



BROWN SHIPLEY & CO. VISA

BENEFIT SCHEDULE

CONTENTS & CONTACT NUMBERS



Emergency Assistance
24/7, 365 days a year

+44 (0) 208 914 8040



Claims Team
09:00-17:00 Monday - Friday

+44 (0) 208 914 8040

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BENEFIT TABLE

Cover	Limit
Section A - Travel Advice	
Travel Advice	Included
Section B - Travel Assistance	
Medical Assistance	Included
Legal Assistance	Included
Cash Advance	Included
Lost or Stolen Document Assistance	Included
Interpreter	Included
Message Relay	Included
Lost Luggage Assistance	Included
Section C - Cancellation or Curtailment	
Cancellation or Curtailment	€ 10,000
Section D – Missed Departure/ Missed Connection	
Missed Departure/ Missed Connection	€ 2,500
Section E – Delayed Departure/Abandonment	
Delayed Departure, maximum	€500
- per 4 hour period	€75
Section F - Involuntary Denial of Boarding	
Involuntary Denial of Boarding	€ 100
Extended Denial of Boarding	€ 500
Section G - Emergency Medical & Other Expenses	
Medical and Repatriation Expenses	€ 10,000,000
Emergency Dental Pain Relief	€ 1,000
Transportation to Hospital if not free	Included
Close relative to travel out if hospitalised	€200 per day, max. 10 days + Economy Flight
Extended Stay of Companion	€200 per day, max. 10 days
Extended Stay of Insured/Companion	€200 per day, max. 10 days
Return Home of Children	€200 per day, max. 3 days + Economy Flight
Convalescence, maximum	€ 1,000
- per day	€ 100
Funeral Expenses	€ 2,500
Section H - Hospital Benefit	
Hospital Benefit, maximum	€ 500
- per day	€ 50
Section I - Baggage and Passport	
Baggage, maximum	€ 5,000
- Single Article Limit	€ 500
- Valuables Limit in Total	€ 750
Lost or Stolen Passport	€ 1,000
Cruise Baggage, maximum	€ 10,000
- Single Article Limit	€ 750
- Valuables Limit in Total	€ 1,000
Section J - Baggage Delay and Extended Baggage Delay	
Baggage Delay	€ 375

Extended Baggage Delay	€ 375
Section K - Travel Accident	
Travel Accident, maximum	€ 1,000,000
- Loss of limbs or Sight (Aged < 66)	€ 1,000,000
- Permanent total disablement (< 66)	€ 1,000,000
- Death Benefit (Aged 18 to 65)	€ 300,000
- Death Benefit (Under 18 or 65yrs+)	€ 300,000
- All Benefits (66yrs+)	€ 160,000
Section L - Personal Liability	
Personal Liability	€ 5,000,000
Section M - Overseas Legal Expenses and Assistance	
Overseas Legal Expenses	€ 50,000
Section N - Catastrophe Benefit	
Catastrophe	€ 2,500
Section O - Hijack Benefit	
Hijack, maximum (per day)	€5,000 (€500)
Section P - Business Benefit	
Business equipment (maximum)	€ 10,000
- Single Item Limit	€ 1,000
- Computer Equipment Single Item Limit	€ 2,000
- Samples Limit	€ 1,000
Business Colleague Replacement	Economy Flight
Section Q1 – Ski equipment and Ski equipment Hire	
Ski equipment, maximum	€ 2,500
- Owned	€ 2,500
- Hired	€ 750
- Single Article Limit	€ 500
Ski Hire, maximum	€ 500
- per day	€ 50
Section Q2 – Ski pack	
Ski pack, maximum	€ 500
- per day	€ 50
Section Q3 – Piste Closure	
Piste Closure, maximum	€ 500
- per day	€ 50
Section Q4 – Avalanche Closure	
Avalanche Closure, maximum	€ 500
- per day	€ 50
Section R1 – Golf Benefit	
Golf equipment	€ 5,000
- Single Article Limit	€ 400
Golf Liability	€ 2,500,000
Section R2 – Green Fees	
Green Fees	€ 250
Section R3 – Hole in One	
Hole in One Benefit	€ 250
Section S – Wedding Cover	
Wedding Cover, maximum	€ 10,000

- Single Item Limit	€ 2,000
- Wedding Video/ Photos	€ 1,000

Section T – ATM Assault

ATM Assault, maximum per year	€ 600
- Per Event	€ 300

Section U – Purchase Protection

- Limit per 365 day period	€ 7,500
- Limit per Incident	€ 1,500
- Single Article Limit	€ 750
- per Item Excess	€ 75

YOUR TRAVEL BENEFITS

INTRODUCTION

This document is not a contract of insurance but summarises the benefits provided to **you** as a Brown Shipley & Co **cardholder**. The provision of those benefits is enabled by an insurance policy held by and issued to Brown Shipley & Co. by Inter Partner Assistance.

Brown Shipley & Co. is the only policyholder under the insurance Policy and only it has direct rights against the insurer under the policy. This agreement does not give **you** direct rights under the Policy of Insurance, it enables **you**, as a Brown Shipley & Co. **cardholder** to receive benefits. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit.

ELIGIBILITY

The benefits summarised in this document are dependent upon **you** being a valid Brown Shipley & Co. **cardholder** at the time of any incident giving rise to a claim. Brown Shipley & Co. will give **you** notice if there are any material changes to these terms and conditions or if the Policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions relating to Brown Shipley & Co. **cardholders** and is the basis on which all claims **you** make will be settled.

INSURER

Inter Partner Assistance SA, directly and through its branches (including any AXA group companies IPA appoint), will provide and administer the Benefits and Services available under this policy. Inter Partner Assistance SA an insurance company regulated and authorised by the NBB, under number 0487, with registered office at Louizalaan 166, 1050 Brussels, and Company number 0415.591.055. Inter Partner Assistance SA is authorised by the Belgian National Bank and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from us on request.

POLICYHOLDER

Brown Shipley & Co., Founders Court, Lothbury, London, EC2R 7HE.

AGE LIMITATIONS

The maximum age limit for benefits in Section G – Emergency Medical & Other Expenses and Section H – Hospital Benefit and benefits related to a **medical condition** in Section C – Cancellation or Curtailment Charges is 65 years inclusive. If **you** reach the age of 66 during a **trip** cover will continue under those sections until the end of that **trip** but not thereafter.

The maximum age limit for children covered under these benefits is 19 years inclusive (or 21 years if in full time education) at the commencement of a **trip**.

IMPORTANT INFORMATION

1. Claims arising from any **pre-existing medical conditions** are not covered.
2. Claims arising when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought their advice) are not covered.
3. Claims arising when **you** are travelling with the intention of obtaining medical treatment or consultation abroad are not covered.
4. Claims arising when **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not covered.
5. In case of any **medical emergency you** or the treating facility should contact **us** on +44 (0) 208 914 8040 as soon as possible. **You** would also need to contact **us** to report any loss, **theft** or damage.
6. If **you** need to **curtail your trip you** must contact **us** on +44 (0) 208 914 8040.
7. This policy will be governed by the laws of England and Wales.
8. **We** will only pay up to the single article limit for any **baggage** or **valuables** (including **Ski equipment, Golf equipment, Wedding Gifts, and Wedding/Civil Partnership Attire**).
9. **Trips** must begin and end in the **country of residence** and both outbound and inbound travel tickets must be purchased

before the **trip** begins. Any **trip** solely within the **country of residence** is only covered where **you** have pre-booked at least two nights' accommodation rented for a fee. Please note if **your trip** is longer than the maximum duration, **we** will not cover that **trip**.

10. The duration of any **trip** may not exceed 30 consecutive days. In the case of one way travel cover is limited to 7 days. Please note if **your trip** is longer than the maximum duration, benefits will not apply to any part of that **trip**. **Trips** must begin and end in the **country of residence**. Any **trip** solely within the **country of residence** is only covered where **you** have pre-booked at least two nights' stay at a registered accommodation provider rented for a fee.
11. In order to be eligible to receive cover under Section U – Purchase Protection **you** must charge 100% of the total cost to the **covered card**.
12. Cover for Benefits in Section G – Emergency Medical & Other Expenses and Section H – Hospital Benefit, and Section T – ATM Assault is excluded in the **country of residence**.

IMPORTANT HEALTH REQUIREMENTS

You must comply with the following conditions in order to have full cover under this policy. If **you** do not comply **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

These benefits will not cover **you** if **you**:

- are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);
- are travelling with the intention of obtaining medical treatment or consultation abroad;

In addition, **you** will not be covered for benefits under Medical Expenses, or for Cancellation or **Curtailement** due to a medical reason, if **you**:

- have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations where the underlying cause has not been established);
- are not a permanent resident of, and registered with a General Practitioner in the **country of residence**

IMPORTANT: No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** will be covered.

