

Travel Insurance

2009/10

This document includes information about
TUI Travel Plc UKISD Insurance Services
and your travel insurance policy

Please read this document and
carry it with you during your journey

About TUI Travel Plc UKISD Travel Insurance Service

This section of the booklet sets out the terms of business that apply for customers who are buying their travel insurance from TUI Travel Plc UKISD

About Us

Meon Villas, Sovereign, Hayes & Jarvis, Citalia and Thomson Worldwide are all trading divisions of TUI Travel Plc UKISD of The Atrium, London Road, Crawley, West Sussex, RH10 9SR, which is an Appointed Representative of Citybond Holdings Plc, 109 Elmers End Road, Beckenham, Kent, BR3 4SY, which is authorised and regulated by the Financial Services Authority (FSA) to transact general insurance business. Citybond's FSA Registration number is 312208. You can check this information on the FSA's Register by visiting the FSA's website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

Our Travel Insurance Products & Service

This travel insurance is suitable for those who wish to insure themselves when travelling in respect of medical emergencies, cancellation, losses to possessions/money, personal liability and other expenses.

We only offer travel insurance products from a single insurer. We do not give advice or make personal recommendations in connection with any travel insurance product. However, we will ask you questions in order to provide you with a quotation, leaving you to make your own decision as to how you wish to proceed and whether this product fulfils your specific insurance requirements.

Insurance Premiums & Fees

We collect and hold insurance premiums as an agent of the insurer. When we provide you with a quotation, we will tell you about any fees which may apply in addition to the insurance premium.

Your Duty of Disclosure

You are responsible, on an ongoing basis, for providing us and/or your insurers with all material facts relating to the travel cover we arrange on your behalf. Material facts are those which are likely to affect the assessment and acceptance of the risks being insured. Failure to provide full and accurate information may mean that your travel policy is invalid. If you are in any doubt as to what facts might be considered to be material then you should disclose them to us or your insurers.

Complaints Procedure

We recognise the importance of service and set ourselves high standards. Should there be an occasion when we do not meet your expectations, we are equally committed to dealing with any complaint in a thorough and professional manner.

If you wish to make a complaint please contact us:

In writing, addressed to: "Your Issuing Agent" at The Atrium, London Road, Crawley, West Sussex, RH10 9SR.

Or by Telephone or E-mail, as follows, depending who you have purchased cover with:

For Meon Villas: Telephone Number: 0844 800 0748 E-mail Address: meon.custrels@meontravel.co.uk

For Sovereign: Telephone Number: 0844 800 0747 E-mail Address: customer.relations@sovereign.com

For Hayes & Jarvis: Telephone Number: 0844 800 0745 E-mail Address: customer.relations@hayesandjarvis.co.uk

For Thomson Worldwide: Telephone Number: 0844 800 0749 E-mail Address: customer.relations@thomsonworldwide.com

For Citalia: Telephone Number: 0844 800 0746 E-mail Address: costrel@citalia.co.uk

If you cannot settle your complaint with us you may be entitled to refer it to the Financial Ombudsman Service.

Compensation

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. Insurance cover for policies purchased on or before the 31st December 2009 is limited up to 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. Policies purchased after this date will be covered for 90% of the claim, with no upper limit. Further information about the compensation scheme arrangements is available from the FSCS, telephone number 020 7892 7300, or by visiting their website at www.fscs.org.uk.

Your Cancellation Rights

If your cover does not meet your requirements, please notify us on the following telephone number or e-mail address, depending who you have purchased cover with:

For Meon Villas: Telephone Number: 0844 800 0748 E-mail Address: meonres@meon.co.uk

For Sovereign: Telephone Number: 0844 800 0747 E-mail Address: sovcustomer.services@sovereign.com

For Hayes & Jarvis: Telephone Number: 0844 800 0745 E-mail Address: hjcustomer.services@hayesandjarvis.co.uk

For Thomson Worldwide: Telephone Number: 0844 800 0749 E-mail Address: customer.service@thomsonworldwide.co.uk

For Citalia: Telephone Number: 0844 800 0746 E-mail Address: citcustomer.services@citalia.co.uk

within 14 days of receiving your policy documents and return all such 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, we can recover all costs that you have used for those services. Please be aware that your cancellation rights are no longer valid after this initial 14 day period.

