



## POLICY WORDING

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# IMPORTANT INFORMATION

We wish to bring to **your** attention some of the important features of **your Safe-Journey Insurance Policy**.

<b>POLICY EXCESS:</b>	Claims under some sections of the <b>Policy</b> will be subject to a <b>Policy Excess</b> . Where there is a <b>Policy Excess you</b> will be responsible for paying the first part of that claim. The amount of <b>Policy Excess</b> for each section of cover is shown in the Table of Benefits.
<b>REASONABLE CARE:</b>	<b>You</b> are required to take all reasonable care to protect yourself and <b>your</b> property and to act as though <b>you</b> are not insured.
<b>COMPLAINTS:</b>	The <b>Policy</b> includes a Complaints Procedure, which tells <b>you</b> what steps <b>you</b> can take if <b>you</b> wish to make a complaint.
<b>COOLING OFF PERIOD:</b>	If this <b>Policy</b> does not meet <b>your</b> requirements <b>you</b> may cancel it within 14 days of issue and provided that <b>you</b> have not started a <b>trip</b> or made or intend to make a claim, <b>we</b> will cancel the <b>Policy</b> and refund <b>your</b> premium in full..
<b>POLICY SCHEDULE:</b>	The <b>Policy Schedule</b> shows important details including <b>your</b> premium amount and details of <b>insured Persons</b> who are covered by this <b>Policy</b> . Please keep it with the <b>Policy Wording</b> .
<b>POLICY WORDING:</b>	This contains full details of the cover provided plus the conditions and exclusions that apply. <b>You</b> must read the <b>Policy Wording</b> carefully and keep it with <b>your Policy Schedule</b> .
<b>CONDITIONS AND EXCLUSIONS:</b>	There are conditions and exclusions, which apply to individual sections. General conditions, exclusions and terms apply to the whole <b>Policy</b> .
<b>FRAUDULENT CLAIMS:</b>	The making of a fraudulent claim is a criminal offence.
<b>CYBER-TERRORISM:</b>	The <b>Policy</b> will not cover <b>you</b> for the consequences of <b>Cyber-Terrorism</b> .
<b>MEDICAL EXPENSES:</b>	This section does not provide private health care unless specifically approved by <b>our Emergency Assistance Company</b> .
<b>PROPERTY CLAIMS:</b>	The amount payable will be the replacement cost at the date of the loss less a deduction for wear, tear and depreciation, calculated from the table on page 19 – not on a 'new for old' or replacement cost basis.
<b>POLICY LIMITS:</b>	Most sections of the <b>Policy</b> have limits on the amount <b>we</b> will pay under that section. Some sections also include inner limits e.g. for one item or for <b>Valuables</b> in total.
<b>GOVERNING LAW:</b>	Subject to English law and jurisdiction unless <b>you</b> live in Scotland in which case this <b>Policy</b> will be subject to Scottish law and jurisdiction.
<b>FRAUD:</b>	If <b>you</b> make any misrepresentation or concealment or dishonest statement in obtaining the <b>Policy</b> or in support of any claim in amount or any other respect, this insurance will become invalid. This means <b>we</b> will not pay the false or fraudulent claim or any subsequent claim and <b>your</b> policy will be cancelled without return of any premium.

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TABLE OF BENEFITS			
Section and page number	Cover	Sums insured per person	Policy Excess
<b>1 – Page 13</b>	- Emergency Medical Expenses	£1,000,000	Nil
	- Evacuation and Emergency Temporary Accommodation	£1,000	Nil
	- Medical Repatriation	£50,000	Nil
	- Funeral Expenses	£3,500	Nil
<b>2 – Page 15</b>	Personal Accident		
	- Death	£25,000	Nil
	- Permanent Total Disablement	£100,000	Nil
<b>3 – Page 16</b>	Cancellation and Curtailment	£2,000	£100
<b>4 – Page 17</b>	Travel Delay £20 for each 8 hour period, up to a maximum of £200 per person.	£200	Nil
<b>5 – Page 19</b>	Personal Effects	£1,500	£75
	- Valuables – up to £250 per item	£500	£75
	- Cash, if under 18 years limited to £50	£200	£75/nil if under 18
	- Passport	£450	£75
	- Luggage Delay	£200	Nil
<b>6 – Page 21</b>	Withdrawal of Services	£200	Nil

# YOUR SAFE-JOURNEY INSURANCE

Benefits under this **Policy** are provided by:

EUROP ASSISTANCE S.A, a French stock corporation, regulated by the French Insurance Code, having its registered office at 1, promenade de la Bonnette, 92230 Gennevilliers, France, registered in the Register of Commerce and Companies of Nanterre (Reference number 451 366 405) acting through its Irish office (trading as **EUROP ASSISTANCE S.A.**, Irish Branch) whose principal establishment is located at 4th Floor, 4-8 Eden Quay, Dublin 1, D01N5W8, Ireland, registered in the Irish Companies Registration Office under number 907089. **Europ Assistance S.A.** (trading as **Europ Assistance S.A.** Irish Branch) is regulated in France by the Autorité de Contrôle Prudentiel et de Résolution (ACPR) of 61 rue Taitbout, 75436 Paris Cedex 09, France. **Europ Assistance S.A.** Irish Branch conducts business in Ireland in accordance with the Code of Conduct for Insurance Undertakings published by the Central Bank of Ireland

This **Policy** is administered and managed by International Travel and Healthcare Limited. Registered in England and Wales under company registration number 05461888.

Registered address: West House, 46 High St, Orpington, Kent. BR6 0JQ

Tel: +44 (0) 1689 892 228

www.int-travelandhealthcare.com

International Travel and Healthcare Limited is authorised and regulated by the Financial Conduct Authority FRN 433367

Please direct any queries about this **Policy** to International Travel and Healthcare Limited.

This **Policy** is only available to residents of the **United Kingdom** and the Isle of Man and the Channel Islands.

This **Policy** is only valid if purchased before commencement of a **trip** departing from **your home location**.

Subject to the **Policy** exclusions, sums insured and **Policy** conditions contained within this **Policy Wording**, this Insurance insures **you** as stated in the Table of Benefits forming part of this **Policy Wording** on page 4 and on **your Policy Schedule**, against physical loss, physical damage or **bodily injury** occurring during the period of this **Policy** caused by an **Act of Terrorism**.

