-paid **excursions** booked before **you** go on **your trip** up to a maximum £250
  2. pre-paid accommodation
  3. pre-paid foreign car hire; and
  4. pre-paid transport charges
- that are directly related to **your trip**, which **you** have paid and cannot get back from anyone else in the first instance, or which cannot be transferred or used for another purpose, as well as any additional travel expenses incurred to get **you home**, if **you** had to cut short **your trip** because the

following **unexpectedly** happened after **you** left home which **you** could not have been expected to foresee or avoid:

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

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

Or

**We will pay up to £1,000 for:**

the costs of extra accommodation and transport to replace **your** original carer. In the event that **Your** carer (providing they are insured on this policy) has to curtail their **trip** with **you** due to one of the reasons stated above, and **you** wish to continue **your trip**.

**Provided:**

1. **you** have contacted the 24/7 assistance team before making any arrangements.
2. **you** have paid **your excess** or accepted it will be deducted from any settlement.
3. **you** are not claiming due to a **known event**.
4. **you** are not claiming as a result of any epidemic, or pandemic as declared by the World Health Organisation (WHO).
5. **you** are not claiming due to Foreign, Commonwealth and Development Office (FCDO), government or local authority advice relating to any infectious disease.
6. **you** do not ask **us** to pay for the cost of **your** original return ticket when **we** have paid for a new ticket or arranged **your** medical **repatriation**.
7. **you** did not cut short **your trip** because:
  - **you** simply did not want to continue travelling or had a fear of continuing **your trip**.
  - **you** could no longer afford to pay for the **trip**.
  - of an **existing medical condition** which **you** have not told **us** about and that **we** have not agreed to cover in writing.
  - of a normal pregnancy, without any accompanying bodily injury, **illness**, disease, or complication. Normal Childbirth would not constitute an

unforeseen event. Please see pregnancy under Health/existing medical conditions of this policy.

8. **you**, or a **travel companion** are not the defendant in a court of law.
9. **you** did obtain prior authority to take leave, or **your** leave was not cancelled on disciplinary grounds.
10. **you** do not ask **us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically the Package Travel and Linked Travel Arrangements Regulations 2018, Air Passenger Rights, ATOL (including Civil Aviation Authority requirements), or ABTA protection, or from **your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers.
11. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.
12. **you** are able to prove **your** financial loss.
13. **you** did not purchase insurance with the intention or likelihood of claiming.
14. **your** claim is not relating to course charges or tuition fees unless agreed in writing by **us**.
15. **you** must provide **us** with any information or documentation **we** may require enabling **us** to verify and process **your** claim.

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

1. Disembarkation from a **cruise** ship that does not involve immediate return to **your home**.
2. Pregnancy, if **you** will be less than 8 weeks (or 16 weeks if more than one baby) pregnant before the due delivery date at the start of, or during **your trip** and **you** still choose to travel, unless this is a result of **Complications of Pregnancy and Childbirth**.

**If you need to make a claim:**

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

**Our** claims handlers will need to see:

- Completed **curtailment** claim form.
- Booking invoice(s) for each part of the **trip**.
- Evidence to support the reason for **your curtailment**, including the medical certificate in **your** claim form completed and stamped by the General Practitioner of the person(s) whose **illness**, injury or death has led to the **curtailment**, if applicable. This doesn't apply if the medical reason relates to **you** and **you** have contacted **our** assistance team at the time, and they have confirmed **you** need to return **home** early.

- Proof of **your** payment for each part of the **trip** (bank / card statements).
- All invoices, bank / card statements and receipts for any additional costs **you** incur as a result of **your** early return **home**.
- Details of other insurance, or third party responsible, if applicable.

## Missed departure and Travel delay (Policy B Section 2)

### Missed Departure

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

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

**Provided:**

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

Or

### Travel Delay

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

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

**Provided:**

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

Or

### Abandonment

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

unused travel and accommodation costs which **you** have paid or are contracted to pay and which **you** cannot recover from any other source:

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

**Provided:**

1. **your trip** is not a one-way **trip**.
2. **you** have paid **your excess** or accepted it will be deducted from any settlement.
3. **your flight** was not cancelled by the airline.



