



Single Trip & Annual Multi-trip Travel Insurance Policy 2020/21

Cover is only available if **you** are a **resident** of the **UK**, the **Channel Islands** or the Isle of Man.

Existing medical conditions are not covered unless they have been declared to and accepted in writing by the Medical Screening Line.

Schedule of Cover

The following is only a summary of the main cover limits.

You should read the rest of the policy for the full terms and conditions.

Cover	Limit (up to)
Excess	£75
1 Cancellation or Curtailment Charges	£2,500
- Excursions	£150
2 Emergency medical and associated expenses	£5,000,000
- In-patient benefit	£20 each 24hr period, max £500
- Dental	£350
- Funeral expenses	£1,500
- Excursions	£150
3 Loss of Passport	£150
4 Delayed Personal Possessions	£150
5 Personal Possessions	£1,500
- Single article, pair or set	£300
- Valuables limit	£400
- Tobacco, vaping products, alcohol, fragrances limit	£50
6 Personal Money	£500
- Cash limit	£250
7 Personal Accident	£15,000
8 Missed Departure	£500
9 Delayed Departure	
- Delay	£250 (£20 first 12 hrs, £10 each extra 12 hrs)
- Abandonment	£2,500 (after 12 hrs)
10 Personal Liability	£2,000,000
11 Legal Expenses	£25,000

Notes:

Inner limits

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

Journey limits (Annual multi-trip cover only)

Annual multi-trip cover is for short trips of 31 days or less per trip only.

There is absolutely no cover offered by this policy whatsoever for trips which are longer than the 31 days per trip. This would include not insuring **you** for any part of a trip that is longer than 31 days in duration.

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Important telephone numbers

Customer services 01903 235042

Health declaration 02392 419 897
(to declare a medical condition or change in **your** circumstances)

24-hour Emergency Medical Assistance
(for medical emergency or curtailment requests)

- outside **your home** country: +44 20 8603 9856
- within **your home** country: 020 8603 9856

24-hour Legal helpline

- outside **your home** country: +44 20 8603 9804
- within **your home** country: 020 8603 9804

Claims

020 8603 9958

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

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

Please contact **us** on **01903 235042** and **we** will be pleased to organise an alternative version for **you**.

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

Important information

Thank you for taking out Cover the Globe travel insurance with us.

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.

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

If there is anything you do not understand, you should call 01903 235042.

Insurer

Underwritten by AWP P&C SA and is administered in the United Kingdom by Allianz Assistance.

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.

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

Information you need to tell us

There is certain information that we need to know as it may affect the terms of the insurance cover we can offer you. You must, to the best of your knowledge, give accurate answers to the questions we ask when you buy your policy. If you do not answer the questions truthfully it could result in your policy being invalid and could mean that all or part of a claim may not be paid.

If you think you may have given us any incorrect answers, or if you want any help, please call us on 01903 235042 as soon as possible and we will be able to tell you if we can still offer you cover.

Cancellation rights

If your cover does not meet your requirements, please notify us within 14 days of receiving your policy schedule and return all your documents for a refund of your premium. You can contact us:

By post: Cover the Globe, 59/61 Lyndhurst Road, Worthing, West Sussex BN11 2DB

By telephone: 01903 235042

By email: info@covertheglobe.co.uk

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

Policy excess

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

Data protection notice

We and Global Travel Insurance Services Limited care about your personal data.

This summary below and our full privacy notice explain how we protect your privacy and use your personal data. Our full Privacy Notice available at www.allianz-assistance.co.uk/privacy-policy-and-cookies/

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

For Global Travel Insurance Services Limited's full privacy notice, please visit: www.globaltravelinsurance.co.uk/downloads/Privacy%20Notice.pdf

• How will we obtain and use your personal data?

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

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

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

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

• Who will have access to your personal data?

We may share your personal data:

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

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

• How long do we keep your personal data?

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

• Where will your personal data be processed?

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

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

• What are your rights in respect of your personal data?

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

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

• Automated decision making, including profiling

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

• How can you contact us?