Your Travel Insurance Policy underwritten by Mondial Assistance Europe N.V.

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Summary of Cover

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

Cover	Limit (up to)	Excess	Page
Cancellation or curtailment	£5,000	£65 (£25 deposit)	14-15
Emergency medical and associated expenses In-patient benefit	£10 million £800	£65 Nil	16-17
Loss of passport	£500	Nil	18
Delayed personal possessions	£100	Nil	18
Personal possessions	£2,000	£65	19
Personal money	£500	£65	20
Personal accident	£20,000	Nil	20-21
Missed departure	£500	Nil	21
Delayed departure	£300 - delay £5,000 - abandonment	Nil £65	22
Personal liability	£2 million	£65	23
Legal expenses	£25,000	Nil	24

Note

Some sections of cover also have extra sub limits, for example the **personal possessions** section has a single article and **valuables** limit.

Important information

Thank you for taking out travel insurance provided by the UK and Ireland Specialist Division of TUI Travel PLC.

Your policy schedule shows the sections of the policy you have chosen, 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 need to contact us, you should call your issuing agent in the first instance.

Insurer

Your travel insurance is arranged by Citybond Suretravel, a division of Citybond Holdings PLC, underwritten by Mondial Assistance Europe N.V. and administered in the **United Kingdom** by Mondial Assistance (UK) Limited.

How your policy works

Your policy and policy schedule is a contract between **you** and **us**. We will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**.

Unless specifically mentioned the benefits and exclusions within each section, apply to each **person insured**. 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 document

Telling us about relevant facts

Before **you** travel **you** must tell **us** about anything that may affect **your** cover. If **you** are not sure whether something is relevant, **you** must tell **us** anyway. **You** should keep a record of any extra information **you** give **us**. If **you** do not tell **us** about something that may be relevant, **your** cover may be refused and **we** may not cover any related claims.

Cancellation rights

If **your** cover does not meet **your** requirements, please notify **your** issuing agent within 14 days of receiving **your** policy schedule 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 **person insured**, for each section, for each incident. The amount **you** have to pay is the **excess**.

Data protection

Information about **your** policy may be shared between Sovereign Luxury Holidays, Hayes & Jarvis, Meon Villas, Citalia, Thomson Worldwide, TUI Travel Plc UKISD, Citybond Suretravel, Mondial Assistance (UK) Limited and Mondial Assistance Europe N.V. for underwriting purposes.

You should understand that the sensitive health and other information **you** provide will be used by **us**, **our** representatives, the **insurer**, other insurers and industry governing bodies and regulators to process **your** insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). **We** have taken steps to ensure **your** information is held securely.

Your information will not be shared with third parties for marketing purposes. **You** have the right to access **your** personal records.

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. Insurance cover for policies purchased on or before the 31st December 2009 is limited up to 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. Policies purchased after this date will be covered for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangements is available from the FSCS, telephone number **020 7892 7300**, or by visiting their website at **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 Contract (Rights of Third Parties) Act 1999.

Definition of words

Accident

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

Appointed adviser

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

Area of cover

You will not be covered if **you** travel outside the area **you** have chosen as shown on **your** policy schedule.

• UK

• Europe

UK, Continental Europe, **Channel Islands**, Mediterranean Islands, Morocco, Tunisia, Egypt, Turkey, Madeira, Canary Islands, the Azores, the Republic of Ireland, Iceland, Russia (European), Estonia, Latvia, Lithuania, Belarus, Ukraine, Moldova and Georgia.

• Worldwide

Worldwide, including United States of America, Canada and all Islands in the Caribbean Sea including the Bahamas and all countries defined under Europe.

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

Jersey, Guernsey, Sark, Alderney and Herm.

Couple

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

Departure point

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

Doctor

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

Excess

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

Family

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

Hazardous activity

The following activities are automatically covered:

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

There is no cover for:

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

We may be able to cover **you** for other activities that are not listed. Please contact **your** issuing agent. An extra premium may need to be paid.