INDIRECTLY RELATED CONDITIONS

1. At the time of taking out this policy **you** will not be covered for any claim arising directly or indirectly from:
 - any **medical condition** **you** have, or have had, for which **you** are taking or have been taking prescribed medication; and
 - any **medical condition** **you** have, or have had, for which **you** are waiting to receive, or have received treatment (including surgery, tests or investigations) within the last 5 years.
 - any **medical condition** for which **you** have received a terminal prognosis;
 - any **medical condition** **you** are aware of but for which **you** have not had a diagnosis;
 - any **medical condition** for which **you** are on a waiting list;
 - any **medical condition** for which **you** know **you** need surgery or treatment;
 - any **medical condition** for which **you** are awaiting the results from any tests or investigations;
 - any **medical condition** affecting **you**, that **you** are aware of, that could reasonably be expected to result in a claim on this policy.
 - any **medical condition** affecting a third party, that **you** are aware of, that could reasonably be expected to result in a claim on this policy. For **your** information, examples include but are not limited to;
 - A third party who has received a terminal prognosis;
 - A third party who is receiving or waiting for hospital investigation or treatment for an undiagnosed condition or a set of symptoms;
 - A third party who is receiving inpatient treatment;
 - A third party who has an existing **medical condition** or illness, that has presented new or a change to symptoms.

For **your** information, examples of conditions that can be indirectly linked to any **medical condition** **you** have, or have had include:

- someone with breathing difficulties who then suffers a chest infection of any kind;
 - someone with high blood pressure or diabetes who then has a heart attack, stroke or mini-stroke;
 - someone who has or has had cancer who suffers with a secondary cancer;
 - someone with osteoporosis who then suffers with a broken or fractured bone.
2. At any time **you** will not be covered for any claim arising directly or indirectly from:

- any **medical condition you** have in respect of which a **medical practitioner** has advised **you** not to travel or would have done so had **you** sought his/her advice
 - any surgery, treatment or investigations for which **you** intend to travel outside of **your home** area to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures)
 - any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**
 - **your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider
3. **Our** travel policies are offered on the understanding that **you** are fit to travel on the day the policy is issued. If **your** health changes after the purchase of **your** policy and/or the date **your** travel tickets or confirmation of booking were issued, **you** should telephone Brown Shipley & Co. on +44 (0) 208 914 8040 to discuss how this may affect **your** cover.

Please telephone Brown Shipley & Co. on +44 (0) 208 914 8040 if **you** have any concerns regarding **your** fitness to travel.

IMPORTANT LIMITATIONS UNDER SECTION C - CANCELLATION OR CURTAILMENT

This policy will not cover any claims under Section C - Cancellation or Curtailment arising from any **pre-existing medical condition** known to **you** prior to purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any person with whom **you** are travelling, or any person with whom **you** have arranged to stay, if:

1. a terminal diagnosis had been given by a **medical practitioner**; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
3. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) any **close relative** had required surgery, inpatient treatment or hospital consultations.

EMERGENCY ASSISTANCE

Contact **us** on Telephone: +44 (0) 208 914 8040

If **you** suffer any serious illness or accident which may lead to **your** admission to hospital before any plans are made for repatriation or if **you** need to **curtail your trip you** must contact **us**. **We** are open 24/7 for advice and will be able to assist in arranging repatriation and settling medical expenses directly with the treating facility. Any treatment in a private facility is not covered unless pre-authorized by **us**. If it is not possible to contact **us** before any treatment happens (for any immediate emergency treatment) please call **us** as soon as possible. For any outpatient treatment (where **you** are not admitted into hospital) or minor illness or injury (excluding fractures) **you** should pay for the treatment and claim it back from **us** when **you** are **home**.

MEDICAL ASSISTANCE ABROAD

We will arrange transport **home** if this is considered **medically necessary**, or when **you** have news of a serious illness, injury or death of a **close relative** at **home**.

PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while outside **your country of residence**, **we** will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. **We** will also arrange transport **home** when this is considered **medically necessary**, or when **you** have news of serious illness, injury, or death of a **close relative** at **home**. Please contact **us** on +44 (0) 208 914 8040 for **you** as soon as possible. For simple out-patient treatment, **you** should pay the hospital/clinic yourself and claim back medical expenses from **us** on **your** return to the **country of residence**. Please be careful not to sign anything confirming **you** will pay for excessive treatment or charges. If in doubt regarding any requests, please call **us** for guidance.

RECIPROCAL HEALTHCARE AGREEMENTS

EUROPEAN UNION (EU), EUROPEAN ECONOMIC AREA (EEA) AND SWITZERLAND

Before travelling to a European Union (EU) country, the European Economic Area (EEA) or Switzerland, **we** recommend that **you** apply for a European Health Insurance Card (EHIC). This card entitles **you** to certain free or reduced cost health cover arrangements in the EU, EEA or Switzerland.

For more information **you** should contact: NHS Business Services Authority, European Health Insurance Card, EHIC Applications, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN, or call on 0300 330 1350 or visit their website at: <https://www.gov.uk/european-health-insurance-card>.

AUSTRALIA/NEW ZEALAND

When **you** are travelling to Australia/New Zealand **you** must register for treatment under the national healthcare scheme, This provides free treatment at a public hospital, subsidised medicines and benefits for medical treatment provided by doctors through private surgeries and Government Health Centres (not hospitals).

AUSTRALIA

You must enrol at Medicare offices in Australia if **you** will be receiving treatment. If **you** receive treatment before **you** enrol, Medicare benefits can be backdated, if **you** are eligible. To be eligible **you** must be a resident of Belgium/ Finland/ Italy/ Malta/ New Zealand/ the Netherlands/ Norway/ the Republic of Ireland/ Slovenia/ Sweden or the United Kingdom and will need to show **your** passport with an appropriate visa. If **you** do not enrol at Medicare offices **we** may reject **your** claim or limit the amount **we** pay to **you**. If **you** need treatment which cannot be carried out under Medicare **you** must contact **us** before seeking private treatment. If **you** do not do so, **we** may reject **your** claim or limit the amount **we** pay to **you**.

For more information **you** should contact: Health Insurance Commission, PO Box 1001, Tuggeranong, ACT 2901, Australia or visit their website at: <http://www.humanservices.gov.au>

NEW ZEALAND

- Under the reciprocal health agreement, a UK citizen is eligible for treatment on the same basis as a New Zealand citizen. If **you** need any medical treatment please show the facility **your** valid UK passport with visitor Visa.
- **your** return ticket for **your** return journey to the UK

You will not be eligible for treatment under this agreement if **you** are not a UK citizen or do not permanently reside in the UK.

For more information **you** should contact: Ministry of Health, PO BOX 5013, Wellington, 6145, New Zealand or visit their website at: <http://www.health.govt.nz/new-zealand-health-system>

DEFINITIONS

Any word or expression which relates to a definition will have the same meaning throughout the benefit schedule and will be highlighted in bold. There may also be specific definitions relating to that section of the policy, these will all be listed at the start of the policy section

ADVERSE WEATHER CONDITIONS	Rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.
BAGGAGE	Clothing, personal effects, luggage and other articles which belong to you (excluding valuables , ski equipment , golf equipment , and documents of any kind) and are worn, used or carried by you during any trip .
BENEFIT TABLE	The table listing the benefit amounts on page 3.
BODILY INJURY	An identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of your unavoidable exposure to the elements shall be deemed to be a bodily injury .
CARDHOLDER	The holder of a covered card .
CLOSE BUSINESS ASSOCIATE	Any person whose absence from business for one or more complete days at the same time as you absence prevents the proper continuation of that business.
CLOSE RELATIVE	Mother, father, sister, brother, spouse, or fiancé/fiancée or common law partner (any couple, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward.
COMPLICATIONS OF PREGNANCY	The following unforeseen complications of pregnancy as certified by a medical practitioner : toxemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post-partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/ medically necessary termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.
COUNTRY OF RESIDENCE	The country in which you legally reside. You must have a residential address that you can refer to within that country and should be registered with a doctor there.
COVERED CARD	A Visa card, issued by Brown Shipley & Co., the card being valid, activated, and the account balance having been paid in accordance with the Cardholder agreement at the time of any incident giving rise to a claim.