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

For Allianz Assistance

- By post: Data Protection Officer, AWP Assistance UK Ltd
102 George Street, Croydon CR9 6HD
- By telephone: 020 8603 9853
- By email: AzPUKDP@allianz.com

For Global Travel Insurance Services Limited

- By post: Data Protection Officer, 59/61 Lyndhurst Road, Worthing
West Sussex BN11 2DB
- By telephone: 01903 235042
- By email: info@covertheglobe.co.uk

Financial Services Compensation Scheme (FSCS)

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

Further information about the compensation scheme arrangements is available from the FSCS, telephone number 0800 678 1100 or 020 7741 4100, or by visiting their website at www.fscs.org.uk

Governing law

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

Contracts (Rights of Third Parties) Act 1999

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

Renewal of your insurance cover

If **you** have annual multi-trip cover, Cover the Globe will send **you** a renewal notice at least 21 days prior to the expiry of the **period of insurance** as shown on **your** policy schedule. Cover the Globe may vary the terms of **your** cover and the premium rates at the renewal date.

This means Cover the Globe cannot guarantee that Cover the Globe will be able to provide the same terms of cover on **your** renewed policy or even renew it at all. If **you** book a **journey** that does not start until after the expiry date of **your** policy, **you** may find that the cover provided for that **journey** will change when the policy renews.

Definition of words

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

Accident

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

Appointed adviser

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

Area of cover

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

- **UK**
- **Europe**

UK, Continental Europe, Mediterranean islands, the **Channel Islands**, the Isle of Man, Morocco, Algeria, Tunisia, Libya, Egypt, Israel, Turkey, Madeira, Canary Islands, the Azores, the Republic of Ireland, Iceland, Russia, Estonia, Latvia, Lithuania, Belarus, Ukraine, Moldova and Georgia.

- **Worldwide (excluding USA)**

Worldwide, excluding United States of America, Canada and all Islands in the Caribbean Sea including the Bahamas.

- **Worldwide (including USA)**

Worldwide

Note: **You** will not be covered if **you** travel to or remain in a country or region where the Foreign and Commonwealth Office has advised against all travel or all but essential travel or where **you** have travelled against the advice of a local authority at **your journey** destination. For further details, visit gov.uk/foreign-travel-advice.

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, Alderney, Sark and Herm.

Couple

For annual multi-trip cover, two adults who have been permanently living together at the same address for more than six months. Each adult can travel independently.

Departure point

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

Doctor

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

Economic sanction(s)

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

Epidemic

A contagious disease recognised by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination.

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. For example a **couple** that both have **personal possessions** stolen from their bag and both incur a medical expense during the same **journey**, will have a total of four excesses deducted. Two of these will be for the two claims under section 5 (possessions) and two of these will be for the two claims under section 2 (medical).

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.

Home

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

Insurer

AWP P&C SA.

Journey

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

- For single trip cover
 - **you** will only be covered if **you** are aged 55 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 185 days is not covered.
- For annual multi-trip cover
 - **you** will only be covered if **you** are aged 55 or under at the start date of **your** policy.
 - cover is for short trips of 31 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which are longer than the 31 days per trip. This would include not insuring **you** for any part of a trip that is longer than 31 days in duration.
 - trips within **your home** country must be for at least 2 nights and:
 - i have pre-booked transport or accommodation; or
 - ii be more than 25 miles from **your home** (unless it involves a sea crossing).

Legal action

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

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

Legal costs

Fees, costs and expenses (including Value Added Tax or 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.

Pandemic

An **epidemic** that is recognised as being a pandemic by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination.

Period of insurance

- For single trip cover
 - 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**.
- For annual multi-trip cover
 - Cancellation cover begins on the start date shown on **your** policy schedule or the date **you** booked **your journey**, whichever is the later 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**.
- For single trip and annual multi-trip cover
 - 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**).

Quarantine

Mandatory confinement, intended to stop the spread of a contagious disease to which **you** or a **travelling companion** has been exposed.

Redundancy

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period of two years with the same employer if **you** are aged 18 and over or 55 and under.

Relative

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

Resident

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

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.