Home

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

Insurer

Mondial Assistance Europe N.V.

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.

- **You** will only be covered if **you** are aged 80 or under at the date **your** policy was issued.
- Any other trip which begins after **you** get back is not covered.
- A trip which is booked to last longer than 100 days is not covered if **you** are aged up to and including 75 years.
- A trip which is booked to last longer than 31 days if **you** are aged between 76 and 80 years.

Legal action

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

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

Legal costs

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

Pair or set

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

Period of Insurance

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

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

Personal money

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

Personal possessions

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

Redundancy

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period with the same employer for at least two years and where **you** qualify for payment in accordance with current redundancy legislation.

Relative

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

Resident

A person who has their main **home** in the **UK** or the **Channel Islands** and has not spent more than six months abroad during the year before the policy was issued.

Single parent family

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

Travelling companion

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

United Kingdom (UK)

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

Valuables

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

We, our, us

Mondial Assistance (UK) Limited which administers the insurance on behalf of the **insurer**.

You, your, person insured

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

24-hour emergency medical assistance

Please tell **us** immediately about any serious illness or accident abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **your** medical expenses are over **£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 or email.

From outside **your home** country phone **+44 20 8666 9392**
Fax **+44 20 8603 0204** textphone **+44 20 8666 9562**

From within **your home** country phone **020 8666 9392**
Fax **020 8603 0204** textphone **020 8666 9562**

email **international_dept@mondial-assistance.co.uk**

Please give **us your** age, **your** policy number and confirm which agent **you** arranged **your** holiday with. Below are some of the ways the 24-hour emergency medical assistance service can help.

Confirmation of payment

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

Repatriation

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

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

Reciprocal health arrangements

European Health Insurance Card (EHIC) - the replacement for the E111

- The EHIC entitles **you** to reduced-cost, sometimes free, medical treatment that becomes necessary while **you** are in a European Economic Area (EEA) country or Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway.
- The card gives access to state-provided medical treatment only. Remember, this might not cover all the things **you** would expect to get free of charge from the NHS in the **UK**. **You** may have to make a contribution to the cost of **your** care.
- **You** may apply for an EHIC online at www.dh.gov.uk/travellers or by calling from within your home country **0845 606 2030**, or from outside your home country **+44 845 606 2030**. Application forms are also available from the Post Office.

Australia

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

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

Health declaration and health exclusions

These apply to the Cancellation or curtailment charges, Emergency medical and associated expenses and Personal accident section

It is very important that you read and understand the following and, if necessary, declare any existing medical conditions to us.

- 1 **You** will not be covered for any directly or indirectly related claims arising from the following if at the time of taking out this insurance, **you**:
 - a have been prescribed any medication, received any treatment or had a consultation with a **doctor** or hospital specialist in the past 2 years;
 - b have **EVER** been diagnosed with or treated for any cardiovascular problems (e.g. heart attack, angina, chest pain, palpitations, any other heart condition, hypertension (raised blood pressure), blood clots, raised cholesterol) or any cerebrovascular problems (e.g. stroke, transient ischaemic attack, brain haemorrhage), at any time prior to cover;
 - c are awaiting treatment or the results of any tests or investigations;

Unless

Your medical condition is listed under the Accepted conditions list on page 8; or all relevant condition(s) are declared to and accepted by **us** in writing.

You should contact Mondial HealthScreen at www.mondialhealthscreen.co.uk or by calling **0845 618 0344** if, prior to commencement of **your journey**:

- **you** need to declare a medical condition;
- **you** develop a medical condition after **your** policy was issued;
- **your** existing condition changes after **your** policy was issued;
- **you** are unsure whether a medical condition needs to be declared or not.

This confidential service will be able to confirm if cover can be provided for **your** medical conditions. If **you** need to make a claim arising from a medical condition that has not been declared and accepted by **us**, it is unlikely that **your** claim will be paid.

If necessary, **we** may require **you** to obtain further a medical information report (at **your** cost) from **your doctor** to see if cover applies. Based on **our** assessment of the medical information supplied, **we** will decide if cover can be offered, if further terms should be imposed or if cover is offered subject to payment of an additional premium.