CURTAILMENT/ CURTAIL	Cutting short your trip by returning home due to an emergency authorised by us .
HOME	Your normal place of residence in your country of residence .
HOMEWARD JOURNEY	Travelling to your home address in the country of residence from your trip destination.
LOSS OF LIMB	Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.
LOSS OF SIGHT	Total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what you should see at 60 feet.)
MANUAL WORK	Any work above ground level; work using cutting tools, power tools and machinery; work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind, with the exception of bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light manual work at ground level including retail work and fruit picking.
MEDICAL CONDITION(S)	Any medical or psychological disease, sickness, condition, illness or injury that has affected you or any close relative , travelling companion or person with whom you intend to stay whilst on your trip or your close business associate .
MEDICAL EMERGENCY	A bodily injury or sudden and unforeseen illness suffered by you while you are on a trip outside the country of residence and a registered medical practitioner tells you that you need immediate medical treatment or medical attention.
MEDICALLY NECESSARY	Reasonable and essential medical services and supplies, ordered by a medical practitioner exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, medical condition , disease or its symptoms, and that meet generally accepted standards of medical practice.
MEDICAL PRACTITIONER	A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to you , any travelling companion , or any person with whom you have arranged to stay.
OUTWARD JOURNEY	Travelling from your home or business address in the country of residence to your trip destination including international flights, sea crossings or rail journeys which are booked prior to you leaving your country of residence which is directly related to the outbound journey.
PAIR OR SET	Items forming part of a set or which are normally used together.
PERIOD OF COVER	<p>Cover begins for any trip commencing on or after the start date of your covered card. Cover will end when the card account is terminated or when these benefits are cancelled or expire.</p> <p>The duration of any trip may not exceed 30 consecutive days. In the case of one way travel cover is limited to 7 days. Please note if your trip is longer than the maximum duration, benefits will not apply to any part of that trip.</p> <p>Under Section C – Cancellation cover shall begin from the time you book the trip and stops at the start of your trip. For all other sections, the benefits start when you leave your home, or your place of business (whichever is the later) to commence the trip and terminates at the time you return to your home or place of business (whichever is the earlier) on completion of the trip.</p> <p>Purchases made after the start date of your covered card are covered under Section U – Purchase Protection.</p> <p><u>EXTENSION TO THE PERIOD OF COVER</u></p> <p>The period of cover is automatically extended for the period of the delay in the event that you return to your country of residence is unavoidably delayed due circumstance outside of your control which you were unaware of prior to departing on your trip.</p>
PERMANENT TOTAL DISABLEMENT	Disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevent you from engaging in, or giving any attention to, any business or occupation for the remainder of your life.

PRE-EXISTING MEDICAL CONDITION(S) (RETAIL)	Any past or current medical condition that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to you holding a covered card and/or prior to the booking of and/or commencement of any trip : and Any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the commencement of cover under this Benefit Schedule and/or prior to any trip .
PUBLIC TRANSPORT	Any transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service on which you are booked to travel.
SPORTS AND ACTIVITIES	The activities listed under the Sports and activities section on page 12.
STRIKE OR INDUSTRIAL ACTION	Any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.
TERRITORIAL LIMITS	Trips to all countries worldwide are covered. PLEASE NOTE: Any trips to a country which a government agency in your country of residence , or the World Health Organisation, has advised against travel are not covered. In addition, trips to any destination that falls under point 15 of General Exclusions are not covered.
TERRORISM	An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
THEFT	Any theft committed by violence, threat of violence, mugging, assault or through break in by a third party (a person who is not a relative, close relative or travel companion)
TRIP	Any holiday, or journey for business or pleasure made by you , within the territorial limits , which begins and ends in your country of residence , during the period of cover . Any trip solely within the country of residence is only covered where you have pre-booked at least two nights' stay at a registered accommodation provider rented for a fee.
UNATTENDED	When you are not in full view of and not in a position to prevent unauthorised interference with your property or vehicle.
UNDER THE INFLUENCE	If a toxicology has been completed and produces a result above 0.02% BAC (Blood Alcohol Content) or drug screening proves positive. If a toxicology has not been completed, any report from the time of the incident confirming or noting any suspicion of your consumption/use of drugs or alcohol.
VALUABLES	Jewellery, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, photographic- audio- video- computer- television-games (including but not limited to CDs, DVDs, memory devices and headphones), telescopes, binoculars, laptops, tablets and notebooks, E-readers, and MP3/4 players.
WE/US/OUR	The service provider, arranged by Inter Partner Assistance SA.
YOU/YOUR/BENEFICIARY(IES)	The cardholder and his/her spouse or legal partner (any couple in a common law relationship living permanently at the same address), their unmarried children, aged under 19, or age 19 to 21 if in full time education, who are legally and financially dependent (according to the regulations of the country of residence) on the cardholder , all living in the country of residence and travelling on a trip . Beneficiaries are covered when travelling independently of one another. You will only be covered under Section U – Purchase Protection if 100% of the total cost has been charged to the covered card .

SPORTS AND ACTIVITIES

You are covered under Section G – Emergency Medical & Other Expenses and Section H – Hospital Benefit for the following activities.

Sports and activities are excluded if **your** participation in them is the sole or main reason for **your trip** (excluding golf and winter sports trips)

Any sport or activity marked with * is excluded under Section K – Travel Accident and Section L – Personal Liability.

- *Abseiling
- *Archery
- Badminton
- Baseball
- Basketball
- Bowling
- Camel Riding
- *Canoeing (up to grade/class 3)
- *Clay pigeon shooting
- Cricket
- *Cross country skiing
- *Elephant Riding
- *Fell running
- *Fencing
- Fishing
- Football
- *Glacier Skiing
- *Go- Karting
- Golf
- Hockey
- *Horse Riding
- *Horse Trekking
- *Hot air ballooning
- Ice Skating (on recognised ski rinks)
- *Jet Biking
- *Jet Skiing
- Kitesurfing
- Monoskiing
- *Mountain bicycling on tarmac
- Netball
- Orienteering
- *Paintball
- Pony Trekking
- Racquetball
- Road Cycling
- Roller skating
- Rounders
- Running
- Sailing (within 20 Nautical Miles of the coastline)
- *Sailing (outside 20 Nautical Miles of the coastline)
- Scuba Diving † (see note below)
- *Ski touring
- *Skidoo/snowmobiling
- Skiing (on piste or off piste with a guide)
- *Snowblading
- Snowboarding (on piste or off piste with a guide)
- Snowshoeing
- Squash
- Surfing
- Table Tennis
- Tennis
- *Tobogganing
- Trampolining
- Trekking (up to 4000 metres without use of climbing equipment)
- Volleyball
- *War games
- Water polo
- Water Skiing
- Wind Surfing
- Yachting (within 20 Nautical Miles of the coastline)
- *Yachting (outside 20 Nautical Miles of the coastline)
- Zorbing

† Scuba diving – **you** are only covered for scuba diving up to the depth of **your** qualification. **You** must hold the relevant qualification for **your** dive and be diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation.

PLEASE NOTE: **You** are not covered when participating in any training or qualification course.

BENEFIT SECTIONS

SECTION A - TRAVEL ADVICE

WHAT IS COVERED

Before and during **your trip we** will provide **you** with information on preparing for a journey; current visa and entry requirements for all countries; current vaccination requirements and information on current World Health Organisation warnings; customs, duties and regulations; foreign exchange rates and value added taxes; weather forecasts abroad; specific languages spoken at the travel destination; time zones and time differences.

SECTION B - TRAVEL ASSISTANCE

WHAT IS COVERED

During **your trip we** will:

1. assist **you** with finding a lawyer and/or interpreter if **you** require it and deem it necessary.
2. relay essential messages
3. assist in locating **your baggage** lost by a common carrier and if recovered arrange the **baggage** to be sent to **your** location outside of the **country of residence** at **your** expense.
4. provide **you** with necessary information and assist **you** in obtaining replacement travel documents such as passport, entry visa or airline tickets, if the documents required for the return journey are lost or stolen. **We** will not pay the charges payable for issuing new documents.
5. refer **you** to any appropriate medical facility/specialists/pharmacies.
6. If a local equivalent is unavailable outside **your country of residence we** will organise and pay for the dispatch of lost or stolen business files up to a weight of 5kg, contact lenses, glasses, hearing aids or prescription medication. Any additional costs such as customs duty must be at **your** expense. Please note that **we** will require written approval/ prescription from **your medical practitioner** in **your country of residence** for any prescription medication sent. The transportation of any goods described above remains subject to the regulations imposed by airline companies or any other transportation company, as well as local and/ or international regulations or law.