Sports or leisure activity

The following activities are automatically covered:

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

There is no cover for:

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

We may be able to cover **you** for other activities that are not listed. Please contact Cover the Globe on **01903 235042**. An extra premium may need to be paid. **You** can also review the Schedule of Activities available from www.covertheglobe.co.uk

Travelling companion

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

United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

Valuables

Jewellery, watches, items made of or containing precious metals, precious stones or semi precious stones, furs, binoculars, telescopes, computer/video games, PCs, laptops, tablets and other computerised equipment, any kind of photographic, audio, video, television, satellite navigation and phone equipment (including mobile accessories), multimedia players, recorded media (including CDs and DVDs) and drones.

We, our, us

Allianz Assistance which administers the insurance on behalf of the **insurer**.

Winter sports

The following activities are covered if **you** have paid the appropriate additional premium and **winter sports** cover is shown on **your** policy schedule:

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

There is no cover for:

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

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 **£500**. If **you** are claiming for a minor illness or accident **you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call 24 hours a day 365 days a year or email.

From outside **your home** country:

Phone **+44 20 8603 9856**

Fax +44 20 8603 0204

From within **your home** country:

Phone **020 8603 9856**

Fax 020 8603 0204

Email medical@allianz-assistance.co.uk

Please give **us your** age and **your** policy number. Say that **you** are insured with Cover the Globe travel insurance.

Below are some of the ways the 24-hour emergency medical assistance service can help.

Confirmation of payment

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

Repatriation

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing home in **your home** country, **you** will normally be transferred by regular airline or road ambulance. Where medically necessary in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go **home** early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person. **You** can contact **us** at any time, day or night. **You** will be answered by one of **our** experienced assistance co-ordinators who **you** should give all relevant information to. Please make sure **you** have details of **your** policy before **you** phone.

Reciprocal health arrangements

European Health Insurance Card (EHIC)

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

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

Australia

- If **you** are travelling to Australia **you** can enrol in Medicare which will entitle **you** to subsidised hospital treatments and medicines. **You** can do this by contacting a local Medicare office in Australia.
- All claims for refunds under the Medicare scheme must be made before **you** leave Australia.

For more information on Medicare visit: www.medicareaustralia.gov.au 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** under Emergency medical and associated expenses – Section 2.

Health declaration and health exclusions

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

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

Please note:

If **you** are answering the medical questions on behalf of someone else, **you** must make sure that **you** have all of the required information to answer the medical questions fully and accurately. If **you** are not sure of any of the information **you** are giving **us** or do not know the answer, **you** must check with the treating **doctor**.

You will NOT be covered for any journey where at the time of taking out or renewing this insurance you:

- are waiting for an operation, hospital consultation (other than for regular checkups for a stable condition) or other hospital treatment or investigations, or are awaiting the results of any tests or investigations; or
- had received a terminal prognosis; or
- travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**; or
- know **you** will need treatment or consultation at any medical facility during **your journey**; or
- are travelling specifically for the purpose of obtaining and/or receiving any elective surgery, procedure or hospital treatment; or
- are aware of a medical condition for which **you** have not had a diagnosis; or
- travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.

At the time of taking out or renewing this insurance you will need to contact our Medical Screening Line on 02392 419 897 in the following circumstances:

If **you** are travelling outside **your home** country **you** should call **our** Medical Screening Line if **you**:

- need to declare a medical condition (other than where **you** have only one of the conditions listed in Question 1);
- are unsure whether a medical condition needs to be declared or not;
- answer YES to any of the Medical Screening Questions.

Additionally, if you have an annual multi-trip policy:

You must call the Medical Screening Line if **you** are travelling outside **your home** country and, at any time:

- you** develop a new medical condition after **your** policy was issued;
- your** medical condition changes after **your** policy was issued.

If there is a change in health of anyone insured under this policy after **you** have purchased it or at the time of renewing this insurance or booked a **journey** but **before you** travel or book a further **journey**, **you** must contact **our** Medical Screening Line on **02392 419 897**, as soon as possible. **We** will tell **you** if **your** change in health will affect **your** insurance and if cover can continue for further **journeys** **you** wish to book. If **you** are not sure whether something is relevant **you** must tell **us** anyway.