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## POLICY INFORMATION

<b>THE POLICY WORDING:</b>	The <b>Policy Wording</b> tells <b>you</b> exactly what is and is not covered, how to make a claim and other important information.
<b>POLICY SCHEDULE:</b>	The <b>Policy Schedule</b> shows important details including <b>your</b> premium amount and details of <b>Insured Persons</b> who are covered by this <b>Policy</b> . Please keep it with the <b>Policy Wording</b> .
<b>GOVERNING LAW AND JURISDICTION:</b>	Subject to English law and jurisdiction unless <b>you</b> live in Scotland in which case this <b>Policy</b> will be subject to Scottish law and jurisdiction.
<b>DATA PROTECTION ACT:</b>	<p>Any information provided to <b>us</b> regarding <b>you</b> and/or <b>Insured Persons</b> will be processed by <b>us</b>, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. This may include disclosing it to reinsurers. The information comprises of all the details <b>we</b> hold including: sensitive, personal, transactional and other information obtained from third parties. <b>We</b> will provide an adequate level of protection to the data. <b>We</b> will not disclose this information unless:</p> <ul style="list-style-type: none"><li><b>We</b> have <b>your</b> permission.</li><li><b>We</b> are required to do so by law.</li><li>To credit reference or fraud prevention agencies.</li><li>Other companies that provide a service to <b>you</b> or <b>us</b>.</li></ul>
<b>PRINCIPLE OF GOOD FAITH:</b>	<p><b>We</b> may transfer the information to other countries and jurisdictions on the basis that anyone to whom it is passed provides an adequate level of protection. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations.</p> <p><b>You</b> have the right to see a copy of the personal information held about <b>you</b>, if <b>you</b> believe that any of the information that <b>we</b> are holding is incorrect or incomplete, please let <b>us</b> know. To provide a copy of the information <b>we</b> may ask <b>you</b> for a small fee. <b>We</b> will not use the data for marketing purposes</p>
<b>YOUR APPLICATION AND THE</b>	As the Insured, <b>you</b> should answer all of the questions that <b>we</b> ask fully, honestly and to the best of <b>your</b> ability, as <b>we</b> will use <b>your</b> answers to determine as to whether or not <b>we</b> can accept <b>you</b> for cover under this insurance. <b>We</b> will rely on the information that <b>you</b> provided when taking out the insurance. If the information submitted by <b>you</b> is incorrect or incomplete, <b>we</b> may have the right to declare <b>your Policy</b> void, meaning <b>we</b> will treat <b>your Policy</b> as though it had never commenced. This also applies to any claim <b>you</b> may make.

<b>ABOUT YOUR POLICY:</b>	<b>We</b> know that insurance policies can sometimes be difficult to understand, so <b>we</b> have tried to make this <b>Policy</b> easy to read. <b>We</b> have still had to use some words with special meanings and these are listed and explained on pages 6 and 7 and will appear in bold in the text.
<b>THE INSURER:</b>	This insurance is underwritten by <b>EUROP ASSISTANCE S.A.</b>
<b>POLICY RENEWAL:</b>	The issuing agent will send <b>you</b> a Renewal Notification approximately one month prior to the expiry of the current <b>Policy Period</b> if <b>you</b> have purchased an annual policy to advise that <b>your Policy</b> is due for renewal. <b>Your Policy</b> will not be automatically renewed.
<b>RECIPROCAL HEALTH AGREEMENT:</b>	If <b>you</b> are travelling to a European Union country <b>you</b> are strongly advised to obtain a European Health Insurance Card from <b>your</b> local post office, <a href="http://www.ethic.org.uk">www.ethic.org.uk</a> or by calling 0300 3301350. This will entitle <b>you</b> to benefit from the reciprocal health agreements, which exist between EU countries. If <b>you</b> require medical treatment in Australia or New Zealand reciprocal arrangements may also apply.

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## WORDS WITH SPECIAL MEANINGS

<b>Bodily Injury:</b>	An injury caused solely by accidental external violent and visible means as the direct result of a <b>Listed Peril</b> .
<b>Cash:</b>	Valid coins, bank and currency notes.
<b>Cyber-Terrorism:</b>	The use of disruptive activities, or the threat thereof, against computers and/or networks, with the intention to cause real-world harm or severe disruption of infrastructure.
<b>Disablement:</b>	Permanent total <b>Disablement</b> resulting in <b>your</b> permanent and absolute inability to attend to a profession, business or gainful occupation of any kind, or permanent loss by physical severance of hand or foot at or above the wrist or ankle, or permanent loss of use of an entire hand or arm or of an entire foot or leg, or total and irrecoverable loss of all sight in one or both eyes. <ul style="list-style-type: none"> <li>a) In both eyes if the <b>insured person's</b> name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist</li> <li>b) In one eye if the degree of sight remaining after correction is 3/60 on the Snellen Scale (seeing at 3 feet what the insured Person should normally see at 60 feet) and <b>we</b> are satisfied that the condition is permanent and without expectation of recovery.</li> </ul>
<b>Emergency Assistance Company:</b>	A third-party <b>Emergency Assistance Company</b> appointed by <b>us</b> , which meets <b>our</b> requirements of high-quality services and capabilities.
<b>Emergency Assistance Helpline:</b>	<b>Emergency Assistance Company's</b> contact information for the purposes of dealing with emergency assistance. Tel: +44 (0) 2920 474130 Fax: +44 (0) 2920 468797 Email: <a href="mailto:operations@global-response.co.uk">operations@global-response.co.uk</a>
<b>EUROP ASSISTANCE S.A.</b>	<b>Europ Assistance S.A.</b> (trading as <b>Europ Assistance S.A.</b> Irish Branch) is regulated in France by the Autorité de Contrôle Prudentiel et de Résolution (ACPR) of 61 rue Taitbout, 75436 Paris Cedex 09, France. <b>Europ Assistance S.A.</b> Irish Branch conducts business in Ireland in accordance with the Code of Conduct for Insurance Undertakings published by the Central Bank of Ireland
<b>Family and Couples:</b>	The <b>Insured</b> and married spouse, or couples (including same sex) who have been cohabiting partners for more than 6 months and unmarried dependent children (including adopted, foster and step-children) aged up to 18, living in the same household (except children when attending full-time education). Children aged 18 years or over will require their own policy.
<b>Home Location:</b>	The location in which <b>you</b> normally and permanently reside and are registered with a General Practitioner.
<b>Insurance Event:</b>	One occurrence or series of occurrences arising out of one cause.
<b>Insured/Insured Person/you/your:</b>	Any person named on the <b>Policy Schedule</b> who is eligible to be Insured and for whom premium has been paid.
<b>Insured Journey:</b>	A <b>Trip</b> commenced and ended during the <b>Policy Period</b> from or within <b>your</b> country of residence and which includes a flight or pre-booked, pre-paid overnight accommodation away from <b>your</b> normal place of residence. Any journey that is commenced within the <b>Policy Period</b> is only covered until the end of the <b>Policy Period</b> unless the <b>Policy</b> is renewed prior to expiry.
<b>Listed Peril:</b>	<b>Terrorism.</b>
<b>Medical Practitioner:</b>	A qualified medical physician, not being an <b>Insured Person</b> or a <b>Relative</b> of the <b>Insured Person</b> .