WHAT IS NOT COVERED

1. The cost of any advance or delivery fee.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION C - CANCELLATION OR CURTAILMENT

CANCELLATION

WHAT IS COVERED

Up to the amount shown in the **benefit table** per **trip** for all **beneficiaries** travelling together for irrecoverable unused travel and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **beneficiaries** together with any reasonable additional travel expenses incurred if cancellation or rebooking of the **trip** is necessary and unavoidable as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you were** unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, complication of pregnancy or death of **you**, a **close relative**, a **close business associate**, or any person with whom **you** are travelling or staying during **your trip**.
- b. Compulsory quarantine, jury service attendance or being called as a witness at a Court of Law (other than in an advisory or professional capacity) of **you** or **your** travelling companion(s).
- c. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where the **cardholder** is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- d. **Your** redundancy where **you** are in permanent employment, and have passed **your** probationary period, with **your** employer.
- e. If **you** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).
- f. If **your outward journey** on scheduled **public transport** is delayed at the final departure point for more than 24 hours from the scheduled time of departure due to **strike or industrial action**; or **adverse weather conditions**; or mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel.
- g. If the car which **you** intended to use for **your trip** is stolen, or damaged and is unroadworthy, within seven days of the

original departure date, and repairs are unable to be completed by the day of departure, only the costs of an equivalent hire car will be covered and no cancellation costs will be paid.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. The cost of recoverable airport charges, ATOL fees, levies and taxes.
2. Claims where **you** delay or fail to notify the travel agent, tour operator or provider of transport/ accommodation, at the time it is found necessary to cancel the **trip**. **Our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
3. Claims for unused travel tickets to a destination where **we** have already paid for **your** alternative travel arrangements.
4. Claims for abandonment where **you** have not obtained confirmation from the carriers (or their handling agents) of the length and reason for the delay.
5. Any claim arising from **complications of pregnancy** which first arise before booking or paying for the **trip**, whichever is later
6. Any claim resulting from a change of plans due to **your** financial circumstances except if **you** are made redundant whilst in permanent employment with the same employer for 2 years or more
7. Claims where documented evidence that authorised leave is cancelled for unforeseen operational reasons is not provided.
8. Any rebooking costs that exceed the cost of **your** originally booked **trip**.
9. Claims where **you** have not checked in according to the itinerary supplied to **you**.
10. Abandonment after the first leg of a **trip**.
11. Any expenses when reasonable alternative travel arrangements have been made available within 24 hours of the scheduled departure time.
12. Any claims for abandonment under this section if **you** have claimed under Section D – Missed Departure/Missed Connection or under Section E – Delayed Departure/Abandonment.
13. Any claim resulting from the delay or change to **your** booked **trip** because of Government action or restrictive regulations.
14. Any amount for which **you** have claimed under **Curtailed**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

CURTAILMENT

YOU MUST ALWAYS CONTACT US BEFORE CURTAILING YOUR TRIP

Telephone Number +44 (0) 208 914 8040

WHAT IS COVERED

Up to the amount shown in the **benefit table** per **trip** for all **beneficiaries** travelling together for irrecoverable unused travel and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **beneficiaries** together with any reasonable additional travel expenses incurred if the **trip** is **curtailed** before completion as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, complication of pregnancy or death of **you**, a **close relative**, a **close business associate**, or any person with whom **you** are travelling or staying during **your trip**.
- b. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where the **cardholder** is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- c. If **you** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

PLEASE NOTE: Reimbursement will be calculated strictly from the date **you** return to **your home** in **your country of residence**.

WHAT IS NOT COVERED

1. Any claim where **you** do not get pre-authorisation from **us** before returning to **your country of residence**. **We** will confirm the necessity to return **home** before **curtailment** due to **bodily injury** or illness.
2. Any costs for transportation and/ or accommodation not arranged by **us** or incurred without **our** prior approval.
3. Any claim arising from **complications of pregnancy** which first arise before departing on **your trip**.
4. Any amount for which **you** have claimed under Cancellation.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

IMPORTANT LIMITATIONS UNDER SECTION A - CANCELLATION OR CURTAILMENT

This policy will not cover any claims arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to **you** purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any person with whom **you** are travelling, or staying during **your trip** if:

- a. a terminal diagnosis had been given by a **medical practitioner**; or
- b. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
- c. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED UNDER CANCELLATION OR CURTAILMENT

1. Any **pre-existing medical conditions**.
2. Any claim relating to IVF treatment
3. Claims where **you** have not provided the necessary documentation requested by **us**.
4. Any claim arising directly or indirectly from circumstances known to **you** prior to the date **you** purchased the policy or the time of booking or commencing any **trip** (whichever is later) which could reasonably have been expected to give rise to a claim.
5. Any costs for cancellation or **curtailment** of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to cancel and prevented **you** from travelling or return to **your country of residence** due to **bodily injury** or illness.
6. Claims for travelling companions if they are not **beneficiaries**.
7. Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.
8. Any costs or charges for which the **public transport** provider will compensate **you**.
9. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
10. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
11. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
12. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
13. Any cancellation or **curtailment** caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with on **your trip** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons.
14. Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport or any required visas of any member of the travelling party.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION D - MISSED DEPARTURE/ MISSED CONNECTION

WHAT IS COVERED

MISSED DEPARTURE

If **you** arrive at the airport, port or rail terminal too late to commence **your** international **trip** as a result of:

- a. the failure of other scheduled **public transport**; or
- b. an accident to or breakdown of the vehicle in which **you** are travelling or a major event causing serious delay on the roads on which **you** are travelling;
- c. unexpected adverse weather

we will reimburse **you** up to the amount shown in the **benefit table** per **trip** for all **beneficiaries** travelling together, for additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or connecting flights outside the **country of residence**.

PLEASE NOTE: Claims are strictly calculated from the time of **your** scheduled departure to the time of **your** actual departure.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

MISSED CONNECTION

If **you** arrive at the airport, port or rail terminal too late to commence **your** international **trip** as a result of delay of a connecting

flight to **you** international departure point when the connecting time between flights is no more than 12 hours and no less than 2 hours (a longer connecting time must be allowed for if flight reservation systems require longer periods for connections), **we** will reimburse **you** up to the amount shown in the **benefit table per trip** for all **beneficiaries** travelling together, for additional accommodation (room only) and travel expenses necessarily incurred in reaching **you** overseas destination or connecting flights outside the **country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Claims where **you** have not allowed sufficient time (i.e. a reasonable period of time as allowed on a recognised itinerary/ route map for the journey based on the method of transport to arrive in time for check-in) for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. Claims where **you** have not provided a written report from the carrier confirming the length and reason for the delay.
3. Costs in excess of the original provider's alternative arrangements for expenses incurred where **you** take alternative transportation.
4. All amounts paid in compensation by the carrier.
5. Claims where **you** have not retained and provided original receipts for costs above €5.
6. Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with the manufacturer's instructions.
7. Claims where **you** have not obtained a written report from the police or emergency service, or a repairers report and/or receipt within 7 days of **you** returning **home** if the vehicle **you** are travelling in breaks down or is involved in an accident.
8. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
9. Any claims for missed departure or missed connection under this section if **you** have claimed under Section C – Cancellation or under Section E – Delayed Departure/Abandonment.
10. Any expenses when reasonable alternative travel arrangements have been made available by the **public transport** operator within 4 hours of the actual departure time or actual connecting flight time.
11. Privately chartered flights.
12. **Strike or industrial action** which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchasing the policy.
13. Denied boarding due to **your** drug or alcohol abuse or **your** inability to provide a valid passport, visa or other documentation required by the **public transport** operator.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION E - DELAYED DEPARTURE/ABANDONMENT

WHAT IS COVERED

If **you** have arrived at the terminal and have checked in or attempted to check in during **your outward journey** or **homeward journey** and the departure of **your** pre-booked scheduled **public transport** is delayed at the final departure point for more than 4 hours from the scheduled departure time due to:

1. **strike or industrial action**; or
2. **adverse weather conditions**; or
3. mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel;

we will pay **you**:

- a. €75 for the first full 4 hours that **your** departure is delayed, and
- b. €75 for each additional full 4 hour period of delay.

The maximum **we** will pay **you** per **trip** is €500;

PLEASE NOTE: If after a minimum of 24 hours delay on **your outward journey** and the period of **your trip** is reduced by more than 25% of the original pre-booked duration, **you** may choose to submit a cancellation claim under Section C – Cancellation and Curtailment. A refund or alternative compensation must initially be sought from the travel provider.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Any costs or charges for which any carrier or provider must, has or will reimburse **you** and all amounts paid in compensation by the carrier.
2. Claims where **you** have not checked in or attempted to check in according to the itinerary supplied to **you**. **You** must also arrive at the departure point before the advised departure time.

3. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
4. Claims where **you** have not obtained confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
5. **Strike or industrial action** or air traffic control delay which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchased the policy.
6. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
7. Any claim where **you** have not been delayed for more than 4 hours of the scheduled departure time.
8. Any claims for delayed departure under this section if **you** have claimed under Section D – Missed Departure/Missed Connection or Section C - Cancellation or Curtailment.
9. Privately chartered flights.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION F – INVOLUNTARY DENIAL OF BOARDING

WHAT IS COVERED

DENIAL OF BOARDING

If **you** have checked-in, or attempted to check in, for a confirmed scheduled flight, within the published check-in times, and **you** are involuntarily denied boarding as a result of overbooking, **we** will pay **your** costs incurred in respect of restaurant meals and refreshments consumed between the original scheduled flight departure time and **your** actual departure time, up to the amount shown in the **benefit table**.

EXTENDED DENIAL OF BOARDING

If **you** are delayed for more than six hours, **we** will pay up to the amount shown in the **benefit table** for **your** costs incurred in respect of hotel accommodation used and restaurant meals and refreshments consumed, within 30 hours of the original scheduled flight departure time, and before **your** actual departure. **We** will pay **you** up to the amount shown in the **benefit table** for each full 6 hour waiting period **you** experience until **your** next available flight to the same pre-booked destination following **your** involuntary inability to travel on a publicly licensed scheduled aircraft on which **you** have reserved a seat due to the airline over booking. In the event **you** receive compensation from the airline, the amount **we** will pay **you** will be reduced by the compensation **you** have already or are due to receive.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

SPECIAL CONDITIONS

1. **You** may claim only once under Section E – Delayed Departure/Abandonment or once under Section D – Missed Departure/Missed Connection or once under Section F – Involuntary Denial of Boarding for the same event, not twice or all.

WHAT IS NOT COVERED

1. Any costs or charges for which the airline will compensate **you**;
2. Any costs or charges incurred where seat bumping was not involuntary and/or on a mandatory basis;
3. Any claims where written proof from the airline is not obtained confirming **your** inability to travel through over-booking and the period of delay until **your** next available flight is confirmed.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION G - EMERGENCY MEDICAL & OTHER EXPENSES

This is not private medical insurance

If **you** become unexpectedly ill, injured or have a complication of pregnancy and **you** require in-patient treatment, repatriation or it is likely that the costs will exceed €500 then **you** must contact **us** on +44 (0) 208 914 8040.

We may:

- move **you** from one hospital to another; and/or
- return **you** to **your home** in the **country of residence**; or move **you** to the most suitable hospital in the **country of residence**;

at any time, if **we** and the treating **medical practitioner** believes that it is **medically necessary** and safe to do so.

If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

WHAT IS COVERED

Up to the amount shown in the **benefit table** for costs incurred outside **your country of residence** for:

- a. All reasonable and necessary expenses which arise as a result of a **medical emergency** involving **you**. This includes **medical practitioners' fees**, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
- b. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
- c. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
- d. With **our** prior authorisation, additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in the identical class of travel utilised on the **outward journey** unless **we** agree otherwise.
- e. With **our** prior authorisation and if deemed **medically necessary** by **our** Chief Medical Officer:
 - all necessary and reasonable accommodation (room only) and travel expenses incurred if it is **medically necessary** for **you** to stay beyond **your** scheduled return date, and including travel costs, back to **your country of residence** if **you** cannot use **your** original ticket.
 - all necessary and reasonable accommodation (room only) and travel expenses incurred by any one other person if required on medical advice to accompany **you** or escort a child **home** to **your country of residence**.
 - all necessary and reasonable accommodation (room only) and travel expenses for a friend or **close relative** to travel from the **country of residence** to escort **beneficiaries** under the age of 18 to **your home** in the **country of residence** if **you** are physically unable to take care of them and are travelling alone. If **you** cannot nominate a person **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one way travel to return the child to the **home**. **We** will not pay for travel and/or accommodation that has not been arranged through **us** or incurred without **our** prior approval.
- f. If **you** die abroad:
 - cremation or burial charges in the country in which **you** die; or
 - transportation charges for returning **your** body or ashes back to **your country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical condition**.
2. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
3. Claims where **you** unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this policy. If **you** choose alternative medical repatriation services **you** must notify **us** in writing in advance and it will be at **your** own risk and own cost.
4. Any costs **you** incur outside the **country of residence** after the date **our** Chief Medical Officer tells **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place).
5. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
6. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness.
7. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
8. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be reasonably delayed until **your** return to the **country of residence**.
9. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence** unless stolen or damaged.
10. Additional costs arising from single or private room accommodation.
11. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **us**.
12. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this policy.
13. Any expenses incurred after **you** have returned to **your country of residence** unless previously agreed to by **us**.
14. Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations or vaccinations and/or taken the recommended medication.
15. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s)

travelling).

16. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals and not for the immediate relief of pain.
17. Any costs incurred in Australia where **you** would have been eligible and had the opportunity to enrol in the Medicare scheme and **you** have failed to do so.
18. Costs of telephone calls, other than calls to **us** notifying **us** of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
19. Air-sea rescue costs.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION H - HOSPITAL BENEFIT

WHAT IS COVERED

If **we** accept a claim under Section G – Emergency Medical & Other Expenses, **we** will also pay **you** up to the amount shown in the **benefit table** for incidental expenses for each continuous 24 hour period that **you** have to spend in hospital as an in-patient outside the **country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury or medical condition** which necessitated **your** admittance into hospital.
2. Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION I - BAGGAGE AND PASSPORT

WHAT IS COVERED

BAGGAGE

Up to the amount shown in the **benefit table** per **trip** for all **beneficiaries** travelling together, for the accidental loss of, **theft** of or damage to **baggage** and **valuables**.

The amount payable will be the value at the time of purchase less a deduction for wear and tear based on the age of the property as shown in the table below, (or if the item can be repaired economically **we** will pay the cost of repair only).

The maximum **we** will pay for any one article, **pair or set** of articles is equal to the Single Item Limit shown in the **benefit table**.

The maximum **we** will pay for all **valuables** in total is equal to the **valuables** limit shown in the **benefit table**.

TRAVEL DOCUMENTS

Up to the amount shown in the **benefit table** for reasonable additional travel and accommodation expenses incurred necessarily abroad to obtain a replacement of **your** lost or stolen passport as well as the pro-rata cost of the lost or stolen passport.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIM CONDITIONS

1. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the incident. **You** must obtain an official report from the local police within 24 hours.
2. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - obtain a Property Irregularity Report from the airline at the airport when the incident occurs.
 - give written notice of the claim to the airline within the time limitations of the carriage or the handling agents and please retain a copy.
 - retain all travel tickets and tags to submit with a claim.
3. **You** must provide an original receipt or proof of ownership for items to help to substantiate **your** claim.
4. Any amounts paid under Section J - Baggage Delay and Extended Baggage Delay will be deducted from the final amount to be paid under this section.

WHAT IS NOT COVERED

1. Claims which are not supported by the proof of ownership or insurance valuation (obtained prior to the loss) of the item(s) lost, stolen or damaged.
2. Incidents of loss or **theft** of **baggage** or **valuables** which are not reported to the local police within 24 hours of discovery and a written report is not obtained; A Holiday Representatives Report is not sufficient.

3. Items damaged whilst **you** are on a **trip** when **you** do not obtain a damage/repair statement from an appropriate agent within 7 days of **your** return to **your country of residence**.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Cheques, traveller's cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, if **you** have not followed the issuer's instructions.
6. Claims relating to currency when **you** do not produce evidence of the withdrawal.
7. Unset precious stones, contact or corneal lenses, non-prescription spectacles or sunglasses without a receipt, hearing aids, dental or medical fittings, cosmetics, perfumes, tobacco, vaporisers or E-cigarettes, drones, alcohol, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage). Damage to china, glass (other than glass in watch faces, prescription spectacles and sunglasses, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, **theft**, or accident to the transportation vehicle or vessel in which they are being carried.
8. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
9. Any amounts already paid under Section J – Baggage Delay and Extended Baggage Delay.
10. All items used in connection with **your** business, trade, profession or occupation.
11. Damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moths, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
12. Depreciation in value, variations in exchange rates or loss due to error or omission by **you** or a third party.
13. Claims arising from loss or **theft** from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
14. **Valuables** or passports left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where **you** have not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.
15. Claims arising from damage caused by leakage of powder or liquid carried within **baggage**.
16. Claims arising from **baggage** shipped as freight

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION J - BAGGAGE DELAY AND EXTENDED BAGGAGE DELAY

WHAT IS COVERED

BAGGAGE DELAY

Up to the amount shown in the **benefit table** in total for all **beneficiaries** travelling together, for the emergency replacement of clothing, medication and toiletries if the checked in **baggage** is temporarily lost in transit during the **outward journey** and not returned to **you** within 6 hours of **your** arrival, provided written confirmation is obtained from the airline, confirming the number of hours the **baggage** was delayed.