4. **you** are not abandoning **your trip** as a result of any epidemic or pandemic as declared by the World Health Organisation (WHO).
5. **you** are not abandoning **your trip** due to Foreign, Commonwealth and Development Office (FCDO), government or local advice relating to any infectious disease.

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

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

**If you need to make a claim:**

Download a claim form at [www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 OEL.

**Our** claims handlers will need to see:

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

### Personal accident (Policy B Section 3)

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

- Death, (limited to £1,500 when **you** are under eighteen (18) or over seventy-five (75) at the time of incident).
- Loss of limb/sight; total and permanent loss of sight in one or both eyes, or total loss by physical severance or total and permanent loss of use of one or both hands or feet (limited to £1,500 when **you** are under eighteen (18) or over seventy-five (75) at the time of incident).
- permanent total disablement preventing **you** from engaging in paid employments or paid occupations of any and every kind occurring within twelve (12) months of the event happening (limited to £1,500 when **you** are under eighteen (18) or over seventy-five (75) at the time of incident).\*

\*Where **you** are not in paid employment or occupation, this shall be defined as 'all **your** usual activities, pastimes and pursuits of any and every kind'.

**Provided:**

1. **you** have not deliberately exposed yourself to danger and that the incident is due to an accident and not **illness** or infection.
2. **you** are not claiming for more than one of the benefits that is a result of the same injury.

**Personal Accident cover is a one-off lump sum benefit for the death or very serious incapacity, as specified, of an insured person when this is solely caused by an accident occurring during the period of insurance. It is separate from costs covered under the Emergency medical and repatriation expenses (Policy B Section 4).**

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

1. **your** sickness, disease, medical condition, treatment, **illness**, or physical condition that is gradually getting worse.
2. an injury which existed prior to the commencement of the **trip**.
3. any claims not notified to **us** within twelve (12) months of the date of the accident.

**If you need to claim:**

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

Download a claim form at:

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 OEL.

**Our** claims handlers will need to see:

- Completed personal accident claim form
- Booking invoice(s) for the **trip**
- Medical evidence to support any permanent bodily injury, with permission to obtain further records, if needed
- Death certificate, confirming cause of death, if applicable



- Grant of Probate / Letter of Administration, if applicable
- Full contact details of any witnesses
- Full contact details of any responsible third party, including their insurance details, if known
- Official reports detailing the accident
- Details of any other insurance, if applicable

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

## Emergency medical and repatriation expenses (Policy B Section 4)

### (This is not private medical insurance)

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

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

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

### Hospital Benefit

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

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

### Emergency Dental Treatment

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

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

### Loss of Medication

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

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

### Provided you are not claiming for:

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

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

If **you** become unwell, or sustain a minor injury whilst abroad, please call **our** 24/7 assistance team first on **+44 (0)1444 465 573** so that they can help **you** find appropriate treatment locally. However, **you** should call the local emergency services immediately, **112 in Europe, 911 in the USA and Canada or the local equivalent to 999**, if **you** have any symptoms that might require **emergency treatment** including, but not limited to, difficulty breathing, chest pain, seizure (fit) activity, decreased level of consciousness, heavy bleeding, sudden swelling of the face and lips, signs of a stroke or any other life-threatening condition.

**You must, in all cases call our 24/7 assistance team on +44 (0) 1444 465 573 to authorise cover. Failure to do so may invalidate your claim.**

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

Whilst the actual medical care **you** receive is in the hands of the local doctors treating **you**, **we** can obtain the medical information **we** need from them to establish what is wrong, as well as their treatment and discharge plans.

**We** can support **you** in the event **you** are admitted to a facility that may not be capable for **your** clinical needs or where there are concerns over practice. In order for **us** to discuss **your** medical condition with **your** doctors, **you** will need to sign a release of information authorising **our** claims administrator to access **your** medical records.

**You** should keep copies of medical documents provided by the local doctors and submit them to support **your** claim.

**We** will then advise on, and can put in place, suitable **repatriation** plans to get **you home** as soon as it is medically safe to do so.