<b>Nuclear, Chemical, Biological,</b>	The use of any nuclear weapon or device or the emission, discharge, dispersal, release, or escape of any chemical agent and/or biological agent during the period of this insurance. "Chemical" agent shall mean any compound which when suitably disseminated produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease-producing) microorganism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.
<b>Personal Accident:</b>	An unexpected event which results in <b>your bodily injury</b> , which is due to a violent sudden and external cause occurring during a <b>trip</b> . This must occur at an identifiable time and place which solely, and independently of any cause, results within 12 months in the death or <b>Disablement</b> of an <b>Insured Person</b> .
<b>Personal Effects/Possessions:</b>	Baggage, clothing and personal effects, suitcases and other containers taken on, or acquired during, an <b>Insured Journey</b> by <b>you</b> (but excluding <b>Personal Money</b> ), and which are owned by <b>you</b> , including <b>Valuables</b> and gifts purchased outside of <b>your</b> country of residence.
<b>Personal Money:</b>	Credit, debit or charge cards, cheques, travellers cheques, <b>Cash</b> , bonds, money orders, negotiable instruments, pre-paid phone cards, petrol coupons, or other securities belonging to <b>you</b> .
<b>Policy:</b>	The contract of insurance between <b>you</b> and <b>us</b> consisting of the <b>Policy's Wording</b> , the <b>Policy Schedule</b> and any written endorsements.
<b>Policy Excess:</b>	The amount of money <b>you</b> will have to pay towards the cost of a claim. <b>We</b> will deduct such <b>Excess</b> from each claim <b>you</b> make under certain sections of this <b>Policy</b> . The amount of the <b>Excess</b> per <b>Policy</b> section is shown on <b>your Policy Schedule</b> .
<b>Policyholder:</b>	The person who bought the insurance (first person mentioned on the <b>Policy Schedule</b> ). Aged 16 years or above
<b>Policy Period:</b>	The period to which the insurance applies, between and inclusive of the dates shown as " <b>Cover start date</b> " and " <b>Cover end date</b> " on the <b>Policy Schedule</b> starting at 00.00 hours on the <b>Cover start date</b> and ending at midnight on the <b>Cover end date</b> .
<b>Policy Schedule:</b>	The certificate of coverage, benefits and <b>Policy excess</b> under the <b>Policy</b> , as amended or endorsed from time to time.
<b>Private Accommodation:</b>	Within a permanent building, a securely lockable room or connected series of rooms including sleeping quarters for the sole private use of <b>you</b> and <b>your</b> travelling party.
<b>Relative:</b>	Mother, father, brother, sister, grandmother, grandfather, grandchild, mother in law, father in law, son in law, daughter in law or fiancé.
<b>Single Item Limit:</b>	The maximum amount <b>we</b> will pay for any one article, pair or set belonging to <b>you</b> . A pair or set is any number of items that belong together or that can be used together.
<b>Sum Insured:</b>	Shall mean the maximum amount of cover up to which <b>we</b> will pay after deduction of any applicable <b>Policy Excess</b> in respect of each Policy section. This is shown on the Table of Benefits on Page 4 and in <b>your Policy Schedule</b> .
<b>Terrorism:</b>	An act of <b>Terrorism</b> means an act which either: a) has been declared as an act of <b>Terrorism</b> by either the UK Government or the government of the country where the act occurred; or b) where in the event of a delay in declaration by governments, acts which <b>we</b> believe should be covered under this policy, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear for such purposes. Where <b>we</b> exercise this discretion <b>we</b> shall do so acting reasonably with the information available to <b>us</b> at the time.
<b>Trip:</b>	An <b>Insured Journey</b> commenced and ended during the <b>Policy Period</b> from or within <b>your</b> country of residence and which includes a flight or pre-booked, pre-paid overnight accommodation away from <b>your</b> normal place of residence.
<b>United Kingdom:</b>	England, Scotland, Wales, Northern Ireland and including the Isle of Man and the Channel Islands.
<b>Valuables:</b>	Jewellery, antiques, articles made of gold or silver or other precious metals, precious or semi-precious stones, musical instruments, furs or leather clothing, watches, binoculars, telescopes, photographic equipment, electronic audio or video equipment including tapes, CDs, DVDs, and other digital media, games consoles, computer equipment and hand-held electronic devices including but not limited to mobile phones, Blackberries, iPods, Tablets, iPads, Kindles and the like and associated software.
<b>War Risks and Civil Hazards:</b>	a) Any sort of war, hostility, invasion, revolution, act of foreign enemy, civil war or unrest, rebellion, insurrection, uprising or military usurped power (and whether declared or not) or United Nations or NATO enforcement action. b) Explosion of war weapon(s), utilisation of chemical weapons or biological weapons, the release of weapons of mass destruction, or the hostile act of an enemy foreign to the nationality of the <b>Insured Person</b> or of the country in which the act occurs.
<b>We/our/us:</b>	<b>EUROP ASSISTANCE S.A.</b>
<b>Withdrawal of Services:</b>	The failure of all water, gas and electricity supply or withdrawal of services such that no food is served in <b>your</b> hotel room or accommodation, where such supplies and services are part of <b>your</b> prepaid package.

## GEOGRAPHICAL AREAS

Please note that no cover is provided under this **Policy** for any trip in, to, or through; Syria, Afghanistan, Somalia, Libya, Yemen, Iraq, Iran, Sudan, North Korea; or any country or area where the UK Foreign and Commonwealth Office advise against all but essential travel or, against all travel. Nor shall **we** provide any benefit under this insurance **Policy** to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation of any country or area.

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## ELIGIBLE PEOPLE

**You may be asked to demonstrate your partnership and residency.**

**Single Person** – an individual **insured person**.

**Couple** – **you, your** spouse, or a partner **you** have cohabited with for six months or more (including same sex).

**Family** – **you, your** spouse, or a partner **you** have cohabited with for six months or more and **your** dependent children aged under 18 years are eligible for cover if **you** pay the appropriate premium. All insured persons covered by an annual policy must reside at the same address. Children aged 18 years or over will require their own policy.

**Independent travel on annual policies** – everyone covered by an annual policy is entitled to travel independently.

**Groups of travellers** – each traveller will require their own **policy**.

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## POLICY CONDITIONS

These are the conditions of the insurance **you** will need to meet as **your** part of this contract. Certain sections of cover have certain additional conditions, which must also be complied with.

<b>AGE LIMITATION:</b>	There is no age limitation for this <b>Policy</b> .
<b>CANCELLING THE POLICY:</b>	<b>You</b> may cancel this <b>Policy</b> within 14 days of its issue (provided <b>you</b> have not commenced an <b>Insured Journey</b> ) and, subject to <b>you</b> not having or be intending to make a claim, a full refund of premium will be made. If <b>you</b> choose to cancel and a claim has been made under this <b>Policy</b> during the <b>Policy Period</b> or an <b>Insured Journey</b> has been commenced, <b>you</b> will not be entitled to any premium refund. <b>We</b> may cancel this <b>Policy</b> by giving <b>you</b> at least 30 days' notice (or in the event of non-payment of premium, seven days' notice) in writing at <b>your</b> last known address. If <b>we</b> do, the premium <b>you</b> have paid for the rest of the current <b>Policy Period</b> will be refunded pro rata.
<b>COMMENCEMENT OF COVER:</b>	Cover for Cancellation Section 3 commences on the Cover Start Date shown on <b>your Policy Schedule</b> , or from the date an <b>Insured Journey</b> is booked (whichever is later) provided the booking is within the <b>Policy Period</b> , and terminates on commencement of the <b>Insured Journey</b> . In respect of all other insurance in the <b>Policy</b> , cover commences from the effective date when <b>you</b> leave <b>your</b> usual place of residence to commence an <b>Insured Journey</b> , and continues until the time of <b>your</b> return to <b>your</b> usual place of residence on completion of the <b>Insured Journey</b> .
<b>DOMESTIC TRAVEL COVER:</b>	Travel (within <b>your</b> country of residence) that includes a flight or pre-booked, pre-paid overnight accommodation away from <b>your</b> normal place of residence, are covered subject to all other <b>Policy</b> terms and conditions.
<b>FAMILY MEMBERS:</b>	<b>Family</b> members are only insured under this <b>Policy</b> if they are named on the <b>Policy Schedule</b> and the appropriate premium has been paid.
<b>MAXIMUM DURATION:</b>	A <b>Single Trip policy</b> can cover up to 180 days any one trip. An <b>Annual Multi Trip policy</b> covers up to 31 days any one <b>trip</b> . <b>Your Policy Schedule</b> will show the duration of cover that applies. Should any <b>trip</b> last longer than the maximum <b>trip</b> durations shown here, or where <b>you</b> travel outside of the cover dates shown on the <b>Policy Schedule</b> then no cover shall apply for any part of that <b>trip</b> .
<b>MEDICAL EXAMINATION:</b>	<b>You</b> may be required to submit yourself to a medical examination and/or deliver or arrange delivery of a medical declaration/copy of a medical report issued by a <b>Medical Practitioner</b> .
<b>TAKING CARE:</b>	<b>You</b> must take all reasonable steps to avoid anything which may result in a claim under this <b>Policy</b> , which may increase the liability that might arise from such a claim or which may result in any unreasonable or unnecessary expense.



