



# Insurance Policy 2017/18

## Specialist Insurance for European Holidays

### SUMMARY OF COVER

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

Section & Cover	Limit per person (up to)	Excess per person (unless otherwise shown)
1. Cancellation and Curtailment (see Note 1)	£3,000	£50* (Nil loss of deposit)
2(a) Medical and incidental expenses (see Note 1) (not your home country)	£5,000,000	£50
2(b) Hospital inconvenience benefit (see Note 1) (not your home country)	£500 (£25 per 24 hours)	Nil
3. Personal Accident	£15,000	Nil
4. Personal Possessions	£1,500	£50
5. Delayed personal possessions	£100	Nil
6. Personal money	£200	£50
7. Loss of passport or Travel documents	£500	Nil
8. Personal liability	£2,000,000	Nil (£250 damage to accommodation per party)
9. Travel disruption	£1,000	Nil
10. Travel delay (not your home country)		
Delay	£100 (£25 per 12 hours)	Nil
Abandonment	£3,000	£50
11. Legal expenses	£15,000	Nil

\* For holidays up to 3 days the excess is reduced to Nil, over 3 days and up to £150 in value the excess is reduced to £30.

**Note (1)** Your policy may not provide cover for re-occurring or **pre-existing medical conditions**. If **you** or anyone travelling with **you** has **ever** been diagnosed or received treatment for a heart related problem, circulatory condition, a stroke, cancer, any breathing problems, diabetes or had any other medical condition which has been treated in hospital or has been referred to a specialist in the last 2 years, or **you** are waiting for any tests or treatment of any description or **your** doctor has altered **your** regular prescribed medication in the last 6 months, **you** should phone **us**.

**You** must tell **us** if **your** health or medication **changes between booking your trip and travelling**. Your policy may not continue to provide cover for re-occurring or **pre-existing medical conditions**, these will include any heart related problem, circulatory condition, a stroke, cancer, any breathing problems, diabetes or any other medical condition which has been treated in hospital or has been referred to a specialist in the last 2 years, or **you** are waiting for any tests or treatment of any description or **your** doctor has altered **your** regular prescribed medication in the last 6 months, **you** should phone **us**.

Please call: Travel Administration Facilities on **0203 829 3855**, quoting Arena Travel or Arena Rail Holidays (Coach Plus) to see if cover is available. **We** will confirm any special terms in writing.

**Note (2)** Some sections of cover also have extra sub-limits. For example, section 4 - **Personal possessions** has a single article and **valuables** limit.

**Note (3)** If **you** have paid the **excess** waiver **premium**, the standard **excess** is reduced to Nil, in the event of a claim. Any **excess** imposed by **us** following **your** call to Travel Administration Facilities will still apply.

**Note (4)** **You** may claim under section 9 - Travel disruption or section 10 - Travel delay but not both.

Provided by: **Arena Travel & Arena Rail Holidays**

Arranged by: **P J Hayman & Company Limited**

Master Policy No: **CPXKP40030 A & B**

Scheme Reference: **ARE2009**

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### IMPORTANT TELEPHONE NUMBERS

<b>Customer services:</b>	<b>02392 419 890</b>
<b>24-hr emergency medical assistance:</b>	
Outside <b>your</b> home country	<b>+44 (0) 2079 027 996</b>
Within <b>your</b> home country	<b>02079 027 996</b>
<b>24-hr legal helpline:</b>	<b>0161 228 3851</b>
<b>Claims department:</b>	<b>02392 419 891</b>
<b>Travel Administration Facilities:</b>	
Medical screening/Change to medical condition	<b>0203 829 3855</b>

### IMPORTANT INFORMATION

Thank **you** for taking out **your** travel insurance with **us**.

**Your** policy schedule or booking confirmation shows the people who are covered and any special terms or conditions that may apply.

It is very important that **you** read the whole of this policy before **you** travel and make sure **you** understand exactly what is and is not covered and what to do if **you** need to claim. If **you** have any queries, please contact **us** on **02392 419 890**.

#### Insurer

**Your** travel insurance is underwritten by Union Reiseversicherung AG. UK Branch.

#### How your Policy Works

This policy which details the full cover, limits and exclusions applicable to the insurance, together with the policy schedule or booking confirmation is a contract between **you** and **us**. **We** will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**. Unless specifically mentioned the benefits and exclusions within each section, apply to each **insured person**. **Your** policy does not cover all possible events and expenses. Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy.

### Accurate and Relevant Information

**You** have a duty to take reasonable care to answer questions fully and accurately, and that any information **you** volunteer is not misleading. This applies both when **you** take the policy out and at any time during the policy period. If **you** do not do so, **we** reserve the right to void **your** policy from inception. In the event that it becomes necessary to do this, **we** will give **you** seven days' notice of cancellation of the policy by recorded delivery to **you** at **your** last known address. Because an insurance policy can only provide cover in respect of accident, illness, loss or damage for an event/occurrence which is sudden, unforeseen and beyond **your** reasonable control, **you** must also tell **us** if **you** are aware of any circumstances at the time **you** purchase this insurance, or at any time afterwards, which could possibly result in **you** having to make a claim; otherwise **you** may not be covered. **You** can do this by calling **02392 419 890**.

**We** reserve the right to charge an additional **premium**, amend the policy terms, or decline to offer cover if **we** feel that the information **you** give **us** changes **our** assessment of the risk involved.

**You** should keep a record of any extra information **you** give **us**.

### Cancellation Rights

If **your** cover does not meet **your** requirements, please notify **us** on **02392 419 890**, within **14** days of receiving **your** policy and return all **your** documents for a refund of **your premium**. If during this **14** day period **you** have travelled, made a claim or intend to make a claim, then **we** can recover all costs that **you** have used for those services.