If an additional premium is required, cover will not start until full payment has been received by **us** and written confirmation given by **us**.

If **we** are unable to cover the medical condition(s), this will mean that any other **person insured** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.

Each **person insured** by **us** would still be covered for any unrelated medical condition(s) and other sections of cover subject to the terms and conditions of this policy.

Accepted conditions

The following medical conditions are covered without additional charge and subject to the normal terms and conditions of this insurance, provided (a) **you** are not awaiting surgery for the condition, AND (b) **you** have been fully discharged from any post-operative follow-up.

- | | | |
|---|--|---|
| <input type="checkbox"/> Achilles Tendon Injury | <input type="checkbox"/> Frozen Shoulder | <input type="checkbox"/> Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue) |
| <input type="checkbox"/> Allergies (no hospital admissions) | <input type="checkbox"/> Fungal Nail infection | <input type="checkbox"/> Nasal Polyp(s) |
| <input type="checkbox"/> Anal Fissure/Fistula | <input type="checkbox"/> Gall Bladder Removal | <input type="checkbox"/> Neuralgia, Neuritis |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Gastric Reflux | <input type="checkbox"/> Nut Allergy |
| <input type="checkbox"/> Benign Breast Lump(s) | <input type="checkbox"/> Glandular Fever (full recovery made) | <input type="checkbox"/> Osteochondritis |
| <input type="checkbox"/> Benign Prostatic Enlargement | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Otosclerosis |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Gout | <input type="checkbox"/> Pelvic Inflammatory Disease |
| <input type="checkbox"/> Broken/Fractured Bones (not head or spine, no longer in plaster) | <input type="checkbox"/> Haemorrhoids (Piles) | <input type="checkbox"/> Piles |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Hernia (not Hiatus) | <input type="checkbox"/> Pregnancy (no complications) |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> HRT (Hormone Replacement Therapy) | <input type="checkbox"/> Reflux Oesophagitis |
| <input type="checkbox"/> Colitis (simple) | <input type="checkbox"/> Hyperthyroidism (Overactive Thyroid) | <input type="checkbox"/> Rheumatism |
| <input type="checkbox"/> Common Cold(s)/Influenza | <input type="checkbox"/> Hypothyroidism (Underactive Thyroid) | <input type="checkbox"/> Rhinitis (Allergic) |
| <input type="checkbox"/> Corneal Graft | <input type="checkbox"/> Hysterectomy (no malignancy) | <input type="checkbox"/> Shingles (Herpes Zoster) |
| <input type="checkbox"/> Cosmetic Surgery | <input type="checkbox"/> Irritable Bowel Syndrome (IBS) | <input type="checkbox"/> Shoulder Injury |
| <input type="checkbox"/> Cuts & Abrasions (non self-inflicted) | <input type="checkbox"/> Joint Replacement /Resurfacing (non arthritic; no subsequent arthritis) | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Cystitis (fully recovered, no hospital admissions) | <input type="checkbox"/> Knee Injury - Collateral/cruciate ligaments | <input type="checkbox"/> Sleep Apnoea |
| <input type="checkbox"/> Diarrhoea and/or Vomiting (resolved) | <input type="checkbox"/> Ligaments or Muscular injury (non back-related) | <input type="checkbox"/> Tendon Injury |
| <input type="checkbox"/> Dislocations | <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Testicular Cyst |
| <input type="checkbox"/> Eczema (no hospital admissions or consultations) | <input type="checkbox"/> Menorrhagia | <input type="checkbox"/> Upper Respiratory Tract Infection (fully recovered, no further treatment) |
| <input type="checkbox"/> Epididymitis | <input type="checkbox"/> Migraine (Confirmed diagnosis, no ongoing investigations) | <input type="checkbox"/> Urticaria |
| <input type="checkbox"/> Essential Tremor | <input type="checkbox"/> Myalgia (Muscular Rheumatism) | <input type="checkbox"/> Varicose Veins - legs only, no ulcers or cellulitis (if GP has confirmed that client is fit to travel) |
| <input type="checkbox"/> Fibromyalgia | | <input type="checkbox"/> Weak Bladder (no infections) |
| <input type="checkbox"/> Fibrositis | | |
| <input type="checkbox"/> Food poisoning/Stomach bug (resolved) | | |