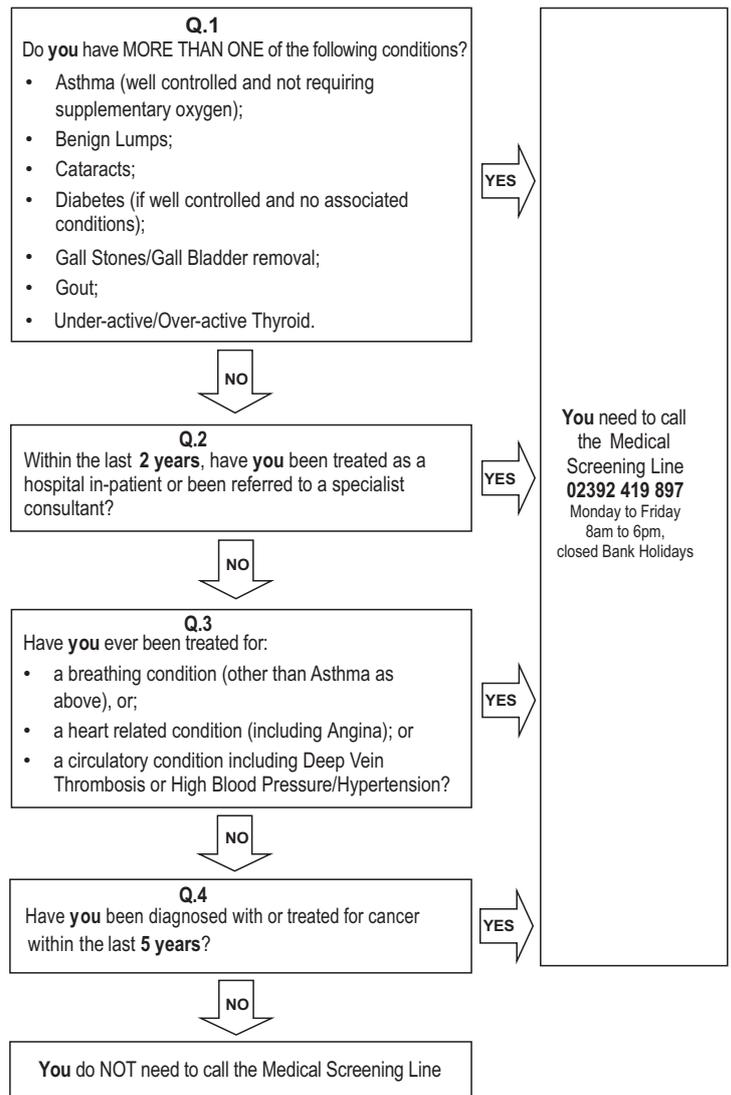
You should also refer to the 'Medical screening questions' and the 'General exclusions'.

Medical screening

- If **you** need to telephone **our** Medical Screening Line, **you** will be asked simple questions about **your** medical condition(s), medication, trips to **your doctor** and other related matters.
- If, as a result of **your** call, **we** wish to impose special terms, such as an additional premium, this will be advised to **you** immediately and confirmed in writing.
Should **you** decide not to pay the additional premium, this policy is not suitable for **you** and cover will be withdrawn. Any failure to pay the additional premium may result in **your** policy being cancelled, claim payments refused and **your** claim rejected.
- Any medical conditions not declared to **us** will not be covered.
- You** will also be advised of a medical screening reference, which **you** should keep a record of.

Medical screening questions

Important: not applicable if **your journey** is within the **United Kingdom**.



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

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

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

Note:

Indirectly related claims

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

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

Level of medical cover provided

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

General exclusions

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

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

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

Conditions

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

- 1 **You** are a resident of the **UK**, the **Channel Islands** or the Isle of Man.
- 2 **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have a valid policy schedule.
- 4 **You** accept that **we** will not extend the **period of insurance**:
 - for single trip cover if the original policy plus any extensions have either ended, been in force for longer than 185 days or **you** know **you** will be making a claim.
 - for annual multi-trip cover beyond the expiry of **your** policy.
- 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 6-7 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:
 - 56 or over at the date **your** policy was issued for single trip cover.
 - 56 or over at the start date of **your** policy for annual multi-trip cover.

We have the right to do the following

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

Making a claim

To claim, please visit the website www.azgatravelclaims.com. This will lead **you** to **our** online claims notification service where **you** can complete an online claim form.