Please note that **your** cancellation rights are no longer valid after this initial **14** day period.

### Policy Excess

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

If **you** have paid the **excess** waiver **premium**, the standard **excess** is reduced to Nil, in the event of a claim. Any **excess** imposed by **us** following **your** call to Travel Administration Facilities will still apply.

### Data Protection

Information about **your** policy may be shared between Arena Tours Ltd, P J Hayman & Company Limited and Union Reiseversicherung AG. for underwriting purposes.

**You** should understand that any information **you** have given **us** will be processed in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims or complaints, if any, which may necessitate providing such information to other parties. **You** have a right of access to, and correction of, information that **we** hold about **you**. If **you** would like to exercise either of these rights **you** should contact **us**. All **your** insurers contact details are provided within the section titled 'Making a Complaint'.

### Financial Services Compensation Scheme (FSCS)

For **your** added protection, the **insurer** is covered by the FSCS. **You** may be entitled to compensation from the scheme if the **insurer** cannot meet its obligations. This depends on the type of business and the circumstances of the claim. Insurance cover provides protection for 90% of the claim, with no upper limit. Further information about the compensation scheme arrangements is available from the FSCS, telephone number 0800 678 1100 or 020 7741 4100, or by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk)

### Governing Law

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

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

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

## DEFINITION OF WORDS

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

#### Back country

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 areas of side country or back country.

#### Beach swimming

Within 50 metres of the shore, in areas marked with safety buoys and under the supervision of a lifeguard.

#### Business associate

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

#### Channel Islands (CI)

Jersey, Guernsey, Sark, Alderney, Herm, Jethou, Brecqhou and Lihou.

#### Curtailment/ Curtail

Abandonment of the holiday on written medical advice either by return to **your home** or to attend a local hospital as an inpatient. The insurance will indemnify **you** pro-rata for any irrecoverable cost of the contracted holiday, following the cutting short of the holiday for reasons beyond **your** control. Payment will be made in full days lost from the day **you** return **home** or from when **you** are admitted as an inpatient.

### Doctor

A general practitioner, consultant or specialist.

### Drones

Un-manned aerial vehicles.

### Excess

The deduction **we** will make from the amount otherwise payable under this policy for each **insured person**, for each section, for each claim incident (unless otherwise shown).

If **you** have paid the **excess** waiver **premium**, the standard **excess** is reduced to Nil in the event of a claim. Any **excess** imposed by **us** following **your** call to Travel Administration Facilities will apply.

### Family

**Your** spouse/partner, parent, parent in-law, grandparent, brother, sister, child or step-child, foster child, grandchild, son or daughter-in-law and anyone for whom **you** are the legal guardian or next of kin.

### Hazardous activity

Any activity that requires skill and involves increased risk of injury, except where these form part of a published activity arranged by or organised through the tour operator.

There is no cover for any professional sporting activity, or any kind of racing except racing on foot, or any kind of manual work.

### Home

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

### Insurer

Union Reiseversicherung AG. UK Branch.

### Journey

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

### Leisure activity

The following activities are automatically covered:

- banana boating, **beach swimming**, cricket, cycling (under 1,000m), fell walking, fishing (including deep sea), glacier walking, golf, hiking, horse riding (not competitions, show jumping, hunting, eventing, polo or rodeo), jet skiing (no cover for Personal accident or Personal liability), marathon running, mountain biking, netball, orienteering, parascending over water, ringos, running, safari trekking in a vehicle (must be an organised tour), scuba diving to a depth of **30** metres (if **you** hold a certificate of proficiency or **you** are diving with a qualified instructor), snorkelling, surfing, swimming (pool - not **open water swimming**), trekking, wakeboarding, walking, water skiing, windsurfing and zorbing.

If the activity **you** are participating in is not mentioned above please contact P J Hayman & Company Limited on **02392 419 890**. An extra **premium** may need to be paid.

#### Note:

The activities are covered on the basis that **your** chosen activity is not the sole purpose of **your** trip. All of the activities are covered on a non-professional and non-competitive basis, unless otherwise stated. **We** consider 'professional or competitive' to be activities/sports where **you** are either paid for participating in, receive any element of sponsorship, fees or prize money in excess of **£200**.

Any claims which arise whilst undertaking any of these activities for any purpose other than leisure (examples of non-leisure purposes include professional / semi - professional / paid / sponsored racing, timed events, professional, display events, photo shoots, etc...) will not be covered under this policy.

#### Off piste

Skiing within ski area boundaries, off marked and groomed pistes and in between groomed trails and runs, where ski lifts and emergency services are easily accessible and ending back at a ski area lift. Not including **back country** or areas marked or prohibited from entry.

#### On piste

Piste skiing, including skiing on areas in and around the resort, but off the actual marked pistes, such as skiing on a hillside between marked pistes, or skiing down slopes adjacent to marked runs, but always finishing at the bottom of tows or lifts within the resort and never in areas cordoned off or restricted. All other areas are considered as **off piste** and therefore require purchase of an additional activity pack.

#### Open water swimming

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.

#### Pair or set

A number of items of **personal possessions** that belong together or can be used together.

#### Period of insurance

Cancellation cover begins from the date of issue of the policy and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey**.

In the event that **you** cannot finish **your journey** as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided, the **period of insurance** is automatically extended free of charge until **you** can reasonably finish the **journey**.

#### Personal money

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

#### Personal possessions

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

#### Pre-existing medical condition

Any serious or recurring medical condition which has been previously diagnosed, investigated or treated in any way, at any time prior to travel, even if this condition is currently considered to be stable and under control.