<b>THIRD PARTY CONTRACTS ACT:</b>	A person or company who is not a party to this <b>Policy</b> has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this <b>Policy</b> but this does not affect any right or remedy of a third party which exists or is available from that Act.
<b>TRANSFERRING YOUR INTEREST IN THE POLICY:</b>	<b>You</b> cannot transfer <b>your</b> interest in this <b>Policy</b> to anyone else.
<b>WAR RISKS AND CIVIL HAZARDS:</b>	The <b>Policy</b> covers <b>you</b> provided <b>you</b> are not in Active Service/Taking Part (see page 9 below) or in any country or area excluded from cover as detailed in the Geographical Areas on page 8 and; <ul style="list-style-type: none"> <li>(a) Provided that <b>your</b> presence in such country or area is: <ul style="list-style-type: none"> <li>(i) Attributable to the unscheduled transit or stopover not exceeding 24 hours of an aircraft or sea vessel in which <b>you</b> are travelling, or</li> <li>(ii) Attributable to involuntary diversion or transit due to hijack, kidnap or other occurrence beyond <b>your</b> control, provided always that at the time of such hijack, kidnap or occurrence <b>you</b> were not within the confines of any country or area to which events such as war, invasion, civil war, armed hostility, rebellion, revolution, uprising, overthrow of a legally constituted government, insurrection of military or usurped power was applicable, nor travelling to or from such country or area;</li> </ul> </li> <li>(b) For a maximum period of three days from the start of the hostilities or of the insurrection, where <b>you</b> are surprised by such events whilst out of the <b>your</b> country of residence in a country which, until that time was in a state of peace.</li> </ul>

## GENERAL EXCLUSIONS

No cover is provided under this **Policy** for any **trip** in, to, or through, Syria, Afghanistan, Somalia, Libya, Yemen, Iraq, Iran, Sudan, North Korea; Or any country or area where the UK Foreign and Commonwealth Office advise against all but essential travel or, against all travel.

Nor shall **we** provide any benefit under this insurance **Policy** to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation or any country or area.

These exclusions apply to all sections of **your Policy**. The sections of cover in this **Policy** have additional specific exclusions, which apply only to those sections of cover in which they are expressly referred to. **We** will not pay for any economic loss of any kind that does not arise as a foreseeable result of an **Insurance Event**, including, without limitation, loss of profit, business, contracts or anticipated savings. In addition, **we** will not pay for liabilities, losses, costs, claims or expenses occasioned by, happening through or as a consequence of:

<b>ACTIVE SERVICE/TAKING PART:</b>	Active service in any of the armed forces of any nation or as a hired or voluntary part of a terrorist group, a revolutionary force, or as part of a voluntary peacekeeping force.
<b>AVIATION:</b>	Flying or aerial activity of any kind other than as a fare-paying passenger, in a fully licensed commercial passenger-carrying aircraft.
<b>CRIMINAL ACTS:</b>	Any criminal act deliberately or intentionally committed by an <b>Insured Person</b> .
<b>CYBER-TERRORISM:</b>	Any consequences of <b>Cyber-Terrorism</b> including but not limited to the delay or cancellation of flights due to the failure of critical systems.
<b>DEFAULT:</b>	Negligence, error or omission of: <ul style="list-style-type: none"> <li>a) An <b>Insured Person</b>; or</li> <li>b) Any provider of transport or accommodation; or</li> <li>c) Any agent or online booking service through whom travel arrangements were made</li> </ul>
<b>DEPRECIATION:</b>	Depreciation, wear and tear and currency exchange losses.
<b>HOAX:</b>	Loss or increased cost as a result of hoax.
<b>MYSTERIOUS DISAPPEARANCE:</b>	Loss or damage caused by mysterious disappearance or unexplained loss.
<b>OTHER INSURANCE:</b>	Loss, damage or expense which at the time of happening is insured by, or would, but for the existence of this <b>Policy</b> , be covered by any other existing guarantee, insurance or compensation scheme. If <b>you</b> have any other <b>Policy</b> in force, which may cover the event for which <b>you</b> are claiming, <b>you</b> must tell <b>us</b> . This exclusion shall not apply to <b>Personal Accident</b> cover.
<b>PRESSURE WAVES:</b>	The transmission of an energy pulse through the atmosphere caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
<b>RADIATION AND NUCLEAR EXPLOSIVES:</b>	Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.

<b>RESCUE:</b>	Air, land and/or sea search and rescue.
<b>SEIZURE:</b>	Loss by seizure or legal or illegal occupation unless loss or damage is caused directly by a <b>Listed Peril</b> .
<b>SELF-INJURY:</b>	Any intentional self-injury, suicide, attempted suicide, injury from deliberate or willful exposure to needless peril (except in an attempt to save human life)
<b>TERRORISM:</b>	(a) when the incident is covered by government or public authority compensation. (b) In the form of a <b>Nuclear, Chemical or Biological</b> act (please refer to Words with Special Meanings on page 7 ). (c) In areas which are regarded by <b>EUROP ASSISTANCE S.A.</b> as <b>War Risks</b> and <b>Civil Hazards</b> areas and/or in areas in which <b>you</b> are travelling against the advice of the UK Foreign and Commonwealth Office.
<b>THREAT:</b>	Loss or increased cost as a result of threat.
<b>WAR RISKS AND CIVIL HAZARDS:</b>	<b>You</b> travelling to or through a country or territory against the advice of the UK Foreign and Commonwealth Office. See: <b>www.fco.gov.uk</b>

## CLAIMS CONDITIONS

### MAKING A CLAIM FOR:

**Emergency Medical Assistance, Evacuation, Emergency Temporary Accommodation, Medical Repatriation, Funeral Expenses or Curtailment claims requiring travel booking assistance.**

1. Please contact **our Emergency Assistance Company**.

**Tel: +44 (0) 2920 474130**

**Fax: +44 (0) 2920 468797**

**Email: [operations@global-response.co.uk](mailto:operations@global-response.co.uk)**

It is IMPORTANT that **you** do this as **soon as possible** for cases involving hospitalisation, or if **you** need a medical referral.