Alternatively, please phone **020 8603 9958** and ask for a claim form or write to:

Allianz Assistance Travel Insurance Claims Department, PO Box 451, Feltham TW13 9EE or email travel.claims@allianz-assistance.co.uk

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

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

For all claims

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

Cancellation or curtailment

- If **you** need to curtail **your journey** call within **your home** country **020 8603 9856**, outside **your home** country **+44 20 8603 9856**, immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.

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

Medical expenses

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

If your passport is lost, stolen or destroyed

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

Personal possessions 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.
- Block lost or stolen mobile phones with **your** network provider and obtain written confirmation from them.
- 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, as well as 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.

Step 1:

All complaints (other than relating to the sale of the policy)

Write to:

Customer Service, Allianz Assistance, 102 George Street, Croydon CR9 6HD

Telephone: **020 8603 9853**

Email: **customersupport@allianz-assistance.co.uk**

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

Complaints regarding the sale of your policy

Write to:

The Managing Director, Global Travel Insurance Services Limited

59/61 Lyndhurst Road, Worthing, West Sussex BN11 2DB

Step 2:

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

Postal address: Exchange Tower, Harbour Exchange, London E14 9SR

Customer Helpline: **0800 023 4567**

Website: **www.financial-ombudsman.org.uk**

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

Other ways to get in touch:

0300 123 9 123 - calls cost no more than calls to 01 and 02 numbers

(18002) 020 7964 1000 - calls using next generation text relay

Online sales only:

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

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 4 for more information.

What you are covered for:

We will pay up to the amount shown in the 'Schedule of Cover' within this policy, 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
 - 1 **you**;
 - 2 **a travelling companion**;
 - 3 **a relative of you** or **a travelling companion**;
 - 4 **someone you** were going to stay with; or
 - 5 **a business associate of you** or **a travelling companion**.

Note:

For **1**, **2**, and **3** above, this will include being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19.

- **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 held in **quarantine** by order or other requirement of a government or public authority, based on their suspicion that **you** or a **travelling companion**, specifically, have been exposed to a contagious disease (including an **epidemic** or a **pandemic** disease such as COVID-19).

This does not include any **quarantine** that applies generally or broadly to some or all of a population, vessel or geographical area, or that applies based on where **you** are travelling to, from or through.

- **Your redundancy.**

Curtailment

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

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

Note:

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

What you are not covered for:

Under Cancellation and Curtailment

An **excess** of the amount shown in the 'Schedule of Cover' within this policy.

Any condition stated under 'Health declaration and health exclusions' on page 5.

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

Booking, credit card and non-Sterling transaction fees.

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

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

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

Anything caused by:

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

Under Cancellation

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

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

Under Curtailment

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

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

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

You travelling on a motorcycle, unless the rider holds a valid **UK, Channel Islands** or Isle of Man motorcycle licence and all **persons insured** are wearing crash helmets.

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

Emergency medical and associated expenses - Section 2

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your journey** because of illness, injury or accident, or if **your** medical expenses are over **£500** **we** must be told immediately - see under the heading '24-hour emergency medical assistance' on page 4' 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** (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19 as well as being subject to compulsory **quarantine** on the orders of a treating **doctor**).

Cover outside your home country

We will pay up to the amount shown in the 'Schedule of Cover' within this policy, for reasonable fees or charges **you** incur for:

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

We will also pay:

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

Cover within your home country

Up to **£50,000** for:

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

What you are not covered for:

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

An **excess** of the amount shown in the 'Schedule of Cover' within this policy, unless **your** claim is reduced because **you** used a European Health Insurance Card or any other reciprocal health arrangement (see 'Reciprocal health arrangements' on page 4 for more information).

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

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

Any condition stated under 'Health declaration and health exclusions' on page 5.

Extra transport and accommodation costs which are of a higher standard than 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);
- **you** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds a valid **UK, Channel Islands** or Isle of Man motorcycle licence and all **persons insured** are wearing crash helmets.

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

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

Under Cover outside your home country - Treatment

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

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

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

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

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

Under Cover outside your home country - Funeral expenses

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

Under Cover outside your home country - Dental

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

Dental work involving the use of precious metals.