**Premium**

The price (including Insurance Premium Tax (IPT) at the current rate) that **you** pay for the product **you** have purchased, as shown on **your** policy schedule or booking confirmation.

**Redundancy**

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period of **2** years if **you** are aged **18** and over or **65** and under.

**Relative**

The spouse, partner or fiancé(e) of the **insured-person** living at the same address or parents, grandparents, legal guardians, parents-in-law, step-parents, daughter-in-law, son-in-law, brother-in-law, sister-in-law, step-child, step-brother, step-sister, aunt, uncle, brother, sister, child, foster child or grandchild.

**Resident**

A person who is resident in the **UK** or the **Channel Islands** and who is registered with a **doctor** in the **UK** or the **Channel Islands**.

**Travelling companion**

A person with whom **you** are travelling with and on the same booking, or with whom **you** have arranged to meet at **your journey** destination with the intention of spending a proportion of **your journey** 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.

**Travel documents**

Driving licence, travel tickets, admission tickets, travel passes, ski passes, all of which are owned by **you**.

**United Kingdom (UK)**

England, Scotland, Wales, Northern Ireland and the Isle of Man.

**Valuables**

Cameras, photographic equipment, camcorders, video, satellite navigation equipment, television equipment, radios, cassette players, CD players, Ipods, MP3 players, audio equipment, laptops, mac or web books, personal computers, computer equipment / accessories, hard drives, flash drives, computer games machines, binoculars, telescopes, antiques, jewellery, watches, furs, precious or semi-precious stones, articles made of or containing gold silver or other precious metals, films, tapes, cassettes, cartridges, discs or Compact Discs.

**Winter sports** - means on piste skiing, snow boarding and ice skating.

**Note:** If **you** intend to participate in any **winter sports** activity **you** must ensure that:

- **you** are aged **74** years or under;
- **your** usual treating G.P. is happy for **you** to do so;
- **you** follow the safety guidelines for the activity concerned and where applicable **you** use the appropriate and recommended safety equipment.

**We, our, us**

Union Reiseversicherung AG. UK Branch.

**You, your, insured person, insured party**

Each person shown on the policy schedule or booking confirmation, for whom the appropriate insurance **premium** has been paid.

**24-HOUR EMERGENCY MEDICAL ASSISTANCE**

Please tell **us** immediately about any serious illness or accident where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **your** medical expenses are over **£250**. If **you** are claiming for a minor illness or accident **you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call **24** hours a day, **365** days a year.

From outside **your home** country telephone **+44 (0) 2079 027 996**  
From within **your home** country telephone **02079 027 996**

Please state that **you** are insured by Arena Travel or Arena Rail Holidays (Coach Plus) and P J Hayman & Company Ltd.

**Repatriation**

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

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

**RECIPROCAL HEALTH ARRANGEMENT**

**European Health Insurance Card (EHIC)**

A EHIC entitles you to reduced-cost, sometimes free, medical treatment that becomes necessary while you're in a European Economic Area (EEA) country or Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway. The card gives access to state-provided medical treatment only. Remember, this might not cover all the things you'd expect to get free of charge from the NHS in the **UK**. **You** may have to make a contribution to the cost of **your** care.

**You** may apply for an EHIC online at [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or by calling **0300 330 1350**. If **you** make use of these arrangements or any other worldwide reciprocal health arrangement which reduces **your** medical expenses, **you** will not have to pay an **excess**.

**IMPORTANT: Please carry this card with you in case of an emergency.**

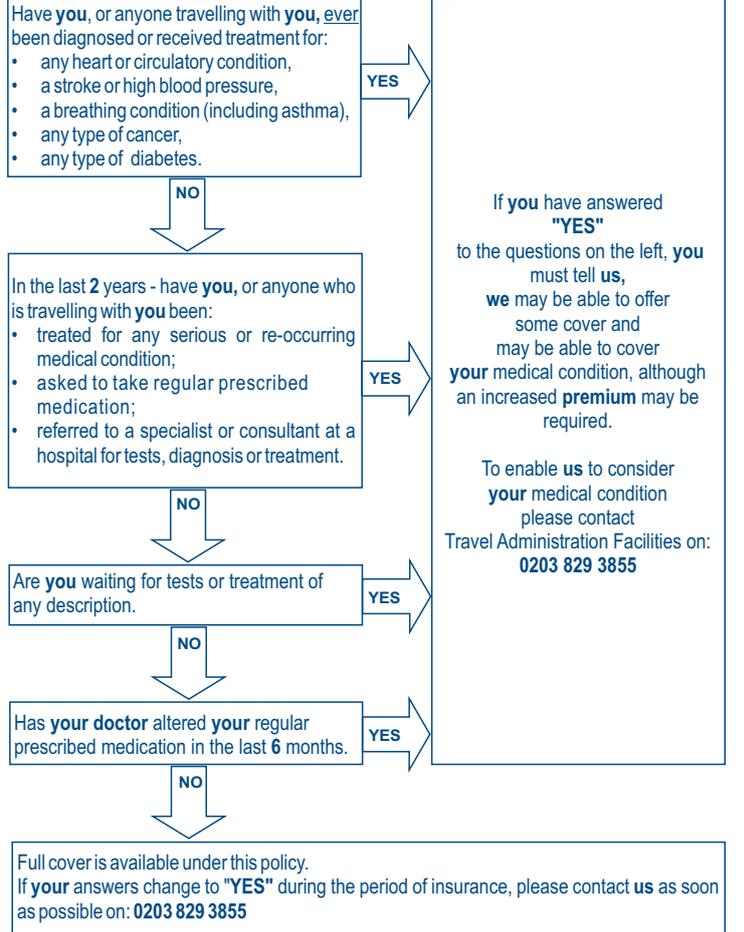
**DISCLOSURE OF PRE-EXISTING MEDICAL CONDITIONS**

**Your** policy may not cover claims arising from **your** medical conditions. **You** need to tell **us** anything **you** know that is likely to affect **our** accepting **you** for cover.