2. Keep receipts and accounts for all expenses incurred by **you**.
3. If **you** have to pay yourself, **you** should obtain and keep receipts for all expenses incurred by **you** and upon **your** return to the UK, contact **Reactive Claims** to submit a claim. Please keep a copy of any claims form that **you** submit for **your** own records.
4. If **you** are travelling within the European Economic Area and carrying the European Health Insurance Card, **you** should use the Card to reduce the claim. If **you** do so any applicable **Policy Excess** will not apply.

### MAKING A CLAIM FOR:

**Medical costs that you have paid for yourself, Death, Disablement, Cancellation, Curtailment if you didn't use our assistance to make travel arrangements, Travel Delays, Personal Effects or Withdrawal of Services claims.**

**You** must inform **Reactive Claims Ltd** as soon as possible upon the occurrence of any **Insurance Event** that may give rise to a claim. Cover will not apply if **you** notify **us** more than 30 days after the occurrence of any **Insurance Event**.

1. Check the **Policy Schedule** and **Policy Wording** to see whether the loss is covered.
2. Contact **Reactive Claims Ltd**, Attwood House, Mansfield Business Park, Four Marks, Hampshire GU34 5PZ to obtain a claim form either through their website [www.reactiveclaims.com](http://www.reactiveclaims.com), or during normal office hours, Monday to Friday, 09.00 to 17.00, Tel: +44 (0) 1420 383012, Fax: +44 (0) 1420 558111, e-mail: [safe-journey@reactiveclaims.com](mailto:safe-journey@reactiveclaims.com) as soon as possible, quoting **your Policy** number and tell **Reactive Claims** what has happened.
3. Please remember to keep relevant original receipts (not photocopies) as they will be required for any claim.
4. **You** must report all theft or losses to the police and obtain a written police report.
5. Contact **Reactive Claims** on **your** return to obtain a claims form.
6. **You** must retain and produce at **your** own expense all receipt(s), reports and documentary evidence required by **us** to support **your** claim.

## NO INTEREST

No interest shall be added to any claims payments.

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## RIGHTS AND RESPONSIBILITIES

**We** will be entitled to take over and conduct in **your** name (at **our** expense) the defence or settlement of any claim or to prosecute in **your** name to **our** own benefit in respect of any claim for indemnity or damage or otherwise, and will have full discretion in the conduct of any proceedings or in settlement of any claim and **you** will give all such information and reasonable assistance as **we** require. This will include legal action to get compensation from anyone else and/or legal action to get back from anyone else any payments that have already been made. **You** may not settle, reject or negotiate any claim without written permission to do so from **EUROP ASSISTANCE S.A.** In case of **Bodily Injury we** may approach any doctor who may have treated **you** during the period of five years prior to the claim and **we** may at **our** own expense, and upon reasonable notice to **you** or **your** legal personal representative, arrange for **you** to be medically examined as often as required, or in the event of death, have a post mortem examination of **your** body. **You** will supply, at **your** own expense, a doctor's certificate in the form required by **us** in support of any medical-related claim under the **Policy**.

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## HELPLINES

If **you** require Emergency Assistance whilst travelling **you** MUST ring the number below as soon as possible, especially urgent if **you** require medical treatment. This service is available 24 hours a day and 365 days a year. This service will also make arrangements for **your** necessary emergency evacuation, temporary accommodation, emergency medical repatriation, assistance with curtailment travel plans and funeral arrangements.

**EMERGENCY ASSISTANCE COMPANY TEL: +44 (0) 2920 474130**

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## CLAIM FORMS (NON-EMERGENCY)

**[www.reactiveclaims.com](http://www.reactiveclaims.com)**

**You** can register **your** claim online at the above website. **You** will also be able to download the appropriate claim form and access Frequently Asked Questions (FAQs) relevant to **your** claim and the process in general.

Alternatively **you** can contact **Reactive Claims** by email: [safe-journey@reactiveclaims.com](mailto:safe-journey@reactiveclaims.com)

Or by telephone +44 (0) 1420 383012 between 9am and 5pm Monday to Friday.

**Reactive Claims** may appoint external agents to assist in the processing of any claim.

# COMPLAINTS PROCEDURE

**We** sincerely hope **you** will not need to complain about **your** insurance **Policy**. However, if **you** do wish to complain in relation to how **your Policy** was sold or administered please forward details of **your** complaint to

The Managing Director  
International Travel and Healthcare Limited  
West House, 46 High St  
Orpington  
Kent  
BR6 0JQ  
Tel: 01689 892228  
Email: info@int-travelandhealthcare.com

If **you** wish to complain about the handling of **your** claim, please forward details of **your** complaint to:

The Managing Director  
Reactive Claims  
Attwood House  
Mansfield Business Park  
Four Marks  
Hampshire GU34 5PZ  
Tel: 01420 383012  
Email: safe-journey@reactiveclaims.com

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**You** will be contacted within 5 days of receiving **your** complaint to inform **you** of what action is being taken. **We** will try to resolve the problem and give **you** an answer within four weeks. If it will take longer than four weeks **we** will tell **you** when **you** can expect an answer. If **you** have not been given an answer within eight weeks **you** can take **your** complaint to the Financial Ombudsman Service for review. This complaints procedure does not affect any legal right **you** have to take action. Once **you** have received **your** final response and if **you** are still not satisfied **you** can contact the Financial Ombudsman Service:

The Financial Ombudsman Service address is:

**Financial Ombudsman Service,**  
Exchange Tower,  
London, E14 9SR

Phone: 0800 023 4567 (free for people phoning from a "fixed line", i.e. a landline at home)  
or 0300 123 9123 (free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02)

Email: complaint.info@financial-ombudsman.org.uk

Following this complaint procedure does not affect **your** right to take legal action.

# THE COVER – SECTION 1

## EMERGENCY MEDICAL AND REPATRIATION EXPENSES

### **Emergency Medical and Transportation Expenses, Medical Repatriation, Evacuation and Temporary Accommodation, Funeral Expenses and Mortal Remains Repatriation.**

#### **What is covered**

This part of the **Policy** sets out the cover **we** provide to each **Insured Person** in total per **Insured Journey**. If **you** sustain actual **Bodily Injury** as a result of a **Listed Peril** outside **your** country of residence, **we** will pay the reasonable and customary costs/expenses up to but not exceeding the sum insured shown in **your Policy Schedule** which are necessarily incurred in respect of the following:

#### **A. Emergency Medical and Transportation expenses as a direct result of your Bodily Injury.**

##### **What is covered**

1. Medical and surgical treatment expenses.
2. Prescribed medicine.
3. Hospitalisation charges (semi-private ward), nursing home and additional accommodation during recuperation
4. Emergency (or doctor-ordered) ambulance charges for conveyance to a hospital or airport.