In addition to any Medical Condition on the 'Accepted conditions' list, **you** may be automatically accepted for cover, **provided you do not have more than ONE of the following Medical Conditions or ANY other Pre-existing Medical Condition.**

- Hypertension (High Blood Pressure, White Coat Syndrome):**
 - No more than 2 medications.
 - There must have been no change in treatment within the last 6 months.
 - Must be a non-smoker.
- Arthritis (Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism):**
 - There must have been NO hospital admissions within the last 12 months.
 - Must NOT be awaiting surgery.
- Asthma (Wheezing):**
 - There must have been NO hospital admissions within the last 12 months.
 - Must be controlled with no more than 2 medications (NO nebulizer, NO home oxygen).
 - Non-smoker and able to walk 200 yards on the flat without becoming short of breath.
- Osteoporosis (Osteopaenia, Fragile Bones):**
 - There must have been NO vertebral (backbone) fractures.

If **you** have any other medical condition(s) or **your** medical condition does not meet the above criteria, **you** must contact Mondial HealthScreen at www.mondialhealthscreen.co.uk or telephone them on **0845 618 0344** to declare the condition(s) and ensure that the cover will meet **your** needs.

You will not be covered for any claim arising from a medical condition of someone **you** were going to stay with, a **travelling companion**, a **relative** or a **business associate** if **you** are aware of the medical condition at the time **your** policy was issued and:

- a** for which they have required surgery, or in-patient treatment or hospital consultations, have been taking (or should have been taking) more than one prescribed medication or have been prescribed new medication or change in medication, or undergone any treatment, during the 90 days immediately prior to the issue of **your** policy unless covered by the "Accepted Conditions" list criteria;
- b** if they were on a waiting-list for, or have knowledge of the need for, surgery, in-patient treatment or investigation at any hospital or clinic at the time **your** policy is issued; or
- c** if a terminal diagnosis had been received prior to the time **your** policy is issued.

3 You must be healthy, fit to travel and able to undertake **your** planned journey.

4 You will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your** journey.

5 You will not be covered if **you** know **you** will need treatment or consultation at any medical facility during **your** journey.

6 You will not be covered if **you** had any undiagnosed symptoms for which **you** were awaiting investigations/consultations or the results of investigations and where the underlying cause had not been established.

7 You will not be covered if **you** are travelling specifically for the purpose of obtaining and/or receiving any elective surgery, procedure or hospital treatment.

Note

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

General exclusions

The following exclusions apply to the whole of your policy:

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

- 1** A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
- 2** 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.
- 3** Any epidemic or pandemic.
- 4** **You** not following any advice or recommendations made by the Foreign and Commonwealth office, World Health Organisation or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
- 5** **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 6** Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 7** Any currency exchange rate changes.
- 8** The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and Personal accident sections).
- 9** **You** acting in an illegal or malicious way.
- 10** **You** not enjoying **your** journey or not wanting to travel.
- 11** 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.

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.
- 4 You** accept that **we** will not extend the **period of insurance** if the original policy plus any extensions have either ended, been in force for longer than 100 days (31 days if **you** are aged between 76 and 80 years) or **you** know **you** will be making a claim.
- 5 You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' on pages 11-12 for more information.
- 6 You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.
- 7 You** are not aged 81 or over at the date **your** policy was issued.

We have the right to do the following

- 1** Cancel the policy if **you** do not tell **us** about a relevant fact or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
- 2** Cancel the policy and make no payment if **you** 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 Work and Pensions forms), which will help **us** to recover any payment **we** have made under this policy.

- 6** With **your** or **your** personal representatives 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 and policy schedule. **We** can recover all costs that **you** have used if **you** have travelled or made a claim or intend to make a claim.
- 10** Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance. 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.