**We** are unable to provide any cover for **your pre-existing medical condition**, unless **we** have agreed cover in writing and any additional premium has been paid.

**We** are unable to provide cover for any claim arising from a known **pre-existing medical condition** of a **relative** or a **business associate** or any recognised complication caused by the **pre-existing medical condition**.

**Pre-existing medical conditions** - so that **we** can ensure **you** are provided with the best cover **we** can offer please read the following questions carefully:



If **you** have answered **"YES"** to the questions on the left, **you** must tell **us**, **we** may be able to offer some cover and may be able to cover **your** medical condition, although an increased **premium** may be required.  
  
To enable **us** to consider **your** medical condition please contact Travel Administration Facilities on: **0203 829 3855**

**You** need to keep copies of all letters **we** send **you** for future reference. **Your** failure to disclose any relevant information may mean that **your** policy will not cover **you** and it may invalidate it altogether. **We** reserve the right to charge an increased **premium**, decline, withdraw, increase the policy excess, cancel or restrict cover for any person where the facts disclosed are considered unacceptable to **us**.

Should **we** require any additional **premium**, and **you** accept **our** offer, this should be paid to Travel Administration Facilities either by credit card or cheque made payable to URV and sent within **14** days of receipt. Should **you** decide not to pay the additional **premium** the declared medical condition will not be covered. Full confirmation of **our** terms and conditions will be sent out to **your** address after **your** call. Any additional medical conditions not declared to **us** will not be covered.

Any terms and conditions declared under this policy will also be recorded under **your** travel insurance policy so that **you** do not need to declare these twice.

**Pregnancy** - **our** policies include emergency medical expenses cover for pregnancy and childbirth from week **0** to week **28** inclusive whilst **you** are away. From the start of week **29** to week **40** of the pregnancy, there is no cover for claims relating to normal pregnancy and normal childbirth or cancellation, however, medical expenses and cancellation cover will be provided if any of the following complications arise: Toxaemia, Gestational hypertension, Ectopic pregnancy, Post-partum haemorrhage, Pre-eclampsia, Molar pregnancy or hydatidiform mole, Retained placenta membrane, Placental abruption, Hyperemesis gravidarum, Placenta praevia, Stillbirth, Miscarriage, Emergency Caesarean, A termination needed for medical reasons, Premature birth more than **12** weeks (or **16** weeks if **you** know **you** are having more than one baby) before the expected delivery date. Please note **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. It is essential, if at the time of booking **your journey** **you** are aware that **you** are pregnant, that **you** ensure that **you** are able to have the required vaccinations for that **journey**; 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 required vaccinations for that country.

## CHANGE IN MEDICAL CONDITION OR ONGOING MEDICATION

If **your** health or **your** ongoing medication changes between the date the policy was bought and the date of travel **you** must advise Travel Administration Facilities on **0203 829 3855** as soon as possible. **We** will advise **you** what cover **we** are able to provide after the date of diagnosis. **We** reserve the right to increase the **premium**, increase the excess, exclude the condition or withdraw the cover should the stability of the condition make it necessary.

## GEOGRAPHICAL AREA

**Europe** - All countries west of the Ural Mountains, Algeria, Morocco, Tunisia, Turkey, the Azores, Canary Islands, Madeira and Mediterranean islands.

## YOUR INSURANCE COVER

### Section 1 – Cancellation and Curtailment

If **you** think **you** may have to cut **your journey short (curtail)**, **we** must be told immediately - see under the heading '24-hour Emergency Medical Assistance' on page 3 for more information.

#### WHAT YOU ARE COVERED FOR

**We** will pay up to **£3,000** for **your** part of unused:

- (i) transport charges,
- (ii) personal accommodation,
- (iii) pre-paid excursions booked by **you** before **you** go on **your journey**, which have been paid or where there is a contract to pay that cannot be recovered from anywhere else. **We** will provide this cover in the following necessary and unavoidable circumstances:

- **Cancellation**

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

- the death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or **family** or **business associate** of **you** or a **travelling companion**;
- **you** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country;
- **you** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their **home** or usual place of business in **your home** country;
- **your redundancy**;
- the withdrawal of leave for members of the Armed Forces or employees of a Government Department that could not reasonably have been expected at the time of applying for this insurance.

- **Curtailment**

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

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

#### Note:

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

#### WHAT YOU ARE NOT COVERED FOR

##### Under Cancellation and Curtailment

The first **£50** (for holidays up to 3 days excess in **Nil**, for holidays over 3 days and up to **£150** in value the excess is **£30. Nil** for deposit only claims) of each and every claim per **insured person**.

Anything caused by:

- **you** not having the correct passport or visa;
- **your** carriers refusal to allow **you** to travel for whatever reason;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your journey**;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life);
- **you** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug addiction);
- the direct or indirect effect of **you** using alcohol or solvents;
- the death of any pet or animal;
- a one-way trip;
- any trip where the ticket has no fixed return date.

Any payment or part payment made using frequent flyer vouchers, Air / Avios Miles vouchers or other vouchers that have no financial face value.

Any injury, illness, death or expense directly or indirectly due to, contributed to or caused by any re-occurring or **pre-existing medical conditions**, these will include any heart related problem, circulatory condition, a stroke, cancer, any breathing problems, diabetes or any other medical condition that has been diagnosed, been in existence or for which **you** have received treatment from a hospital or specialist consultant during the last 2 years or for which **you** are awaiting or receiving treatment or under investigation, unless **we** have agreed cover in writing and any additional **premium** has been paid.