##### **What is not covered**

1. Admission to a private hospital/clinic unless approved by **our Emergency Assistance Company**.
2. Private room accommodation in a hospital/clinic.
3. Any expense which **you** incur more than 12 months after the occurrence of the injury.
4. Any expenses not usual, reasonable or customary for the medical services and/or supply.
5. Any costs arising from **your** normal pregnancy, without any accompanying **Bodily Injury**. This section provides cover for **Listed Perils** only and normal childbirth would not constitute an unforeseen event unless significant non-physical trauma causes premature delivery.
6. Cost of medical treatment provided and covered under a state insurance or private health scheme.
7. Costs of medications which were known to be required or continued during the **Insured Journey**.
8. Costs of health or medical treatment provided in **your** home location.
9. Cost of non-essential or ongoing treatment or where treatment can be reasonably delayed until **your** return to **your** home location.
10. Cost of any form of cardiac or organ transplant surgery unless authorised by **us** in advance of being performed.
11. Cost of the service of a chiropractor, chiropodist or osteopath.
12. Non-medical costs such as telephone, fax and internet. .
13. Psychological counselling.
14. Cost of dental treatment related to the provision of dentures, artificial teeth and work involving the use of precious materials, or pain not caused by a **Listed Peril**.
15. The **Policy** does not cover **you** if medical expenses are not a consequence of a **Listed Peril**.

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#### **B. Your medical repatriation**

##### **What is covered**

1. Costs of **your** repatriation to **your** country of residence or nearest qualified medical facility as determined by **us** provided **you** are fit to travel from a medical perspective.
2. The expense of a qualified medical attendant or other person authorised by **us** required on medical advice to escort **you** home.

### C. Evacuation and Temporary Accommodation.

#### What is covered

1. **We** will cover costs up to the sum insured as shown in the Table of Benefits on page 4, for **your** evacuation to the nearest place of safety, and **your** temporary accommodation;

1. if **your** accommodation is directly involved in a **Listed Peril**,
2. or is located within one mile of where the **Listed Peril** takes place.

Until it is deemed safe by local law enforcement for **you** to return to **your** booked accommodation, or **you** elect to curtail **your trip**. Provided that **your** safety cannot be protected by local law enforcement.

#### What is not covered

1. **Your** booked accommodation being located a distance greater than one mile from where the **Listed Peril** takes place.
2. **Your** failure to provide written and documented evidence from local law enforcement that they could not provide protection for **your** safety.
3. The **Policy** does not cover **you** if **your** evacuation of temporary accommodation requirement is not a consequence of a **Listed Peril**.

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### D. Funeral Expenses and Mortal Remains Repatriation

#### What is covered

1. Cost of returning **your** body or ashes to **your** home address or burial or cremation in the country in which death occurs up to £3,500.

#### What is not covered

1. Any expense which **you** incur more than 12 months after the occurrence of the injury or illness to which the claim refers.
2. The **Policy** does not cover **you** if death is not a consequence of a **Listed Peril**.

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### Additional conditions applying to Policy Section 1

- (a) All coverage under this Section (excluding sub-section C. Evacuation and Temporary Accommodation) must be prescribed or recommended by a **Medical Practitioner**. If **you** are admitted as an in-patient to a hospital/clinic **you** must notify **our Emergency Assistance Company** as soon as possible. If costs are incurred without notification to **our Emergency Assistance Company**, then **we** are only liable for such costs as **we** would have incurred had such a notification taken place, based on existing price agreements and provided the claim is valid.
- (b) The **Emergency Assistance Company's** doctors have the authority on **our** behalf to decide whether or not a repatriation is preferable based on an evaluation of **your** medical condition.
- (c) In case of repatriations/evacuation, **we** decide the transport mode considering **your** medical condition and needs and the accessibility of **your** location. The transport can be carried out by air-ambulance, helicopter, scheduled or charter aeroplane, train, ambulance, taxi and the transport may be conducted together with other persons e.g. on scheduled or charter flights.
- (d) **You** are required to ensure that **you** have received the vaccinations recommended by the World Health Organisation (WHO) or any public UK health authority prior to **your** travel, including any malaria medications recommended. If **you** fail to take such precautions and it is determined that any resulting illness is a result of **your** negligence **your** cover under **Policy** Section 1 may be withdrawn.
- (e) **We** will provide repatriation by scheduled or charter flights on economy class where it is available and meets **your** medical needs.

# THE COVER – SECTION 2

## PERSONAL ACCIDENT

### What is covered

This part of the **Policy** sets out the cover **we** provide in total per **Insured Journey** to each **Insured Person**, not exceeding the sum insured set out in the Table of Benefits on page 4 and shown in the **Policy Schedule**, who sustains **Bodily Injury** as a sole and direct result of a **Listed Peril** during the **Insured Journey** giving rise to:

1. Death occurring within 12 months of the **Listed Peril**.
2. Disablement.

### What is not covered

1. Death or **Disablement** not caused by a **Listed Peril**.
- 

### Additional conditions applying to Section 2

- (a) Compensation for **Disablement** will be paid to the **Insured Person**. Compensation for death will be paid to the deceased's personal representatives (next of kin).
  - (b) **Disablement** is determined as soon as the final consequences of the incident can be medically determined although not later than 12 months after the date of the **Insurance Event** causing **Bodily Injury**.
  - (c) It is a condition for payment of Disablement compensation that **you** are alive on the date of payment.
  - (d) **We** will not pay any benefits solely because **you** are unable to take part in sports or pastimes.
  - (e) If an **Insured Person** disappears but no death certificate has been issued, **we** will wait for a suitable period of time during which **we** will consider all available evidence and if **we** have no reason to suppose other than that death has occurred as a result of an accident, **we** will pay the sum insured. If the belief is subsequently found to be wrong, such amount shall be refunded to **us**.
  - (f) Any **Disablement** compensation that has been paid in connection with an **Insurance Event** subsequently resulting in death will be deducted from the sum insured for death.
  - (g) The degree of **Disablement** for loss of several parts of the body cannot exceed 100%.
  - (h) A Pre-Existing **Disablement** does not entitle **you** to any higher assessment of compensation than if such **Disablement** had not previously existed.
  - (i) If **you** are insured under more than one of **our** policies, **we** will not pay out more than the highest sum insured under any one of **our** policies in total.
  - (j) If several **Insured Persons** suffer **Bodily Injury** in the same **Insurance Event**, **our** aggregate limit shall not exceed £200,000. If the aggregate limit is reached, this amount will be allocated in proportion to **our** liability to each **Insured Person**.
  - (k) The **Insured Person** (or in case of death, the deceased's personal representatives (next of kin)) must provide **us** with satisfactory medical and other information or allow **us** access to full medical records and/or death certificates as requested.
  - (l) The **Policy** does not cover **Bodily Injury** which is a consequence of an act of **Terrorism** in the form of a **Nuclear, Chemical or Biological Act** or in **War Risks and Civil Hazards** areas.
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# THE COVER – SECTION 3

## CANCELLATION AND CURTAILMENT

### What is covered

This part of the **Policy** sets out the cover **we** provide to each **Insured Person** in total per **Insured Journey**, not exceeding the sum insured set out in the Table of Benefits on page 4 and in **your Policy Schedule**.

**We** will provide cover for the cancellation or curtailment of **your trip** if **your trip** is scheduled to commence within the immediate 42 day period of the **Listed Peril** occurring and, the location of **your** booked accommodation is within 40 miles of the location of the **Listed Peril**.