Making a claim

To obtain a claim form:

Phone **020 8603 9958**, textphone **020 8666 9562** (8am-6pm Monday to Friday and 9am-12 noon Saturday)
Write to: Mondial Assistance travel insurance claims department, PO Box 1900, Croydon CR90 9BA.
Email: travel_claims@mondial-assistance.co.uk

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

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

For all claims

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

Cancellation or curtailment

- If **you** need to curtail **your journey** call from within **your home** country on **020 8666 9392** textphone **020 8666 9562** or from outside **your home** country on **+44 20 8666 9392** textphone **+44 20 8666 9562** immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

Medical expenses

- Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **£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 **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

If your passport is lost, stolen or destroyed

- 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 and Personal money

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

For loss or damage in transit claims, including delayed possessions

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

Personal accident

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

Missed departure

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

Delayed departure

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

Personal liability

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

Legal expenses

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

Making a complaint

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

- Complaints relating to the sale of the policy:
If **you** have a complaint regarding the sale of the policy, please contact **your** issuing agent.
- Complaints relating to medical screening:
If **you** have a complaint regarding the service provided by Mondial HealthScreen, please contact:

Customer Care Manager,
Mondial HealthScreen,
Citybond House,
109 Elmers End Road,
Beckenham,
Kent BR3 4SY

- Complaints relating to claims:
If **you** have a complaint regarding claims or the service offered by Mondial Assistance (UK) Limited, please contact:

The Quality Standards Manager,
Mondial Assistance (UK) Limited,
Mondial House,
102 George Street,
Croydon, CR9 1AJ

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

If **you** are not satisfied with **our** final response **you** can refer the matter to the **UK** Financial Ombudsman Service.

Cancellation or curtailment charges - Section 1

If **you** think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour emergency medical assistance' on page 6 for more information.

WHAT YOU ARE COVERED FOR

We will pay up to **£5,000** in total (including up to **£150** in total for excursions), for **your** part of unused personal accommodation, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else. **We** will provide this cover in the following necessary and unavoidable circumstances:

Cancellation

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

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a **relative** or **business associate** of **you** or a **travelling companion**.
- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country.
- **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **You** or a **travelling companion** being advised not to travel by a **doctor** as a result of pregnancy.
- **Your redundancy**.

Curtailment

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

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

WHAT YOU ARE NOT COVERED FOR

Under Cancellation and Curtailment

An **excess** of **£65** (**£25** for deposit only claims).

Any condition stated under Health declaration and health exclusions on pages 7-9.

More than the minimum market value of equivalent travel tickets, if **your** travel tickets have been paid for using an airline mileage reward scheme.

Anything caused by:

- **your** carriers refusal to allow **you** to travel for whatever reason;
- **you** not having the correct passport or visa;
- 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**;
- anything 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.

Under Cancellation

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

WHAT YOU ARE COVERED FOR

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 personal accommodation and other travel expenses based on each 24-hour period **you** have lost. If **you** need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will put the value of these tickets towards the extra transport costs **we** have to pay.

WHAT YOU ARE NOT COVERED FOR

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

Under Curtailment

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

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

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

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

Anything caused by **you** taking part in a **hazardous activity** or **winter sports** unless shown on **your** policy schedule.

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

Emergency medical and associated expenses - Section 2

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your journey** because of illness, injury or accident, or if **your** medical expenses are over **£250** **we** must be told immediately see under the heading '24-hour emergency medical assistance' on page 9' for more information.

WHAT YOU ARE COVERED FOR

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

1 Cover outside your home country

Up to **£10 million** in total for reasonable fees or charges **you** incur for:

- **Treatment**
medical, surgical, medication costs, hospital nursing home or nursing services.
- **Transport and accommodation**
reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from **your home country** on medical advice.
- **Funeral expenses**
the reasonable cost of transporting **your** body or ashes to **your home** or **we** will pay up to **£2,500** for **your** funeral expenses, in the place where **you** die outside **your home country**.
- **Search and rescue**
mountain search and rescue services when deemed medically necessary.