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.

Any claim arising from a known **pre-existing medical condition** of a **relative** or a **business associate** or any recognised complication caused by the **pre existing medical condition**.

#### Under Cancellation

Cancellation of **your journey** due to a medical condition of a person travelling with **you** and included on **your** booking, where the risk attaching to that medical condition has not been accepted by **us** in writing.

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

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

Any claim where **you** are unable to provide proof of **your termination of employment** due to **redundancy**.

#### Under Curtailment

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

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

The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

### Section 2(a) – Medical and Incidental Expenses (not your home country)

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your** stay because of illness, injury or accident, or if **your** medical expenses are over **£250** **we** must be told immediately - see under the heading '24-hour Emergency Medical Assistance' on page 3 for more information.

#### WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your** Personal Representatives up to **£5,000,000** in total for reasonable fees or charges **you** incur for the following necessary and unforeseen emergency expenses if **you** die, are injured have an accident or are taken ill during **your journey**.

- **Emergency medical and hospital fees**

**We** will pay reasonable non-elective emergency medical, surgical and hospital fees and expenses including charges for ambulance, nursing home, nursing attendance and dental treatment (for the immediate relief of pain only, limit **£250**) plus further fees, expenses and charges agreed by **us**, until such time as **you** are able to return **home**.

- **Additional hotel accommodation expenses**

**We** will pay reasonable additional hotel (room only) expenses beyond the number of days booked incurred by **you** following **your** hospitalisation, together with those of 1 member of **your family** / party if their presence is certified to be medically desirable.

- **Emergency visit from your home country**

**We** will provide 1 economy return ticket for a member of **your family** to travel from **your home** country if **you** are confined to hospital for more than 5 days and no other member of **your family** / party is already present.

- **Emergency return to your home country**

**We** will provide for the reasonable additional travel costs if **your** presence in **your home** country is urgently required due to the death or sudden and unforeseen hospitalisation of any member of **your family** or **business associate** residing in **your home** country, less any costs which would have been incurred had no claim arisen.

- **Medical repatriation**

Should **you** suffer accidental bodily injury or sudden and unforeseen illness and **our** medical adviser, in conjunction with the **doctor** treating **you**, considers that **your** condition is of such seriousness to warrant such action, **we** will organise and pay for **your** repatriation by aeroplane, road ambulance, rail or by other suitable means to an appropriate hospital or nursing home or **your home**.

If medically necessary one member of **your family**/party may accompany **you**. **We** reserve the right to repatriate **you** to **your home** country when in the opinion of the treating **doctor** in attendance and the Company's medical advisers **you** are fit to travel.

At **our** discretion, the repatriation may be effected by air ambulance to a hospital in **your home** country and/or may include other members of **your family**/party where appropriate.

- **Transportation of deceased**

In the event of death **we** will organise and pay for the transportation of **your** remains or ashes to **your home** in **your home** country or the burial or cremation abroad (provided that the costs thereof shall not exceed the costs which would have been incurred to repatriate the body).

#### WHAT YOU ARE NOT COVERED FOR

The first **£50** of each and every claim per **insured person** except when **you** have used a European Health Insurance Card (EHIC) or other mutual agreement between countries to obtain a reduction in medical costs, when this is reduced to **NIL**.

The cost of medical, dental, hospital and nursing fees incurred and / or medical requisites prescribed in **your home** country and / or normal country of residence and the cost wherever prescribed of any prosthesis, contact or corneal lenses, spectacles, hearing aids, dentures and cosmetic surgery.

Any expenses or fees (over **£250**) for in-patient treatment or repatriation which have not been notified to, and agreed by, **our** Emergency Medical Assistance Service.

The cost of treatment, including exploratory tests, which are not directly related to the illness or injury which necessitated **your** admittance into hospital.

Any form of treatment, which in the opinion of the **doctor** in attendance and **our** medical advisers, can reasonably be delayed until **your** return to **your home** country.

Medication, which at the time of departure is known to be required or to be continued outside **your home** country.

Any additional costs arising from single or private room accommodation.

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

#### CONDITIONS APPLYING TO SECTION 2(a)

1. **Our** prior approval and consent must be obtained before any non-medical expenses are incurred under these sections, and **we** will be entitled to deduct from the amount paid the value of any refundable travel tickets which are not used by **you**.
2. Claims must be supported by original receipts or invoices.
3. If **you** become an in-patient in hospital, and are unable to return as planned, **you** must notify **our** Emergency Medical Assistance Service (see page 3) as soon as possible. **Our** medical advisers shall be entitled to arrange for **you** to be medically examined. **You** shall accept their advice and recommendations concerning repatriation.
4. **You** shall co-operate with **us** in obtaining reimbursement of such medical and hospital expenses which **we** may have paid on **your** behalf and which **you** may be entitled to claim from the Department of Social Security, and/or any other organisations and also in obtaining reimbursement for **our** benefit any travel tickets which **you** did not use because of events which gave rise to a claim being made and accepted under the policy.

### Section 2(b) – Hospital Inconvenience Benefit (not your home country)

#### WHAT YOU ARE COVERED FOR

**We** will pay **£25** for each 24-hour period that **you** are in hospital as an in-patient outside **your home** country up to **£500** in total as a result of illness or injury during the **period of insurance**. Payment under this section is in addition to any amount payable under section 2(a) - Medical and incidental expenses.

#### WHAT YOU ARE NOT COVERED FOR

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

### Section 3 – Personal Accident

#### WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your** Personal Representative one of the following amounts if **you** sustain accidental bodily **injury** whilst on **your journey** which shall solely and independently of any other cause result in death or permanent total disablement from outward violent visible means.