#### **A. All travel charges which you have paid and/or are contracted to pay before the departure date, and cannot recover in respect of any part of the booked trip, provided:**

1. **Your** Tour Operator is unable to provide an alternative holiday to a different destination for the same standard of accommodation as originally booked for dates that **you** could reasonably be expected to accept, and **your** Tour Operator refuses to refund **you** monies that **you** have paid.
2. If **you** have purchased and organised **your** own flight and accommodation and are unable to receive a refund or alternative arrangements from the carrier or accommodation provider, **you** will need to evidence that **you** have made all reasonable attempts to recover monies **you** have paid and that the provider(s) has refused to refund **your** money.
3. The UK Foreign and Commonwealth Office has not advised within the date of the incident and **your** planned departure date which must be within 42 days, of their advice against all but essential travel, or against all travel, to the specific area and Country to which **you** are committed to stay in and the above all applies.
4. If **you** are delayed for a period of greater than 48 hours on **your** outbound journey due to an **Listed Peril** occurring within 40 miles of **your** departure or arrival destination locations, **you** may elect to cancel **your trip** and claim for cancellation.

### What is not covered

1. Any curtailment of a **Trip** which was commenced prior to the **Policy Period**.
2. Any curtailment as a consequence of any event other than a **Listed Peril**.
3. Any expense arising from circumstances which could reasonably have been anticipated at the time **you** booked **your trip**.
4. Any charges in respect of the **Insured Journey**
  - (i) for which there is no contractual liability; or
  - (ii) which are recoverable elsewhere.
5. Any costs or expenses arising by virtue of the liquidation, administration or receivership of the carrier or travel operator following a **Listed Peril**.
6. **Policy Excess** may apply. Please refer to **your Policy Schedule**.
7. The **Policy** does not cover **you** if cancellation or curtailment is not a consequence of a **Listed Peril**.

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### Additional conditions applying to Section 3

1. *In the event that **you** decide to curtail or cancel **your trip** you must first gain approval to do so from **Reactive Claims**.*



# THE COVER – SECTION 4

## TRAVEL DELAY

### What is covered

This part of the **Policy** sets out the cover **we** provide to each **Insured Person** in total per **Insured Journey**, not exceeding the sum insured set out in the **Policy Schedule**, following travel delay and disruption due to a **Listed Peril**. If **you** are a **UK** resident living in Northern Ireland and **your** travel itinerary requires **you** to use Republic of Ireland departure/arrival points, **your** cover will be as if **you** were still travelling from Northern Ireland with respect to claims coverage.

### A. Travel Delay on Outward or Return Journey:

Delay to departure of at least eight hours due to failure or delay of pre-booked public means of transport on which **you** are scheduled to travel.

1. An amount as shown on **your Policy Schedule** for each full eight-hour period that **you** are delayed or,
2. The full deposit or cancellation charges (non-recoverable) if after 48 hours delay to **your** outward journey from **your** country of residence, **you** choose to abandon the **trip**. Such compensation cannot exceed the sum insured for Cancellation (**Policy** Section 3).

### What is not covered

1. Travel delay caused by an **Insured Peril** that started or was announced before **your trip** was booked.
  2. Costs or charges for which the airline will compensate **you**.
  3. Circumstances which could reasonably have been anticipated at the date **you** bought the **Policy** or booked the **Insured Journey**.
  4. The **Policy** does not cover **you** if Travel Delay is not a consequence of a **Listed Peril**.
- 

### B. Travel Delay occurring en route to point of departure (outward or return journey) resulting in a Missed Departure

A **Listed Peril** involving the car or public means of transport in which **you** are travelling, or in which **you** are involved by providing first aid which causes **you** to arrive at the airport, port or station **you** are leaving from too late to commence the advanced/pre-booked/planned journey.

1. Reasonable additional accommodation and travel expenses of an equivalent standard to the original booking up to the sum insured for each **Insured Person**.

### What is not covered

1. Delay caused by an **Insured Peril** that started or was announced before **your trip** was booked.
  2. Costs or charges for which a car rental company, a transport provider or other insurance **Policy** will compensate **you**.
  3. Circumstances that could reasonably have been anticipated at the date **you** bought the **Policy** or booked the **Insured Journey**.
  4. The **Policy** does not cover **you** if Travel Delay is not a consequence of a **Listed Peril**.
- 

### Additional Conditions applying to Policy Section 4

#### **Each Insured Person must:**

- (a) Take all reasonable steps to complete the scheduled journey on time.
  - (b) Check in according to the itinerary provided by the tour operator or carrier and obtain a signed statement or certificate from the tour operator, carrier, agent or transport provider confirming the period of delay or disruption.
  - (c) Comply with minimum check-in and connecting times or if not published to allow 2 hours on international flights and 1 hour on domestic flights.
  - (d) Allow sufficient time to reach any airport, station, port or terminus with reasonable expectation of meeting the scheduled check-in time.
  - (e) Obtain a police accident report if **you** miss **your** departure because the vehicle in which **you** were travelling was involved in a **Listed Peril**, or **you** were withheld as a witness.
  - (f) Apply in a timely manner to the airline or carrier for compensation **you** are entitled to under EU Regulation No. 261/2004 "Air Passengers Rights".
-

## Travel delays – EC Regulations

This **Policy** is not designed to cover costs which are met under the EC Regulation No. 261/2004. Under this regulation if **you** have a confirmed reservation on a flight, and that flight is delayed by between 2 and 4 hours (length of time depends on the length of **your** flight) the airline must offer **you** meals, refreshments and hotel accommodation. If the delay is more than 5 hours, the airline must offer to refund **your** ticket. The regulations should apply to all flights, whether budget, chartered or scheduled, originating in the EU, or flying into the EU using an EU carrier. If **your** flight is delayed or cancelled, **you** must in the first instance approach **your** airline and clarify with them what costs they will pay under the Regulation. If **you** would like to know more about **your** rights under this Regulation, additional useful information can be found on the Civil Aviation Authority website ([www.caa.co.uk](http://www.caa.co.uk)).

# THE COVER – SECTION 5

## PERSONAL EFFECTS AND POSSESSIONS

### What is covered

This part of the **Policy** sets out the cover **we** provide to each **Insured Person** in total, per **Insured Journey**, not exceeding the sum insured set out in **Policy Schedule** for the loss, damage or theft of **your Personal Effects/Possessions** due to a **Listed Peril**.

### A. Accidental loss, damage or theft of your Personal Effects/Possessions

Loss of or theft of or damage to **Personal Effects/ Possessions** belonging to **you**.

1. The value of items after a deduction for wear, tear and depreciation. The amount payable will be the replacement cost at the date of the loss less a deduction for wear, tear and depreciation, calculated from the table below, or the cost of repair, whichever is the lesser.