**We** will liaise with the treating doctor to get a fit to fly certificate when needed, and with aero-medical experts who will advise on both the timing and method of **repatriation** that is best suited to **your** individual needs and **your** recovery.

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

#### Medical Treatment (important considerations):

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

#### Repatriation (important considerations for bringing you home):

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

#### In the event that you do receive out-patient treatment when you are travelling you should seek treatment from public/state facilities wherever possible. Please refer to the following for specific areas of travel:

- **In European Union Countries –**
- **We** expect **you** to obtain The Global Health Insurance Card (GHIC) which allows **you** to access state-free or reduced healthcare in all European Union (EU) countries, excluding Switzerland, Iceland and Liechtenstein. Although the GHIC is also not valid in Norway, **you** can use a **UK** passport to get medically necessary state healthcare in Norway. **We** strongly recommend that **you** carry **your** GHIC with **you** when travelling abroad. Remember to check **your** GHIC is still valid before **you** travel. **You** can apply at: <https://services.nhsbsa.nhs.uk/cra/where-will-you-live> - the card is free.
- If **your** GHIC is accepted whilst obtaining medical treatment abroad **your** policy **excess** will be reduced to Nil (with the exception of increased **excess** relating to declared medical conditions). Any **UK** issued European Health Insurance Card (EHIC) remains valid until the date of expiry on the card. **In Australia – you** should enrol for Medicare, and have it accepted. Using these agreements in public facilities will mean that medical treatment will be free, or at a reduced cost, and **your** standard policy **excess** will be waived from any claim **you** may make.
- **In the United States – you** must contact the **24/7 assistance team** as soon as possible, **USA** based medical facilities may raise charges that are far in excess of customary or appropriate, and due to local practices, **you** may be contacted about bills by collection agencies.
- **Everywhere in the World –** If **you** do not receive treatment in a public facility, **our** liability will be limited

to £250, unless contact is made with the 24/7 assistance team and full cover has been agreed..

**You must contact the 24/7 assistance team if the costs are likely to exceed £500 or if you are admitted to hospital.**

Contact the 24/7 assistance team on: +44 (0) 1444 465 573 to authorise cover

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

If **you** are travelling outside the EU, then there are some countries that have reciprocal agreements with the **UK** and the **Channel Islands** and these can be found on:

[www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx](http://www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx) .

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

1. any costs where **you** are an inpatient or it is a **repatriation** claim and **our** 24/7 assistance team, have not been notified or has not agreed the costs. **We** reserve the right to decline associated costs.
2. any medication and/or treatment which at the time of departure is known to be required or to be continued outside **your home country**.
3. expenses incurred where **you** have not had the recommended vaccinations and inoculations by the **UK** government for the area **you** are travelling to or taken the recommended medication.
4. pregnancy, if **you** will be less than 8 weeks (or 16 weeks if more than one baby) pregnant before the due delivery date at the start of, or during **your trip** and **you** still choose to travel, unless this is a result of **Complications of Pregnancy and Childbirth**. Normal Childbirth would not constitute an unforeseen event. Please see pregnancy under Health/existing medical conditions of this policy.
5. services or treatment received by **you**, for any form of cosmetic or elective surgery.
6. any services or treatment received by **you** after the date that in the opinion of **our** 24/7 assistance team, in consultation with **your** treating doctor, **you** can return **home**, or which can wait until **you** return to **your home country**.
7. additional accommodation which exceeds the standard of that originally booked or any costs for food or drink.
8. additional **flights** which exceed the standard of that originally booked unless medically necessary and agreed with **our** 24/7 assistance team.
9. any claim where **you** went against FCDO, government, local authority or medical advice relating to any infectious disease.
10. any claim where the risk associated with bringing **you** **home** is greater than the risk of **you** remaining in resort.
11. any claim where **your** return **home** would present unnecessary risk to other travellers.

12. any costs for isolation if **you** contract or are suspected of contracting an infectious disease.