- |   |                |
|---|----------------|
| • <b>Death</b>  | <b>£10,000</b> |
| • <b>Loss of one or two limbs and / or one or both eyes</b> | <b>£15,000</b> |
| • <b>Permanent total disablement</b>                        | <b>£15,000</b> |

#### DEFINITIONS

**Loss of limb** - the severance or permanent total loss of use of an entire hand, arm, foot or leg.

**Loss of an eye** - total and irrecoverable loss of sight.

**Permanent total disablement** - permanent and absolute inability to attend to any kind of profession or occupation and which having lasted **6** months is at the end of that period beyond hope of improvement.

**Injury** - as a direct result of **your** unavoidable exposure to the elements shall be deemed to have been caused by bodily Injury.

#### WHAT YOU ARE NOT COVERED FOR

All benefits are reduced to **£3,500** for children under the age of **18** years at the date of the accident.

No benefit shall be payable unless death, **loss of limb(s)**, **loss of eye(s)** or **permanent total disablement** occurs within **12** calendar months from the date of accident.

Benefit shall not be payable under more than one heading in respect of any one accident.

No benefit shall be payable for **permanent total disablement** for persons aged **70** or over.

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

### Section 4 – Personal Possessions

#### WHAT YOU ARE COVERED FOR

**We** will pay up to **£1,500** in total for loss, theft or damage to **personal possessions** owned by or carried by **you** during **your journey**.

The most **we** will pay for **valuables** is **£400** in total whether jointly owned or not. There is also a single article, **pair** or **set** limit of **£300**.

#### Note:

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

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

#### WHAT YOU ARE NOT COVERED FOR

The first **£50** of each and every loss per **insured person**.

A claim for more than **1** mobile phone per **insured person**.

Damage caused by moth, vermin or normal wear and tear.

Loss or damage to spectacles or sunglasses, and breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft or accident to the vessel, aircraft or vehicle in which they are being carried.

Accidental loss of or theft of or damage to property left unattended other than whilst:

- in **your** locked accommodation;
- in a locked boot or locked and covered luggage compartment of a motor vehicle provided that:
  - there is evidence of forcible and violent entry to such vehicle;
  - property stolen from unattended locked motor vehicles during the hours **9pm** to **6am** (local time) where the item is in excess of **£50**;
  - no cover shall apply in respect of **valuables** at any time.

#### Note:

The intention of the policy is not to insure items that can be seen.

Any loss or theft of property not reported to the Police within **24** hours of discovery (a Police statement must be obtained).

Any loss or damage to baggage or **personal possessions** whilst in the custody of carriers (Airline / Bus companies or similar) unless it has immediately been notified to such carrier but in any event within three days of discovery and a report obtained from the carrier.

Loss of **valuables** whilst in the custody of carriers.

Loss of or damage to any article or goods on roof racks:

- by weather conditions resulting from failure to protect items;
- by theft or malicious persons whilst the vehicle is unattended.

Loss arising from confiscation or detention by customs or other authority.

Loss of or damage to: sports equipment whilst in use, stamps, deeds, samples etc, damage to luggage unless rendered unusable (verification by supplier required), contact / corneal lenses, dentures, all **valuables** while left unattended, jewellery lost while swimming (other than wedding ring).

Car parts or car accessories that are specifically designed for the use in or on a motor vehicle.

Household goods or home contents.

The cost of replacing a whole set where only part of that set is lost or damaged.

Loss or theft or damage to **your** passport (see section 7 - Loss of passport or Travel documents).

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

### Section 5 – Delayed Personal Possessions

#### WHAT YOU ARE COVERED FOR

Up to **£100** in total for essential replacement items, if **your personal possessions** (this does not include **valuables**) are temporarily lost or stolen on **your** outward journey for more than **24** hours from when **you** arrived at **your** destination.

#### Note:

**You** must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under section 4 - **Personal possessions**.

#### WHAT YOU ARE NOT COVERED FOR

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

### Section 6 – Personal Money

#### WHAT YOU ARE COVERED FOR

**We** will pay for loss of **personal money** belonging to **you** up to **£200** whilst on **your** person or whilst with hotel security or locked in a hotel safety deposit box, while on **your journey**.

#### WHAT YOU ARE NOT COVERED FOR

The first **£50** of each and every claim per **insured person**. In the event of a claim being made under section 4 - **Personal possessions** for the same occurrence, a maximum of **£50** will be deducted per **insured person**.

Any loss or theft of **personal money** not reported to the Police within **24** hours of discovery (a police statement must be obtained).

Shortage of monies due to error or omission or depreciation in value.

Loss, theft of or damage to **personal money** left unattended at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box within **your** locked accommodation.

Property insured elsewhere.

Loss or theft of money whilst in the custody of carriers.

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

## Section 7 – Loss of Passport or Travel Documents

### WHAT YOU ARE COVERED FOR

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

- **Costs for issuing a temporary passport or obtaining replacement travel documents**  
Up to **£500** in total for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport or replacement **travel documents** to enable **you** to return to **your home** country.
- **Remaining value of original passport**  
The equivalent cost (based on the current replacement costs) of the period remaining on **your** passport that is lost stolen or destroyed.

### WHAT YOU ARE NOT COVERED FOR

Any claim unless **you** get a letter from the consulate **you** reported the lost, stolen or destroyed passport to.

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

## Section 8 – Personal Liability

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

### WHAT YOU ARE COVERED FOR

We will pay up to **£2,000,000** plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following:

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

### Note:

Inform **us** as soon as **you** or **your** Personal Representatives are aware of a possible prosecution, inquest or fatal injury, which might lead to a claim under this section. Please do not negotiate, pay, settle, admit or deny any liability to any third party, without **our** written consent.