If the loss is permanent the amount will be deducted from the final amount to be paid under Section I – Baggage and Passport.

EXTENDED BAGGAGE DELAY

Up to the amount shown in the **benefit table** in total for all **beneficiaries** travelling together, for Extended Baggage Delay if the checked in **baggage** has still not arrived at **your** destination airport within 48 hours of **your** arrival on **your outward journey**.

IMPORTANT CLAIM CONDITIONS

1. **You** must obtain written confirmation from the carrier, confirming the number of hours the **baggage** was delayed. **You** must:
 - obtain a Property Irregularity Report from the airline or their handling agents
 - give written notice of the claim within the time limitations of the carrier and retain a copy.
 - retain all travel tickets and tags to submit with a claim.
2. All amounts are only for actual receipted expenses in excess of any compensation paid by the carrier.
3. The amounts shown in the **benefit table** are the total for each delay irrespective of the number of **beneficiaries** travelling together.
4. If the **covered card** could not be used for the essential purchases, itemised receipt for these purchases must be retained.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Claims which do not relate to **your outward journey** on a **trip** outside of **your country of residence**.
2. Claims due to delay, confiscation or detention by customs or other authority.

3. Claims arising from **baggage** shipped as freight or under a bill of lading.
 4. Any costs or charges for which any carrier or provider must, has or will compensate **you**.
 5. Reimbursement for items purchased after **your baggage** was returned.
 6. Reimbursement where itemised receipts are not provided.
 7. Claims where **you** do not obtain written confirmation from the carrier (or their handling agents), confirming the number of hours the **baggage** was delayed and when the **baggage** was returned to **you**.
 8. Any purchases made outside of 4 days of the actual arrival at the destination.
- Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION K - TRAVEL ACCIDENT

WHAT IS COVERED

Up to the amount shown in the **benefit table**, if **you** suffer a **bodily injury** caused by an accident whilst travelling on **public transport** during a **trip**, which within 12 months directly results in **your**

- Death; or
- **Loss of sight**; or
- **Loss of limb**; or
- **Permanent total disablement**

If **you** suffer from **loss of limb** or **loss of sight**, the following amounts may be paid, but in any case will not exceed 100% of the benefit amount for **permanent total disablement**.

LOSS OF:	BENEFIT AMOUNT
Both hands	100% of the Permanent total disablement benefit
Both feet	
Entire sight in both eyes	
One hand and one foot	
One hand or foot and the entire sight of one eye	
One hand	50% of the Permanent total disablement benefit
One foot	
The entire sight of one eye	

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
3. **We** will not pay more than;
 - one benefit for the same **bodily injury**
 - €160,000 if **you** are over 65 years of age at the time of the **bodily injury**

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any claim when **you** are not travelling on **public transport**
3. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
4. Payment under **permanent total disablement** one year before the date **you** sustain **bodily injury**.
5. Normal and habitual travel between **you home** and place of employment or second residence will not be considered as a covered **trip**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION L - PERSONAL LIABILITY

WHAT IS COVERED

Up to the amount shown in the **benefit table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** outside of the **country of residence** in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
3. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
4. In the event of **your** death, **your** legal representative(s) will have the protection of the **benefit table** provided that such representative(s) comply (ies) with the terms and conditions outlined in this document.

WHAT IS NOT COVERED

Compensation or legal costs arising from:

- a. Liability which has been assumed by **you** which would not apply had **you** not agreed to take on the liability.
- b. Pursuit of any business, trade, paid or unpaid voluntary work, profession or occupation or the supply of goods or services.
- c. Ownership, possession or use of firearms, vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
- d. The transmission of any communicable disease or virus.
- e. Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first €250 of each and every claim arising from the same incident).
- f. **Your** criminal, malicious or deliberate acts.
- g. Punitive or exemplary damages

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION M - OVERSEAS LEGAL EXPENSES

DEFINITIONS - APPLICABLE TO THIS SECTION

ADVISER(S)	specialist solicitors or their agents.
ADVISER'S COSTS	reasonable fees and disbursements incurred by the adviser with our prior written authority. Legal and accounting expenses shall be assessed on the standard basis and third party costs shall be covered if awarded against you and paid on the standard basis of assessment.
PANEL	our panel of advisers who may be appointed by us to act for you .

WHAT IS COVERED

Up to the amount shown in the **Benefit table** for legal costs to pursue a civil action for compensation if someone else causes **your bodily injury**, illness or death during **your trip**. **We** will also pay reasonable costs for an interpreter **we** have selected for court proceedings.

HOW WE SETTLE LEGAL EXPENSES CLAIMS

We will appoint a member of **our panel** to handle **your** case. However, should **you** choose to appoint an **adviser** to act on **your** behalf, **you** must notify **us** immediately to that effect. **We** will, upon receipt of **your** notice, advise **you** of any conditions concerning such appointment.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

SPECIAL CONDITIONS

1. **You** must notify **us** of claims as soon as reasonably possible and in any event within 90 days of **you** becoming aware of an incident which may generate a claim.
2. **We** will provide **you** with a claim form which must be returned promptly with all information **we** require. **You** must supply at **your** own expense all of the information which **we** require to decide whether a claim may be accepted.
3. **We** will only authorise a legal **adviser** if there is a reasonable prospect of success.
4. **We** will only be liable for **adviser's costs** for work expressly authorised by **us** in advance in writing and undertaken where there are reasonable prospects of success. In the event that **you** instruct an **adviser** of **your** choice instead of the **panel**

adviser appointed by **us**, **your adviser's costs** will be covered to the extent that they do not exceed **our standard panel adviser's costs**.

5. **We** will not initiate legal proceedings in more than one country for the same occurrence.
6. **We** may choose to conduct legal proceedings in the United States of America or Canada under the contingency fee system operating in those countries.

WHAT IS NOT COVERED

1. Any claim where **we** think there is not more than a 51% chance of **you** winning the case or achieving a reasonable settlement.
2. Costs or expenses incurred before **we** accept **your** claim in writing.
3. Claims not notified to **us** within 90 days of the incident or as soon as reasonably possible.
4. Claims against a carrier, the travel or holiday agent or **tour** operator arranging any **trip**, **us**, **our** agents, Inter Partner Assistance, or **your** employer.
5. Claims against someone **you were** travelling with or another **beneficiary** or any other person covered under any this policy.
6. Legal action where in **our** opinion the estimated amount of compensation is less than €750 or where **you** do not have a reasonable chance of success.
7. Actions undertaken in more than one country.
8. Lawyers' fees incurred on the condition that **your** action is successful.
9. Penalties or fines which a Court awards against **you**.
10. Claims by **you** other than in **your** private capacity.
11. Any claims occurring when travelling in **your country of residence**.
12. Claims arising from when **you** are travelling in **your country of residence**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION N – CATASTROPHE BENEFIT

WHAT IS COVERED

We will pay **you** up to the amounts shown in the **benefit table** in the event that **you** are forced to move from the pre-booked accommodation as a result of fire, lightening, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred to continue with the **trip** or, if the **trip** cannot be continued for **your** return **home**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

SPECIAL CONDITIONS

1. **You** must obtain a report from local or national authority stating that it was not acceptable for the **you** to remain in **your** pre booked accommodation.
2. If **you** receive any compensation from the tour operator, booking agent or any third party, any claim under this section will be reduced by the amount of compensation received.

WHAT IS NOT COVERED

1. Claims where the tour company is responsible.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION O - HIJACK COVER

WHAT IS COVERED

Up to the amounts shown in the **benefit table** for each 24 hours **you** are detained in the event that the aircraft or sea vessel in which **you** are travelling as a fare paying passenger is hijacked.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION P - BUSINESS BENEFIT

DEFINITIONS - APPLICABLE TO THIS SECTION

BUSINESS EQUIPMENT

Computer equipment, (including laptop computers, hardware and software, peripherals and PDAs), communication devices, (including mobile phones). This includes stocks and samples, and other business related equipment which **you** need in the course of **your** business, and is not covered elsewhere.