**If you need to claim:**

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

For **your** out-of-pocket expenses, download a claim form at [www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

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

## **Additional medical expenses (Policy B Section 5)**

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

### **Recuperation Holiday**

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

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

**Provided:**

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

### **UK Medical Exam**

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

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

**Provided:**

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

### **Home Help or Nanny**

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

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

**Provided:**

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

#### **Cosmetic Surgery**

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

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

**Provided:**

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

#### **Denial of boarding extension (Overseas return quarantine) Accommodation Expenses**

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

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

#### **Return Transport**

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

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

**Provided:**

1. **you** have paid **your excess** or accepted it will be deducted from any settlement.
2. **your** airline company, rail operator, coach operator, ferry or **cruise** operator has not made arrangements to revalidate **your** original ticket, but **you** chose not to accept it.
3. **you** are not claiming for any costs that **you** are able to retrieve or are covered by **your package holiday** provider.
4. **you** did not choose against undertaking **your** return journey.
5. **you** were denied boarding by **your** airline company, rail operator, coach operator, ferry, or **cruise** operator.
6. **you** are not asking **us** to pay for travel to anywhere other than **your home country**.
7. **you** are not claiming for any costs relating to food or drink.
8. **you** do not ask **us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, ATOL, Air Passenger Rights, (including Civil Aviation Authority requirements), or ABTA protection, or any other specific legislation for transport or travel providers, or from **your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers.

9. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider.
10. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider.
11. **you** can provide **us** with a written report from the airline company, rail operator, coach operator, ferry or **cruise** operator confirming the refusal of boarding.
12. **you** are not claiming for costs associated with **you** attempting to return prior to the recommended return date following **your** initial refusal of boarding.
13. **you** are not claiming for costs of any **travelling companion** other than:
  - **your** children who are under 18 years of age, or
  - a legal dependant who is unable to travel without **you** who is insured on this policy and where there is no responsible adult to supervise them, until **you** are able to return to **your home country**.
14. **you** must provide **us** with any information or documentation **we** may reasonably require enabling **us** to verify and process **your** claim.

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

1. any claim which does not directly relate to an accident or **illness** suffered during **your trip**.
2. any costs which the 24/7 assistance team has not authorised.
3. any claim for home help or nanny If **you** needed a home help or a registered nanny before **you** began **your trip**.
4. for denied boarding the carrier's confirmation of the original scheduled departure dates and times, and exact reason for denying **your** boarding.

#### **If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

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

#### **Personal possessions (Policy B Section 6)**

##### **Personal Possessions (not gadgets)**

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

1. the cost of repairing any **possessions** that are damaged whilst on **your trip**, up to the original purchase price of the item, less an allowance for age, wear and tear.

Or



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

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

#### Delayed baggage

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

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

#### Personal Money

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

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

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

#### Provided:

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. **you** have complied with the carrier's conditions of carriage.
3. **you** have notified the Police, **your** carrier or tour operator's representative of any loss or theft and obtained an independent written report.
4. **you** own the **possessions** **you** are claiming for and are able to provide proof of ownership/purchase and original purchase price for any **possessions** over £50 in value.
5. **you** are able to provide evidence of the amount of any **cash** or **money** that is stolen.
6. **you** are not claiming for **possessions** which have been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth or vermin, perishable items and/or their contents i.e., food, liquids, gels etc.
7. **you** are not claiming for **possessions** which have been lost or stolen from a beach or lido (if so, **we** will only pay a maximum of £50).
8. **you** have not left **money, cash, electrical items, laptops, eyewear, hearing aids, jewellery and watches** or **photographic equipment unattended** (including being contained in **luggage** during transit) except where they are locked in a safe or safety deposit box where these are available, or left out of sight in **your** locked

holiday or **trip** accommodation. This includes **possessions** left behind following **you** disembarking **your** coach, train, bus, **flight**, ferry, or any other mode of transport.

9. **you** have not left **your possessions unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means.
10. **you** have obtained written confirmation of any loss, damage, or delay from **your** tour operator / airline provider.

**Your travel insurance policy is not intended to cover items of high value, such as jewellery, expensive watches etc. as these should be fully insured under your house contents insurance on an All-Risks extension for 365 days of the year.**

**There is a maximum amount you can claim and a maximum amount in total for each category, and these are shown under the personal possessions section of your schedule of cover.**

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

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

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

#### If you need to claim

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed **luggage** and **money** claim form.
- Booking invoice(s) for the **trip**.
- Proof of ownership / purchase for the **possessions** claimed.
- Damaged: Estimate for repair, or proof that the **possession** is beyond repair or destroyed.
- Loss or theft: Official written loss, theft or damage report, from police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by **you**.