### WHAT YOU ARE NOT COVERED FOR

The first **£250** of each and every loss per **insured person** or of each and every claim per **insured party** in respect of damage to any holiday accommodation.

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

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

Any contractual liabilities.

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

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

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

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

## Section 9 – Travel Disruption

### WHAT YOU ARE COVERED FOR

We will pay up to **£1,000** for any additional accommodation or transport charges necessarily incurred to get to or return **home** from the holiday destination as a direct result of **your** failure to reach the departure port, airport, coach departure point or channel terminal by the time stated in the itinerary supplied, due to strike, industrial action, adverse weather conditions, accident or mechanical breakdown involving scheduled public transport services or the vehicle in which **you** are travelling.

### WHAT YOU ARE NOT COVERED FOR

**Your** failure to allow sufficient time necessary to arrive at the departure time in accordance with the itinerary supplied.

Circumstances which could reasonably have been anticipated at the date of issue of this policy.

**Note:** **You** may claim under this section or section 10 - Travel delay but not both.

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

## Section 10 – Travel Delay

(not your home country)

### WHAT YOU ARE COVERED FOR

If **you** are delayed at least **12** hours in arriving at **your** booked destination on the first outward leg of **your journey** or at least **12** hours when returning to **your home** country by circumstances outside of **your** control:

- **Delay**  
**£25** for each full **12** hours delay up to **£100** in total.

OR

- **Abandonment**  
up to **£3,000** in total if the outward **journey** is delayed at the departure point for more than **12** hours by any cause outside of **your** control **you** may elect to abandon the **journey** and **we** will accept such abandonment as a claim under section 1 - Cancellation and Curtailment.

### WHAT YOU ARE NOT COVERED FOR

Under Abandonment the first **£50** of each and every claim per **insured person**.

**Your** failure to check-in according to the itinerary supplied to **you** or **your** late arrival at the airport, port or Channel Tunnel terminal after the latest check-in or book-in time.

Circumstances which could reasonably have been anticipated at the date of issue of this policy.

**Note:** **You** may claim under this section or section 9 - Travel disruption but not both.

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

## Section 11 – Legal Expenses

### WHAT YOU ARE COVERED FOR:

Up to **£15,000** for legal costs and expenses incurred in pursuing claims for compensation and damages due to **your** death or personal injury whilst on the **journey** provided **we** always have complete control over the legal proceedings and the selection, appointment and control of lawyers and where a claim occurs **you** will supply any reports or information and proof to **us** and the claims office as may be required.

### WHAT YOU ARE NOT COVERED FOR:

- any costs to pursue a claim against a travel agent, tour operator, tour organiser, the insurers or their agents or the claims office.
- any legal action where the estimated amount that will be recovered is less than **£500**.
- any legal expenses where we consider **you** are unlikely to obtain a reasonable settlement.
- any costs that can be considered under an arbitration scheme or a complaints procedure.
- any legal expenses incurred without **our** prior authorisation or that of the claims office.
- any claim made by **you** against another **insured person** or member of **your** family.
- any claim for damage to a motor vehicle.

### Note:

**We** will not pay legal expenses to bring proceedings in more than one country in respect of the same event.

If **you** are awarded compensation and receive payment then all sums paid out by **us** shall be paid out of that compensation.

**Please refer to General Exclusions, General Conditions and Making a Claim that also apply.**

### WHAT YOU NEED TO DO IF YOU WISH TO MAKE A CLAIM UNDER THIS SECTION OF THE POLICY:

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

**Slater & Gordon LLP, 58 Moseley Street, Manchester, M2 3HZ**

They will arrange for up to **30** minutes of advice to be given to **you** by a lawyer.

To obtain this service **you** should telephone **0161 228 3851** or fax **0161 909 4444**

## GENERAL EXCLUSIONS

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

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

1. Relevant information that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
2. Any re-occurring or **pre-existing medical condition**, or any recognised complication caused by the condition or if **you** have **ever** had a heart related problem, circulatory condition, a stroke, cancer, any breathing problems, diabetes or health condition that has been diagnosed, been in existence or for which you have received treatment from a hospital or specialist consultant during the last **2** years or for which **you** are awaiting or receiving treatment or under investigation unless **we** have agreed cover **in writing** and any additional **premium** has been paid.
3. Any epidemic or pandemic.
4. **You** not following any suggestions or recommendations made by any government or other official authority including the Foreign and Commonwealth Office during the **period of insurance**.

5. **You** property being held, taken, destroyed or damaged under the order of any government or customs officials.
6. Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
7. Any currency exchange rate changes.
8. The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under section 2(a) - Medical and incidental expenses and section 3 - Personal accident).
9. **You** acting in an illegal or malicious way.
10. **You** not enjoying **your journey** or not wanting to travel.
11. Any claim arising under this policy that has arisen as a result of **your** failure to follow any medical advice or guideline regarding any recommended inoculations or medication considered necessary for **you** to have for **your journey**.
12. Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
13. **Winter sports**, unless the appropriate additional premium has been paid.
14. **You** taking part in any **winter sports** activity, unless **you** are aged **74** years or under.
15. Any **hazardous activity** or any kind of manual work.
16. **You** travelling in an aircraft (except as a passenger in a fully-licensed, passenger carrying aircraft).
17. **Your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life).
18. **You** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug addiction).
19. The direct or indirect effect of **you** using alcohol or solvents.
20. **You** travelling on a motorised vehicle for which **you** do not hold appropriate qualifications to ride at **home**.
21. **You** riding pillion, if the rider does not also hold appropriate qualifications.
22. **You** travelling on a motorcycle or moped without wearing a crash helmet, whether legally required locally or not.
23. Any claim due to **your** carriers refusal to allow **you** to travel for whatever reason.
24. The usage of **drones**.
25. **In respect of all sections other than 2(a) - Medical and incidental expenses:**  
War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution insurrection, military force, coup d'etat, terrorism, weapons of mass destruction.