We will also pay:

- **In-patient benefit**
£25 for each 24-hour period that **you** are in hospital as an in-patient up to **£800** in total during the **journey** as well as any fees or charges paid under **Treatment**.
- **Dental**
Up to **£250** for emergency dental treatment to relieve sudden pain.
- **Excursions**
Up to **£150** in total for **your** excursions that have been paid for before **your journey** began and that cannot be recovered from anywhere else, if **you** get written advice from a **doctor** that **you** cannot go on them, because of an injury or illness during **your journey**.

WHAT YOU ARE NOT COVERED FOR

Under 1 Cover outside your home country except In-patient benefit and Excursions and under 2 Cover within your home country

An **excess** of **£65**, unless **your** claim is reduced because **you** used an European Health Insurance Card or any other reciprocal health arrangement (see 'Reciprocal health arrangements' on page 6 for more information).

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

Under 1 Cover outside your home country except In-patient benefit and Excursions and under 2 Cover within your home country

Any condition stated under Health declaration and health exclusions on pages 10-12.

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

Anything caused by:

- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life);
- **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;
- **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets;
- **you** taking part in any **hazardous activity** or **winter sports** unless shown on **your** policy schedule.

WHAT YOU ARE COVERED FOR

2 Cover within the your home country

Up to **£2,500** for:

• Transport and accommodation

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

WHAT YOU ARE NOT COVERED FOR

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

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

Under 1 Cover outside your home country except In-patient benefit and Excursions and under 2 Cover within your home country Services or treatments **you** receive within **your home country**.

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

Medical costs over **£250**, in-patient treatment or repatriation which **we** have not authorised.

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

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

Under 1 Cover outside your home country - Funeral expenses

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

Under 1 Cover outside your home country - Dental

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

Dental work involving the use of precious metals.

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

Loss of passport - Section 3

WHAT YOU ARE COVERED FOR

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

Costs for issuing a temporary passport

Up to **£500** in total for the cost of extra transport accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your home** country

Remaining value of original passport

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

WHAT YOU ARE NOT COVERED FOR

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

Delayed personal possessions - Section 4

WHAT YOU ARE COVERED FOR

Up to **£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 12 hours from when **you** arrived at **your** destination.

Note

You must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under Personal possessions - section 5.

WHAT YOU ARE NOT COVERED FOR

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

Personal possessions - Section 5

WHAT YOU ARE COVERED FOR

Up to **£2,000** in total for **your personal possessions** damaged stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** is **£300** 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;
 - to replace **your** belongings with equivalent items; or
 - the cost of replacing **your** items.
- An amount for wear, tear and loss of value will be deducted.

WHAT YOU ARE NOT COVERED FOR

An **excess** of **£65**.

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

Breakage of or damage to: sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment. Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin.

The cost of replacing or repairing false teeth.

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

Loss or theft of, or damage to the following.

- Items for which **you** are unable to provide a receipt or other proof of purchase
- Films, tapes, cassettes, computer games electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- Goods which deteriorate, bottles or cartons and any damage caused by these items or their contents.
- **Valuables** left in a motor vehicle.
- **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.
- Contact or corneal lenses, unless following fire or theft.
- Bonds, share certificates, guarantees or documents of any kind.
- **Personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle (no cover for **valuables**).
- **Personal money** (see section 6).
- Passport (see section 3).

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

Personal money - Section 6

WHAT YOU ARE COVERED FOR

Up to **£500** for loss or theft of **your personal money** (but no more than **£200** in cash in total whether jointly owned or not) while on **your journey**.

WHAT YOU ARE NOT COVERED FOR

An **excess of £65**.

Compensation unless **you** can provide receipts of the amount **you** had from the place where **you** got the currency. Loss or theft of **personal money**, unless it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.

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

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

More than the minimum market value of equivalent travel tickets, if **your** travel tickets have been paid for using an airline mileage reward scheme

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

Personal accident - Section 7

WHAT YOU ARE COVERED FOR

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

Death

£20,000 for death. (**We** will not pay more than **£1,000** if **you** are aged 16 or under at the time of the **accident**.)

Permanent loss

£20,000 for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

WHAT YOU ARE NOT COVERED FOR

Any condition stated under Health declaration and health exclusions on pages 7-9.