- Delayed, loss or damage (checked-in baggage): Property Irregularity Report (PIR) or equivalent obtained within 24 hours of the incident, and if applicable the carrier's written confirmation the **possessions** are permanently lost.
  - Delayed, loss or damage (checked-in baggage): Tickets and **luggage** tags.
  - Delayed, loss or damage (checked-in baggage): Evidence from the carrier of any compensation or reimbursement issued to **you** towards **your** losses.
  - Delayed: Invoices and receipts for **essential items** purchased in resort.
  - Delayed: Evidence of the date and time **your possessions** were returned to **you**.
  - Personal **money**: Evidence of the original amount exchanged for **your trip**, by way of currency exchange receipts, withdrawal slips etc.
  - Personal **money**: Evidence of funds used to continue with **your trip**, including bank / card statements, withdrawals slip(s) etc.
  - Details of other insurance, or third party responsible, if applicable.
5. **you** are not claiming for **mobility equipment** which has been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear and tear, moth, or vermin.
  6. **you** have not left **mobility equipment unattended** (including being contained in **luggage** during transit) except where they are locked securely or left out of sight in **your** locked holiday or **trip** accommodation.
  7. **you** have not left **your mobility equipment unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means or in respect of mobility scooters securely locked and immobilised.
  8. **you** have obtained written confirmation from **your** carrier of any delay.
  9. the **mobility equipment** is essential or medically necessary for **you** to continue **your** holiday and **you** would use the **mobility equipment** in **your home country** for mobility purposes and is necessary for day to day living.

#### For damaged items:

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

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

## Mobility aids (Policy B Section 7)

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

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

#### Provided:

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. the **mobility equipment** is brought with **you** from **your home country** at **your** own cost and **you** have complied with the carrier's conditions of carriage.
3. **you** have notified the Police, **your** carrier or tour operator's representative of any loss, damage or theft and obtained an independent written report.
4. **you** own the **mobility equipment** **you** are claiming for and are able to provide proof of ownership/purchase.

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

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

#### If you need to claim

Download a claim form at

<https://www.imglobal.com/member/assistance/claims> or

call +44 (0) 1444 465 590 or write to Travel Claims Team, 3<sup>rd</sup> Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

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

#### For damaged items:

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

**Any mobility equipment with a purchase price over £50 must be supported by original proof of ownership or purchase.**

**An individual limit of £50 will apply to each item of mobility equipment not supported, with an overall limit of £150 for all such mobility equipment.**

## **Loss of passport and travel documents (Policy B Section 8)**

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

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

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

**Provided:**

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

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

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

**If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call **+44 (0) 1444 465 590** or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

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

## **Personal liability (Policy B Section 9)**

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

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

**Provided:**

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. the liability for loss of, or damage to, property or **accidental bodily injury** is not caused or suffered by:
  - **your** own employment, profession or business or anyone who is under a contract of service or in service with **you**, or acting as a carer, whether paid or not.
  - the employment, profession, or business of any **close relative**, or **travelling companion** or member of **your household.**
  - the work **you** or any **close relative** or **travelling companion** or member of **your household** have employed anyone to do.
  - **your** ownership, care, custody, or control of any animal.
3. compensation or any other costs are not caused by accidents involving **your** ownership, possession, or

control of any: land or building or their use either by or on **your** behalf other than **your** temporary **trip** accommodation, ownership, or use of aircraft, horse-drawn or mechanical/**motorised vehicles** (other than wheelchairs, electric wheelchairs or mobility scooters), bicycles, vessels (other than rowing boats, punts or canoes), animals, or firearms.

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

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

1. **accidental bodily injury** suffered by **you** or any **close relative** or any event caused by any deliberate or reckless act or omission by **you** or a **close relative**.
2. claims where an indemnity is provided under any other insurance or where it falls on **you** by agreement and would not have done if such agreement did not exist. i.e., rental disclaimer. In these circumstances **we** will only pay a proportionate amount of the claim where there is other insurance in force covering the same risk.
3. racing of any kind.