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

Loss of passport - Section 3

What you are covered for:

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

Costs for issuing a temporary passport

We will pay up to the amount shown in the 'Schedule of Cover' within this policy, 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:

We will pay up to the amount shown in the 'Schedule of Cover' within this policy 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. This will only be done when **your** policy schedule shows **you** have Personal possessions and Personal money cover.

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:

We will pay up to the amount shown in the 'Schedule of Cover' within this policy in total for **your personal possessions** damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** in total whether jointly owned or not is shown in the 'Schedule of Cover' within this policy. There is also a single article, **pair or set** limit, also shown in the 'Schedule of Cover' within this policy

Note:

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

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

What you are not covered for:

An **excess** of the amount shown in the 'Schedule of Cover' within this policy,

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

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

Breakage of or damage to sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.

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

The cost of replacing or repairing false teeth.

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

Loss or theft of, or damage to, the following:

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

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

Personal money - Section 6

What you are covered for:

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

What you are not covered for:

An **excess** of the amount shown in the 'Schedule of Cover' within this policy,

Compensation unless **you** can provide receipts for the amount **you** had from the place where **you** got the currency along with evidence of it's source.

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

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

Personal accident - Section 7

What you are covered for:

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

Death

Up to the amount shown in the 'Schedule of Cover' within this policy, for death (**we** will not pay more than **£2,500** if **you** are aged 17 or under at the time of the **accident**).

Permanent loss

Up to the amount shown in the 'Schedule of Cover' within this policy, for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

Physical disablement

Up to the amount shown in the 'Schedule of Cover' within this policy, 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 17 or under or aged 56 or over at the time of the **accident**).

Note:

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

What you are not covered for:

Any condition stated under 'Health declaration and health exclusions' on page 5.

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

Anything caused by:

- **you** 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);
- **you** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds a valid **UK, Channel Islands** or Isle of Man motorcycle licence and all **persons insured** are wearing crash helmets.

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

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

Missed departure - Section 8

What you are covered for:

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

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

What you are not covered for:

Any claim unless **you**:

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

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

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

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

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

Delayed departure - Section 9

What you are covered for:

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

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

We will pay:

Delay

Up to the amount shown in the 'Schedule of Cover' within this policy; or

Abandonment

Up to the amount shown in the 'Schedule of Cover' within this policy 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).

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

Under Abandonment

An **excess** of the amount shown in the 'Schedule of Cover' within this policy.

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

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

Personal liability - Section 10

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

What you are covered for:

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

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

Note:

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

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

What you are not covered for:

An **excess** of the amount shown in the 'Schedule of Cover' within this policy.

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 **you** owning, hiring or using any of the following:

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

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

Legal expenses - Section 11

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

From within **your home** country phone **020 8603 9804**

From outside **your home** country phone **+44 20 8603 9804**

What you are covered for:

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

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

Note:

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

What you are not covered for:

An **excess** of the amount shown in the 'Schedule of Cover' within this policy.

Any claim:

- not reported to **us** within 90 days after the event giving rise to the claim;
- where **we** think a reasonable settlement is unlikely or where the cost of the **legal action** could be more than the settlement;

- involving **legal action** between **you** and members of the same household, a **relative**, a **travelling companion**, or one of **your** employees;
- where another insurer or service provider has refused **your** claim or where there is a shortfall in the cover they provide;
- against a travel agent, tour operator or carrier, **us**, the **insurer**, another **person insured** under this policy or **our** agent.

Legal costs:

- for **legal action** that **we** have not agreed to;
- if **you** refuse reasonable settlement of **your** claim. **You** should use Alternative Resolution Facilities such as mediation in this situation;
- if **you** withdraw from a claim without **our** agreement. If this occurs **legal costs** that **we** have paid must be repaid to **us** and all **legal costs** will become **your** responsibility;
- if **we**, **you** or **your appointed adviser** are unable to recover **legal costs** incurred following a successful claim for compensation. **We** will be entitled to receive such costs from the compensation **you** receive. Any repayment to **us** is limited to the actual costs incurred and will not be more than half of **your** compensation amount;
- 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.

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