WHAT IS COVERED

BUSINESS EQUIPMENT

We will pay **you** up to the amount shown in the **benefit table**, for accidental loss, **theft** of or damage to **your business equipment**. The maximum **we** will pay for any single item, computer equipment or business samples is as shown in the **benefit table**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

REPLACEMENT BUSINESS COLLEAGUE

We will pay up to the amount shown in the **benefit table** in arranging for a business associate to take **your** place on a prearranged business **trip** in the event that:

1. **You** die.
2. **You** are unable to make the business **trip** due to **you** being hospitalised or totally disabled as confirmed in writing by a **medical practitioner**.
3. **Your close relative** or **close business associate** in the **country of residence** dies, is seriously injured or falls seriously ill.
4. **You** are unable to continue working on **your trip** following **your** return home after **your** covered treatment under Section E – Emergency Medical & Other Expenses.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

SPECIAL CONDITIONS

1. **You** must keep all receipts for hire costs and send them in with **your** claim form.

WHAT IS NOT COVERED

1. computer equipment, (including laptop computers, hardware and software, peripherals and PDAs), communication devices, (including mobile phones) left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box;
2. any loss, **theft** of or damage to **business equipment** during a journey, unless **you** report this to the carrier and get a property irregularity report at the time of the loss. Any claims for loss, **theft** or damage must then be made to the carrier within seven days;
3. any item, **pair or set** where **you** are not able to provide proof of value (for example, original receipts);
4. any loss, **theft** of or damage to **business equipment** shipped as freight or under a bill of lading;
5. Claims arising for business equipment left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property at anytime.
6. Claims arising for computer equipment and valuables whilst in the custody of a carrier.
7. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or baggage.
8. In respect of replacement business colleague:
 - a. Additional costs if you were totally disabled, hospitalised or you were on a waiting list to go into hospital at the time of arranging the business trip.
 - b. Additional costs if you were aware of circumstances at the time of arranging the business trip which could reasonable have been expected to give rise to disruption of the business trip.
3. Anything listed in WHAT IS NOT COVERED under Section I - Baggage and Passport, except items of **business equipment**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTIONS Q1, Q2, Q3 AND Q4 - WINTER SPORTS

DEFINITIONS - APPLICABLE TO THESE SECTIONS

SKI EQUIPMENT

skis and snowboards (including bindings), ski boots, snowboard boots and ski poles.

SKI PACK

ski lift pass, ski school fees and hired **ski equipment**, all pre-paid.

WINTER SPORTS

You are covered for the following activities. Any sports or activity marked with * is excluded for Section K – Personal Accident and Section L – Personal Liability.

*Glacier Skiing

*Snowblading

Ice Skating (on recognised ski rinks)

Snowboarding (on piste, or off piste with a guide**)

Monoskiing

Snowshoeing

*Ski touring

*Tobogganing

*Snowmobiling/Skidoo

Skiing (on piste, or off piste with a guide**)

** A piste is a recognised and marked ski run within the resort boundaries.

SECTION Q1 - SKI EQUIPMENT AND SKI EQUIPMENT HIRE

WHAT IS COVERED

SKI EQUIPMENT

Up to the amount shown in the **benefit table** for the accidental loss of, **theft** of or damage to **your own ski equipment** or hired **ski equipment**. The maximum **we** will pay for any one article, **pair or set** of articles is shown in the **benefit table**. Hired **ski equipment** is limited to **your** liability as specified in the hire agreement.

The amount payable will be the value at time of purchase less a deduction for wear and tear based on the age of the property as shown in the table below, (or if the item can be repaired economically **we** will pay the cost of repair only).

Ski equipment up to 1 year old	90% of purchase price
Ski equipment up to 2 years old	70% of purchase price
Ski equipment up to 3 years old	50% of purchase price
Ski equipment up to 4 years old	30% of purchase price
Ski equipment up to 5 years old	20% of purchase price
Ski equipment over 5 years old	No payment
Where there are no receipts	No payment

SKI EQUIPMENT HIRE

We will pay **you** up to the amount shown in the **benefit table** for the reasonable cost of hiring replacement **ski equipment** as a result of the accidental loss of, **theft** of or damage to or temporary loss in transit for more than 24 hours of **your own ski equipment**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Anything listed in WHAT IS NOT COVERED under Section I – Baggage and Passport.
2. Any claim where **you** do not provide original receipts.
3. Any claims occurring when travelling in **your country of residence**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION Q2 - SKI PACK

WHAT IS COVERED

We will pay **you** up to the amount shown in the **benefit table** for the unused portion of **your ski pack** that **you** are contracted to pay before the incident occurred, following **your bodily injury** or illness. Partial unused days will not be considered.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Any claim arising from **pre-existing medical conditions**.
2. Claims where **you** do not provide written confirmation from a **medical practitioner** that such **bodily injury** or illness prevented **you** from using **your ski pack**.
3. Claims where **you** do not provide confirmation that no refund is available for the unused **ski pack** elements.
4. Any claims occurring when travelling in **your country of residence**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION Q3 - PISTE CLOSURE

WHAT IS COVERED

If **you** are prevented from skiing (excluding cross country skiing) at the pre-booked resort for more than 24 consecutive hours, due to insufficient snow or unexpected adverse weather causing a total closure of the lift system (other than baby drags and lifts used for transport within the resort by non-skiers), **we** will pay **you** up to the amount shown in the **benefit table** for the cost of transport and lift pass charges for travel to and from an alternative site. If no alternative sites are available **we** will pay **you** a cash benefit up to the amount shown in the **benefit table**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. **Trips** to resorts outside their published ski season.
2. **Trips** where **you** have not pre-booked at least one nights' accommodation.
3. Claims when closure of a lift system occurs after the pre-booked period of **your trip**.
4. Claims where **you** have not obtained a written confirmation from the resort management of the piste conditions confirming the closure of the facilities, the reason for closure and the dates applicable.
5. Any claims occurring when travelling in **your country of residence**.
6. Any costs where transport, compensation or alternative skiing facilities are provided to **you**.
7. **Trips** in the Northern Hemisphere before 1st November and after 31st March
8. **Trips** in the Southern Hemisphere before 1st May and after 30th September.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION Q4 - AVALANCHE OR LANDSLIDE CLOSURE

WHAT IS COVERED

If access to and from the ski resort is blocked or scheduled **public transport** services are cancelled following avalanches or landslides **we** will pay up to the amount as shown in the **benefit table** for reasonable extra accommodation and travel expenses.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. **Trips** to resorts outside their published ski season.
2. **Trips** where **you** have not pre-booked at least one nights' accommodation.
3. Claims when avalanches or landslides occur after the pre-booked period of **your trip**.
4. Claims where **you** have not obtained written confirmation from the resort management of the piste conditions confirming the closure of facilities and the dates applicable.
5. Any claims occurring when travelling in **your country of residence**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION R1, R2 AND R3 - GOLF BENEFIT

DEFINITIONS - APPLICABLE TO THESE SECTIONS

GOLF EQUIPMENT	golf clubs, golf balls, golf bag, non motorised golf trolley, and golf shoes forming part of your baggage .
HOLE-IN-ONE	driving from the tee during a golf match and holing out in a single stroke.

SECTION R1 - GOLF EQUIPMENT

WHAT IS COVERED

Up to the amount shown in the **benefit table** for loss, **theft**, or damage to **your** own **golf equipment**. The amount payable will be the value at the time of purchase less a deduction for wear and tear based on the age of the property as shown in the table below (or if **golf equipment** can be repaired economically **we** will pay the cost of repair only).

The maximum payment for any Single Item is shown in the **benefit table**.

Hired **golf equipment** is limited to **your** liability as specified in the hire agreement.