**If you need to claim:**

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

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call **+44 (0) 1444 465 590** or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 OEL.

**Our** claims handlers will need to see:

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

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

## **Legal expenses (Policy B Section 10)**

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

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

**Provided:**

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

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

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

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



**If you need to claim:**

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

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

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

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

+44 (0)1483 411 499

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

**Catastrophe (Policy B Section 11)**

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

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

**Provided:**

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

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

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

**If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed travel delay/missed departure claim form.
- Booking invoice(s) for the **trip**.
- Evidence from official sources confirming the reason **you** need to find alternative accommodation and the date on which this instruction was issued to **you**.

- Invoices, bank / card statements and receipts for the additional costs incurred.
- Details of other insurance, or third party responsible, if applicable.

**Hijack (Policy B Section 12)**

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

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

**Provided:**

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

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

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

**If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590

**Our** claims handlers will need to see:

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

**Kennel and cattery expenses (Policy B Section 13)**

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

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

Or

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

**Provided:**

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

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

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

**If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

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

**Cruise specific cover (Policy B section 14)****Cabin confinement**

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

each full 24-hour period, up to the maximum amount shown in the schedule of cover, **you** are confined to **your** cabin as a result of injury or **illness**.

**Provided:**

**you** provide written confirmation, from the ship's doctor or another medical practitioner, of **your** injury or **illness** which made **your** quarantine necessary.

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

**Additionally, no cover is provided under this section for:**

1. treatment or surgery which is not directly related to the injury or **illness** which made **your** confinement necessary.
2. any treatment or surgery which (based on information from the ship's doctor) can be reasonably delayed until **your** return to **your home country**.
3. any claim caused by a disease where **you** have not had the recommended inoculations and/or taken the recommended medication.

**If you need to make a claim:**

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

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 144 446 5590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed claim form.
- Booking invoice(s) for the **trip**.
- **Your** assistance case number, for emergency medical claims.
- Medical report(s) confirming the diagnosis.

- Invoices, bank / card statements and receipts for self-paid costs.
- A copy of **your** GHIC (or old EHIC) card covering the incident date, if travelling in Europe.
- Details of other insurance, or third party responsible, if applicable.

**Missed port departure**

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

reasonable additional travel expenses incurred to reach the next overseas port destination due to:

1. the vehicle in which **you** are travelling to **your** international **cruise** departure point becomes un-drivable due to mechanical failure or being involved in an accident.

Or

2. **your public transport** is delayed, preventing **you** from being able to check-in on time for **your** outward departure.

**Provided:**

1. **you** have allowed sufficient time to get to **your** destination as shown on **your** itinerary.
2. the claim is not due to the failure of **public transport** services that is due to poor weather conditions, a strike or industrial action that started or that had been announced before the date of **your** departure from **your home**.

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

1. an accident/breakdown of the vehicle in which **you** are travelling for which a professional repairers report is not provided.
2. a breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions.
3. any claim for Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any such regulatory body in a country which **you** are travelling to/from.
4. any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before the start date of **your** policy and the date **your** travel tickets or confirmation of booking were issued (whichever is the latter).
5. additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
6. any claim that results from volcanic ash.

**If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 144 446 5590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed claim form.
- Booking invoice(s) for each part of the **trip**.

- Evidence of the mechanical failure, or accident, of the vehicle **you** are travelling in, or of the delay to **public transport** being used, to get **you** to **your international departure point**.
- Invoices, bank / card statements and receipts for additional costs **you** incurred.
- Details of other insurance, or third party responsible, if applicable.

#### Itinerary change

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

cancellation of a scheduled port visits due to adverse weather or **timetable restrictions**.

#### Provided:

**you** obtain a written statement from **your** carrier confirming the reason for the cancelled port visit.

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

**Additionally, no cover is provided under this section for:**

1. any claims arising from missed ports caused by strike or industrial action, if the strike or industrial action was notified at the time the insurance was purchased or the **trip** was booked (whichever is the latter).
2. any claims arising from when **your** ship cannot put people ashore due to a scheduled tender operation failure.
3. any claims where a monetary amount (including on board credit) of compensation has been offered by the ship or tour operator.