#### B. This insurance will not cover:

1. loss of earnings, additional hotel costs, additional car hire, additional parking fees, kennel fees or any other loss unless it is specified in the policy.
2. any trip where the ticket has no fixed return date.
3. a one-way trip.

## GENERAL CONDITIONS

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

1. **You** are a **resident** of the **UK** or the **Channel Islands**.
2. **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
3. **You** have a valid policy schedule or booking confirmation.
4. **You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a Claim' on pages 7&8 for more information.
5. **You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.

#### We have the right to do the following

1. Cancel the policy if **you** do not tell **us** about relevant information or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not. A full **premium** refund will be given and depending on the circumstances **we** may report the matter to the police.
2. Cancel the policy and make no payment if **you** make a fraudulent claim. **We** may in these instances report the matter to the police.
3. **Only cover you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
4. Take over and deal with, in **your** name, any claim **you** make under this policy.
5. Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any forms (including Department of Social Security forms), which will help **us** to recover any payment **we** have made under this policy.
6. With **your** permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.

7. Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
8. Not accept liability for costs incurred after the date the treating **doctor** and **our** medical advisers agree **you** should return to **your home** country, if **you** refuse to be repatriated.
9. Only refund or transfer **your premium** if **you** decide that the policy does not meet **your** needs and **you** have contacted **us** within **14** days from the date **you** receive **your** policy. **We** can recover all costs that **you** have used if **you** have travelled or made a claim or intend to make a claim.
10. Not to pay any claim on this policy (except under section 3 - Personal accident) for any amounts covered by another insurance. In these circumstances **we** will only pay **our** share of the claim.
11. If **you** cancel or cut short **your journey** all cover provided on **your** policy will be cancelled without refunding **your** premium.
12. Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.
13. Only pay **our** proportion of any loss where **you** have not insured for the full cost of the trip.

## MAKING A COMPLAINT

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

#### Complaints regarding the SALE OF THE POLICY

If **you** have a complaint regarding the sale of the policy, please contact :

The Customer Services Manager  
Arena Travel / Arena Rail Holidays  
Explorer House, 2 Betts Avenue, Martlesham Heath, Ipswich IP5 3RH  
as **your** issuing agent.

#### Complaints regarding the CLAIMS SERVICE

The Customer Services Manager, P J Hayman & Company Limited  
Stansted House, Rowlands Castle, Hampshire PO9 6DX  
Email: [customerservices@pjhayman.com](mailto:customerservices@pjhayman.com)

If this does not resolve **your** problem regarding the sale of the policy or the claims service, please write to:

Quality and Improvements Manager, URV, 1 Tower View, Kings Hill, West Malling ME19 4UY  
Telephone: **0203 829 6604**

#### Complaints regarding the EMERGENCY MEDICAL ASSISTANCE SERVICE or the MEDICAL SCREENING SERVICE

Quality and Improvements Manager, URV, 1 Tower View, Kings Hill, West Malling ME19 4UY  
Telephone: **0203 829 6604**

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

If **you** are still not satisfied with the outcome **you** may ask the Financial Ombudsman Service (FOS) to review **your** case.

Their address is Exchange Tower, Harbour Exchange Square, London E14 9SR

Their telephone advice line is:

**0300 123 9123** (freephone number for mobile users) or  
**0800 023 4567** (freephone number for a landline).

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Online sales only:

If **you** purchased **your** policy online, **you** are also able to use the EC On-line Dispute Resolution (ODR) platform at <http://ec.europa.eu/consumers/odr/> who will notify the FOS on **your** behalf.

## MAKING A CLAIM

If **you** need to make a claim please contact **our** Claims Department on **02392 419 891** (opening hours 9am - 5pm Monday to Friday excluding Bank Holidays) or email: [claims@pjhayman.com](mailto:claims@pjhayman.com) and ask for a claim form or write to:

Claims Department  
P J Hayman & Company Limited  
Stansted House, Rowlands Castle, Hampshire PO9 6DX

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

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

#### For all claims

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

#### Cancellation or curtailment

If **you** need to **curtail your journey** call **us** immediately to get **our** prior agreement.

From outside **your home** country telephone **+44 (0) 2079 027 996**

From within **your home** country telephone **02079 027 996**

- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

#### Medical expenses

- Always contact **our** 24-hour Emergency Medical Assistance Service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **£250**.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.

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

- Written confirmation from the Consulate where the loss happened detailing the date of loss, notification of loss and replacement together with a written report from the Police.

#### Personal possessions, personal money and travel documents

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

#### Personal possessions delay

- Please obtain a report from the carrier (Coach Company or similar). This should be done within **3** days of the discovery of the loss or damage.
- Provide copies of receipts / bills for essential replacement items purchased.

#### Personal accident

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

#### Travel disruption

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

#### Travel delay

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

#### Personal liability

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

#### Legal expenses

- For full details see section 11 - Legal expenses, on page 6.

Please call 02392 419 890 for large print, audio and Braille.

Arena Tours Ltd

Registered Address: Explorer House, 2 Betts Avenue, Martlesham Heath, Ipswich IP5 3RH. Company Registration No: 2431120

Arena Tours Ltd is an Appointed Representative of Maintenance Assist Ltd  
which is authorised and regulated by the Financial Conduct Authority

This insurance is provided by Arena Tours Ltd trading as Arena Travel and Arena Rail Holidays and arranged by P J Hayman & Company Limited

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Registered with Amtsgericht Munich, Germany Registered Number: HRB 137918

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