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

Anything caused by:

- **your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your** policy schedule;
- **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);

WHAT YOU ARE COVERED FOR

Physical disablement

£20,000 for a permanent physical disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 16 or under or aged 65 or over at the time of the **accident**.)

WHAT YOU ARE NOT COVERED FOR

- the direct or indirect effect of **you** using alcohol or solvents;
- **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets;
- **you** taking part in any **hazardous activity** or winter sports unless shown on **your** policy schedule.

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

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

Missed departure - Section 8

WHAT YOU ARE COVERED FOR

We will pay **you** up to **£500** in total for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back **home** because **you** do not get to the **departure point** by the time shown in **your** travel itinerary (plans) because:

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

WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

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

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

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

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

Delayed departure - Section 9

WHAT YOU ARE COVERED FOR

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

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

We will pay:

Delay

£20 after the first full 12 hours of delay and **£10** after each extra delay of 12 hours up to **£300** in total; or

Abandonment

up to **£5,000** in total for **your** part of the unused costs of the **journey** which have been paid or where there is a contract to pay that cannot be recovered from anywhere else, if, after **you** have been delayed for more than 12 hours, **you** decide to abandon the **journey** before **you** leave **your home** country.

WHAT YOU ARE NOT COVERED FOR

Under Delay and Abandonment

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

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

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

Under Abandonment

An **excess** of **£65**.

More than the minimum market value of equivalent travel tickets, if **your** travel tickets have been paid for using an airline mileage reward scheme.

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

Personal liability - Section 10

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 million** plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following.

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

Note

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

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

WHAT YOU ARE NOT COVERED FOR

An **excess** of **£65**.

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

Legal expenses - Section 11

You can call **our** 24-hour legal helpline 365 days a year for advice on any travel related legal problem to do with **your journey**, arising under the law of England, Wales, Scotland and Northern Ireland

Phone from within **your home** country on **020 8603 9804** textphone **020 8666 9562**

Phone from outside **your home** country on **+44 20 8603 9804** textphone

+44 20 8666 9562

WHAT YOU ARE COVERED FOR

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

- Nominate an **appointed adviser** to act for **you**. If **you** and **we** cannot agree on an **appointed adviser**, the matter can be referred to an Alternative Resolution Facility.
- For each event giving rise to a claim pay up to **£25,000 legal costs for legal action for you** (but not more than **£50,000** in total for all **persons insured** on this policy).

Note

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

WHAT YOU ARE NOT COVERED FOR

Any claim:

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

Legal costs:

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

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

Important telephone numbers

Health declaration (to declare a medical condition or change in your circumstances) 0845 618 0344

24-hr Emergency medical assistance: Outside **your home** country: +44 20 8666 9392
Within **your home** country: 020 8666 9392

24-hr Legal helpline: Outside **your home** country: +44 20 8603 9804
Within **your home** country: 020 8603 9804

Claims: 020 8603 9958

This policy is available in large print, audio and Braille.

Please contact your issuing agent and we will be pleased to organise an alternative version for you.

Sovereign Luxury Holidays, Hayes & Jarvis, Meon Villas, Citalia and Thomson Worldwide are trading divisions / names of the UK and Ireland Specialist Division of TUI Travel PLC

This insurance is provided by UK and Ireland Specialist Division of TUI Travel Plc and arranged by Citybond Suretravel. UK and Ireland Specialist Division of TUI Travel Plc is an appointed representative of Citybond Holdings plc, Registered Address: 109 Elmers End Road, Beckenham, Kent BR3 4SY
Registered number: 312208

This travel insurance is underwritten by Mondial Assistance Europe N.V. and is administered in the UK by: Mondial Assistance (UK) Limited, Registered in England No 1710361
Registered Office: Mondial Assistance (UK) Limited, Mondial House, 102 George Street, Croydon CR9 1AJ. www.mondial-assistance.co.uk

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Mondial Assistance Europe N.V. is authorised by De Nederlandsche Bank (DNB) in the Netherlands and regulated by the Financial Services Authority for the conduct of UK business.

Mondial Assistance (UK) Limited will act as agent for Mondial Assistance Europe N.V. with respect to the receipt of customer money and for the purpose of settling claims and handling premium refunds.

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