#### If you need to claim:

Download a claim form at

[www.imglobal.com/member/assistance/claims](https://www.imglobal.com/member/assistance/claims) or call +44 (0) 144 446 5590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed cancellation claim form.
- Booking invoice(s) for each part of the **trip**.
- Carrier's letter confirming the scheduled port visit cancellation and the exact reason for the cancellation.
- Details of other insurance, or third party responsible, if applicable.

#### Unused excursions

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

the cost of **excursions** pre-booked before **you** go on **your trip** which **you** are unable to use as a direct result of being a hospital in-patient due to an accident or **illness** that is covered under the emergency medical and repatriation expenses section of the main policy wording.

#### Provided:

**you** have contacted the 24/7 assistance team.

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

**Additionally, no cover is provided under this section for:**

1. **your** failure to attend the **excursion** as per **your** original itinerary for any reason other than **your** accident or **illness**.

2. any claims made against the hospital benefit section of the main policy wording.
3. any medication and/or treatment which at the time of departure is known to be required or to be continued outside **your home country**.
4. expenses incurred as a result of a disease where **you** have not had the recommended inoculations/ or taken the recommended medication.
5. claims arising from normal pregnancy, without any accompanying bodily injury, **illness**, disease, or complication. Normal Childbirth would not constitute an unforeseen event. Please see pregnancy under Health/existing medical conditions in the main policy wording.
6. services or treatment received by **you**, for any form of cosmetic or elective surgery.
7. any services or treatment received by **you** after the date that in the opinion of **our** 24/7 assistance team in consultation with **your** treating doctor, which can reasonably wait until **you** return to **your home country**.

#### If you need to claim:

Download a claim form at

<https://www.imglobal.com/member/assistance/claims> or call +44 (0) 144 446 5590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed claim form.
- Booking invoice(s) for each part of the **trip**.
- Evidence to support the reason that **you** were unable to use **your excursion**, including medical reports confirming the diagnosis. This doesn't apply if the medical reason relates to **you** and **you** have contacted **our** assistance team at the time, and they have confirmed **you** require medical **emergency treatment**.
- Proof of the cost of the unused **excursion**.
- Details of other insurance, or third party responsible, if applicable.

#### Cruise interruption

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

additional travel and accommodation expenses incurred to reach the next port to re-join **your cruise** if:

1. **your** temporary **illness** required hospital treatment on dry land.
2. **your** passport being lost after **your** international departure but before embarkation of **your** planned **cruise** or during dis-embarkation ashore on one of the scheduled stops as a result of loss or theft.

#### Provided:

**you** have contacted the 24/7 assistance team to approve and assist with any travel arrangements prior to **you** arranging any additional travel.

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

**Additionally, no cover is provided under this section for:**

1. claims where less than 25% of the **trip** duration remains.

2. any medication and/or treatment which at the time of departure is known to be required or to be continued outside **your home country**.
3. expenses incurred as a result of a disease where **you** have not had the recommended inoculations/ or taken the recommended medication.
4. claims arising from normal pregnancy, without any accompanying bodily injury, **illness**, disease, or complication. Normal Childbirth would not constitute an unforeseen event. Please see pregnancy under Health/existing medical conditions in the main policy wording.
5. services or treatment received by **you**, for any form of cosmetic or elective surgery.
6. any services or treatment received by **you** after the date that in the opinion of **our** 24/7 assistance team in consultation with **your** treating doctor, which can reasonably wait until **you** return to **your home country**.
7. any loss of passport not reported to the police or other authority within 48 hours of discovery, and **you** have not obtained a written report.
8. any passports that are legally detained or held by any customs or any other officials.
9. any passports that **you** do not carry with **you** on **your** person (unless they are held in a locked cabin or safety deposit box).
10. any passport that **you** lose or is stolen while not in **your** control or while they are in the control of any person other than an airline or carrier.

#### **If you need to claim:**

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

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 144 446 5590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 OEL.