Up to 1 year old 10% deducted	3 to 4 years old 50% deducted
1 to 2 years old 30% deducted	4 to 5 years old 60% deducted
2 to 3 years old 40% deducted	Over 5 years old 80% deducted

### What is not covered

- Items delayed or confiscated by any government or public authority.
- Depreciation in value.
- Any loss or damage occurring:
  - Due to normal wear and tear, superficial marks and scratches, dents or defacement of suitcases or other packaging.
  - Due to atmospheric or climatic conditions.
  - During any process of cleaning, dyeing, repairing or restoring.
  - To **Sports Equipment** while in use.
  - Due to mechanical or electrical breakdown or derangement.
  - To any items being shipped as freight or under a bill of lading.
  - To **Personal Effects/Possessions** whilst in the custody of an airline or other carrier unless a Property Irregularity Report has been obtained.
  - As a result of Valuables, fragile articles or electrical equipment being packed in suitcases or similar receptacles whilst in transit.
  - To prescription spectacles and sunglasses or contact lenses and Hearing aids.
  - Valuables** left on a public beach will be restricted to £100 in total. **Single Item Limit** is restricted to £50.
- Any loss of unattended items left in a public place or unattended vehicles unless all equipment is kept out of sight in a locked glove or boot compartment and the vehicle shows signs of forced entry.
- Losses not reported to the police or appropriate authority promptly upon discovery and a written police report obtained.
- Policy Excess** may apply. Please refer to the **Policy Schedule**.
- The **Policy** does not cover the loss of **your** personal possessions if it is not a consequence of a **Listed Peril**.

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### B. Loss or theft of Personal Money and Travel Documents

Loss or theft of **Personal Money**, passport, flight tickets and other travel documents belonging to **you** (whilst carried on **your** person, in a safety deposit box within a hotel or bank or whilst in a securely locked **Private Accommodation** under **your** control) up to the sum insured as shown in **your Policy Schedule** including the sub limit for **Cash**. Cover is provided during the **Insured Journey** against the occurrence of **Listed Perils** only.

- If **you** are under the age of 18 **we** will pay **up** to the amount shown in the **Policy Schedule**.
- Reasonable additional costs incurred in obtaining replacements.

### What is not covered

1. Items delayed or confiscated by any government or public authority.
  2. For losses:
    - (a) Occurring as a result of **Personal Money** being packed in suitcases or similar receptacles whilst in transit;
    - (b) Arising due to non-compliance with any of the terms of issue of any **Personal Money**;
    - (c) Not reported to the police or appropriate authority promptly upon discovery and a written police report obtained;
    - (d) **Cash** left on a public beach or **Cash** left out in the open or unattended.
  3. Any loss of unattended money left in a public place or unattended vehicles unless in a locked glove or boot compartment which has been subjected to forcible and violent entry.
  4. Any loss from an unattended tent, unlocked **Private Accommodation** or from accommodation shared with persons other than members of **your** travelling party named as **Insured Persons**.
  5. **Policy Excess** may apply. Please refer to the **Policy Schedule**.
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### C. Luggage Delay

Delay of **Personal Effects/Possessions** more than twelve hours after **your** actual arrival time due to a **Listed Peril**.

1. Reimbursement of reasonable costs for the purchase of necessary emergency replacement clothing, toilet requisites and similar items to a maximum of £200.

### What is not covered

1. Losses in respect of any **Personal Effects/ Possessions** delayed on a return journey to **your** usual place of residence.
2. Loss, damage or theft of **Personal Effects/Possessions** whilst in the custody of an airline or other carrier unless a Property Irregularity Report has been obtained.

Any payment made under Section C will be deducted from any subsequent payment made under A.

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### Additional Conditions applying to Policy Section 5

- a) *If any **Personal Money** is lost by or stolen from **you**, then it shall be a condition of payment of such a claim that **you** report such loss or theft to the relevant card issuer, bank or other security provider as soon as possible.*
- b) ***We** shall only be responsible for losses of **Personal Money** or **Cash** to the extent that **you** are not covered by any other insurance or any other form of indemnity or reimbursement by the card issuer, bank or other security provider.*
- c) *Original purchase receipts will be required for items of luggage, clothing or **Personal Effects** where these are less than one year old.*

# THE COVER – SECTION 6

## WITHDRAWAL OF SERVICES

### What is covered

This part of the **Policy** sets out the cover **we** provide in total per **Insured Journey** to each **Insured Person**, not exceeding the sum insured set out in the **Policy Schedule**, in respect of the following;

Where a **Withdrawal of Services** has occurred continuously for more than 24 hours during **your Insured Journey** as a result of an **Listed Peril**, and an alternative arrangement has not been made by the accommodation provider, tour operator or agent **we** will pay **you** compensation of £15 per complete 24 hours up to a maximum of £200.

### What is not covered

1. For a **Listed Peril** existing or known about on the date of the purchase of the **Policy** or the date the **trip** was booked.
2. For **Withdrawal of Services** which were not part of **your** pre-paid package unless supported by written confirmation from the Tour Operator or hotel to substantiate **your** claim.
3. Anything mentioned in General Exclusions.
4. The **Policy** does not cover **you** if **Withdrawal of Services** is a not a consequence of a **Listed Peril**.

## ADMINISTRATION AND REGULATORY COMPLIANCE

The information **you** supply may be used for:

- Insurance and claims administration, debt collection, research and statistical analysis by **EUROP ASSISTANCE S.A.**, its associated companies and agents, by other participating insurers or reinsurers, their agents and suppliers.
  - Disclosed to regulatory bodies for monitoring and/or enforcing the insurers' compliance with any regulatory rules and codes of conduct.
  - Shared with other insurers either directly or via those acting for them such as claims administrators, lawyers and investigators.
  - Shared with and checked against various databases, credit reference agencies, fraud prevention agencies and public bodies including the police when **you** apply for or renew this insurance or make a claim.
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## FRAUD DETECTION AND PREVENTION

**EUROP ASSISTANCE S.A.**, participating insurers and/or their agents and suppliers may, in order to detect and prevent fraud

- Check **your** identity to prevent money laundering unless **you** have provided **us** with satisfactory proof of identity.
  - Undertake checks against publicly available information such as the Electoral Roll, County Court Judgments, Social Media and bankruptcy orders
  - Validate **your** claims history or that of any **Insured Person** or property involved in the **Policy** or a claim.
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## FINANCIAL SERVICES COMPENSATION SCHEME

### Financial Services Compensation Scheme

**You** are protected by the Financial Services Compensation Scheme (FSCS), which acts as a safety net in the unlikely event that they are unable to pay claims due to insolvency. The FSCS will meet the first £2,000 of the claim and then 90% of the balance, in both cases without any upper limit. Full details of the scheme can be obtained from FSCS website [www.fscs.org.uk](http://www.fscs.org.uk) or by writing to:

**Financial Services Compensation Scheme,**  
10th Floor,  
Beaufort House,  
15 St Botolph Street,  
London. EC3A 7OU  
Tel: 0207 892 7300

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## EMERGENCY ASSISTANCE COMPANY

Tel: +44 (0) 2920 474130

Fax: +44 (0) 2920 468797

Email: [operations@global-response.co.uk](mailto:operations@global-response.co.uk)

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## REACTIVE CLAIMS (non-emergency claims)

Phone: +44 (0) 1420 383 012

Fax: +44 (0) 1420 558 111

Email: [safe-journey@reactiveclaims.com](mailto:safe-journey@reactiveclaims.com)

**[www.reactiveclaims.com](http://www.reactiveclaims.com)**

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## NOTES:



International Travel and Healthcare Limited,  
West House, 46 High Street,  
Orpington, Kent BR6 0JQ

Tel: 01689 892 228

Fax: 01689 892 210

[www.int-travelandhealthcare.com](http://www.int-travelandhealthcare.com)  
[info@int-travelandhealthcare.com](mailto:info@int-travelandhealthcare.com)