**Our** claims handlers will need to see:

- Completed claim form.
- Booking invoice(s) for the **trip**.
- **Illness:** **Your** assistance case number, for emergency medical claims.
- **Illness:** Medical report(s) confirming the diagnosis.
- Passport: police or other authority report.
- Invoices, bank / card statements and receipts for additional costs **you** incurred.
- Details of other insurance, or third party responsible, if applicable.

## **Sports and hazardous activities**

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

#### **Important note:**

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

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

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

#### **Sports and hazardous activities endorsement:**

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

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

#### **Category A:**

Aerobics, Angling/Fishing (Fresh Water), Archery, Badminton, Bamboo Rafting, Banana Boating, Baseball, Basketball, Beach Games, Biking on road only, Blade Skating, Board Sailing-**Inshore** only, Boating, Body Boarding- **Inshore** only, Boogie Boarding- **Inshore** only, Bowls, Canoeing, Catamaran Sailing- **Inshore** only, Clay Pigeon Shooting, Cricket, Croquet, Cross Country Running, Curling, Cycling (excluding off-road, BMX or Mountain Biking), Dancing, Darts, Dinghy Sailing, Disc Golf, Doughnut, Dragon Boat Racing, Fell walking up to 2000 metres, Fruit or Vegetable Picking (no higher than 3 metres), Glass Bottom Boats, Goalball, Golf, Handball, Hiking up to 2000 metres (excluding the use of picks, ropes and guides), Hobbie Catting - **Inshore** only, Ice-skating (rink only), Jet Boating - **Inshore** only, Jet Skiing - **Inshore** only, Jogging, Kayaking- **Inshore** only and up to white water grade 3, Kite Boarding, Kite Surfing, Korfbal, Laser Tag, Low Ropes, Motorcycling up to 50cc (Excluding Quad biking and Motorcycle Touring), Netball, Non-**Manual Labour** – excluding Animal Sanctuary/Refuge work - Sole purpose of **trip** is covered, Orienteering, Parascending (towed by boat), Pilates, Pony Trekking, Pool, Power Boating -**Inshore** only, Rackets, Racquet Ball, Rafting - **Inshore** only and up to white water grade 3, Rambling up to 2000 metres (excluding the use of picks, ropes and guides), Roller skating,



Rounders, Rowing, Sail Boarding -**Inshore** only, Sailing-**Inshore**, Scuba diving (up to 18 metres, also see scuba diving endorsement in this policy), Sea Fishing (From Shore), Snooker, Snorkelling, Softball, Spinning, Squash, Surfing - **Inshore** only, Swimming - (Pool and **Beach swimming** within a marked area with a lifeguard only), Swimming off a boat (with a qualified supervisor in attendance i.e. a lifeguard), Swimming with dolphins, Sydney Harbour Bridge Climbing (Professional, organised and supervised), Table tennis, Tennis, Theme Parks, Trampoline, Trekking up to 2000 metres (excluding the use of picks, ropes or guides), Tubing, Tug of War, Volleyball, Wakeboarding, Walking up to 2000 metres (excluding the use of picks, ropes and guides), War games, Water Parks, Water Polo, Water-skiing – **Inshore** only and no jumping, Whale Watching, Windsurfing - **Inshore** only, Yachting (excluding crewing) - **Inshore** and Yoga.

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

#### **Category B:**

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

(Grade 4), White Water Rafting (Grade 4) and Wind Tunnel Flying.

#### **Category C:**

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

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

#### **Scuba diving endorsement**

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

#### **If you need to claim**

If **you** require a claim form, please download the relevant claim form relating to **your** claim from the internet at: [www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims)  
Alternatively, please advise **us** of the section of the

insurance on which **you** want to claim under, along with the policy number and post to:

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

#### **You need to:**

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

If **you** do not do the above this may lead to **your** claim being rejected or not settled in full.

#### **We will:**

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

## **Data protection – Personal information**

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

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

#### **Purpose of collection**

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

#### **Disclosure**

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

#### **Privacy Policy (Red Sands)**

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

## **Our promise to you**

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

## How to complain

### Your right to complain

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

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

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

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

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

Or

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

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

**You** must do this within six months from the date of the Final Response.

## Financial Services Compensation Scheme (FSCS)

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