Ski equipment up to 1 year old	90% of purchase price
Ski equipment up to 2 years old	70% of purchase price
Ski equipment up to 3 years old	50% of purchase price

Ski equipment up to 1 year old	90% of purchase price
Ski equipment up to 4 years old	30% of purchase price
Ski equipment up to 5 years old	20% of purchase price
Ski equipment over 5 years old	No payment
Where there are no receipts	No payment

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Claims arising for **golf equipment** left **unattended** in a place to which the general public has access or left in the **custody** of a person who does not have an official responsibility for the safekeeping of the property at anytime.
2. Claims arising for loss, **theft** or damage of **golf equipment** carried on a vehicle roof rack.
3. Any claim where **you** do not provide original receipts
4. Anything mentioned in WHAT IS NOT COVERED under Section I – Baggage and Passport.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION R2 - GREEN FEES

WHAT IS COVERED

Up to the amount shown in the **benefit table** to reimburse **your** pre-paid, irrecoverable Green Fees if:

1. **You** are ill or suffer a **bodily injury** during **your trip** and **you** are medically certified (by the treating registered **medical practitioner** at the resort or place of incident), as being unable to play golf for the remainder of **your trip**; or
2. If **we** accept a claim under Section C – Cancellation or Curtailment.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Claims where **you** do not provide written confirmation from a **medical practitioner** at the resort or place of incident that such **bodily injury** or illness prevented **you** from golfing.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION R3 - HOLE IN ONE BENEFIT

WHAT IS COVERED

Up to the amount shown in the **benefit table**, if **you** shoot a **hole-in-one** during a golf game, towards bar expenses.

WHAT IS NOT COVERED

1. Claims where **you** do not provide a certified copy of **your** score card signed by **you** and a witness and countersigned by the club professional, a dated Golf Club bar receipt and a dated charge slip for the green fees.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION S - WEDDING COVER

DEFINITIONS - APPLICABLE TO THIS SECTION

YOU/YOUR	the couple travelling abroad to be married or enter into a civil partnership whose names appear on the marriage/civil partnership certificate.
WEDDING/CIVIL PARTNERSHIP ATTIRE	dress, suits, shoes and other accessories bought specially for the wedding/civil partnership and make-up, hair styling and flowers paid for or purchased for the wedding/civil partnership forming part of your baggage .

WHAT IS COVERED

1. Up to the amounts shown in the **Benefit table** for the accidental loss of, **theft** or damage to the items shown below forming part of **your baggage/valuables**:
 - **Your** wedding ring taken, or purchased during **your trip**.
 - **Your** wedding gifts taken, or purchased during **your trip**.
 - **Your wedding/civil partnership attire** which is specifically to be worn on **your** wedding day.
2. Up to the amount shown in the **Benefit table** for the reasonable additional costs incurred to reprint/make a copy of or retake the photographs/video recordings either at a later date during the **trip** or at a venue in **your country of residence** if:

- the professional photographer who was booked to take the photographs / video recordings on **your** wedding day is unable to fulfil their obligations due to **bodily injury**, illness or unavoidable and unforeseen transport problems, or
- the photographs/video recordings of the wedding day taken by a professional photographer are lost, stolen or damaged within 15 days after the wedding day and whilst **you** are still at the holiday/honeymoon location.

If the same items are also covered under Section I - Baggage and Passport **you** can only claim for these under one section for the same event.

Important additional limits: €250 is the maximum **we** will pay for any single item. A camera with attachments or a matching set of earrings and necklace, for example, are considered one item.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Claims arising from **baggage** left unsecured or **unattended** or outside **your** reach at any time in a place to which the public have access.
2. Claims arising for loss or **theft** of wedding gifts left **unattended** in a place to which the general public has access (e.g. in the room the reception is held).
3. Anything mentioned in WHAT IS NOT COVERED under Section I – Baggage and Passport.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION T - ATM ASSAULT

DEFINITIONS - APPLICABLE TO THIS SECTION

ASSAULT(ED)	any threat or physical violence committed by a third party (a person other than a close relative , relative or person in your employment) with the intention of depriving you of your cash.
YOU/YOUR	the cardholder .

WHAT IS COVERED

Up to the amount shown in the **benefit table** if **you** are **assaulted** during a **trip** outside of the **country of residence** and the cash that **you** have withdrawn from an ATM is taken from **you** within 4 hours of the withdrawal.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Any cash that is withdrawn 4 hours before the time of the **assault**.
2. Claims where the **assault** is not reported to the local police within 24 hours of the **assault** and obtain a written report which includes an incident number.
3. Any incident not reported to **us** within 72 hours of the **assault**.
4. Claims where there is no proof of the amount, date and time of the withdrawal of money.
5. Claims where **you** have not provided medical reports or an official statement from a witness describing the circumstances of the **assault**, dated and signed, with the full name of the witness, date and place of birth, address and employment, together with an official document justifying the witness' identity and signature, such as passport or driving license.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION U - PURCHASE PROTECTION

DEFINITIONS - APPLICABLE TO THIS SECTION

ELIGIBLE ITEM(S)	an item, purchased by the cardholder solely for personal use (including gifts), which has been charged fully (100%) to the covered card and is not listed under WHAT IS NOT COVERED in this section.
PURCHASE PRICE	The lower of the amounts shown on either Brown Shipley & Co. statement or the store receipt for the eligible item .

WHAT IS COVERED

In the event of **theft** and/ or accidental damage to an **eligible item** within 90 days of purchase, **we** will, at **our** option, replace or repair the **eligible item** or credit the **cardholder** account an amount not exceeding the **purchase price** of the **eligible item**, or the single item limit shown in the **benefit table** whichever is lower.

We will not pay more than the amount shown in the **benefit table** for any one event, or more than the maximum amount shown in the **benefit table** in any one 365 day period.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. Purchase Protection provides cover only for claims or portions of claims that are not covered by other applicable guarantees, warranties, insurance or indemnity policies, subject to the stated limits of liability.
2. Claims for an **eligible item** belonging to a **pair or set**, will be paid up to the full **purchase price** of the **pair or set**, provided the items are not useable individually and cannot be replaced individually.
3. If **you** purchase the **eligible item** as a gift for someone else, **we** will if **you** wish, pay a valid claim to the recipient, subject to **you** making the claim.
4. **You** must exercise due diligence and do all things reasonably practicable to avoid any direct physical **theft** or damage to an **eligible item**.
5. **You** must send **us** at **your** expense if **we** request, any damaged **eligible item** or part of a **pair or set**, and assign the legal rights to recover from the party responsible up to the amount **we** have paid.
6. **You** must document that the claim has not been sent to any other insurance companies
7. **You** must provide **us** with the original sales receipt from store, original of card receipt, original of account showing the transaction and the police report if stolen.

WHAT IS NOT COVERED

1. Events not connected to **theft** or damage caused by accident.
2. Mysterious disappearance of **eligible items**.
3. Events caused by fraud, mistreatment, carelessness or not following the manufacturers manual.
4. **Eligible items** which were used before purchase, second-hand, altered, or bought fraudulently.
5. Damage to **eligible items** caused by product defects or error during production.
6. **Theft** not reported to the police within 24 hours of discovery and a written report obtained.
7. **Eligible items** left **unattended** in a place accessible to the public.
8. **Theft** of or damage to **eligible items** in a motor vehicle as a result of the **theft** of the motor vehicle.
9. **Theft** from any property, land or premises unless entry or exit to the property or premises was gained by the use of force, resulting in visible physical damage to the property or premises.
10. Jewellery, watches, precious metals, gemstones and any item made from precious metals and gemstones.
11. Motor vehicles, motorcycles, bicycles, boats, caravans, trailers, hovercraft, aircraft and their accessories.
12. Service, cash, travel checks, tickets, documents, currency, silver, gold, art, antiques, rare coins, stamps and collector's items.
13. Animals, living plants, consumables, perishable goods or permanent installations.
14. Electronic items and equipment, including but not limited to, personal stereos, mobile telephones, MP3/4 players, computers or computer-related equipment whilst at **your** place of employment, items used for business purposes.
15. Damage due to normal wear and tear, normal use or normal activity during sports and games (example golf or tennis balls).
16. **Theft** or damage when the **eligible item** is under the supervision, control or safe keeping of, a third party other than required according to safety regulations.
17. **Eligible items** not received by the **cardholder** or other party designated by the **cardholder**.
18. Mail order or courier delivered item(s) until the item(s) are received, checked for damage and signed for at the delivery address.
19. Expenses due to repairs not performed by workshops approved by **us**.
20. Damage due to water, damp or earthquake.
21. Loss caused by declared or undeclared war, confiscation by order of any government or public authority, or arising from illegal acts.
22. **Theft** or accidental damage to any **eligible item** where there is any other insurance covering the same **theft** or accidental damage, where the terms and conditions of such other insurance have been broken or for the reimbursement of any evident excess.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

GENERAL CONDITIONS & EXCLUSIONS APPLICABLE TO ALL BENEFITS

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of this policy. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. **You** must comply with **our** Important Health Requirements
2. The maximum age limit for benefits in Section G – Emergency Medical & Other Expenses and Section H – Hospital Benefit and benefits related to a **medical condition** in Section C – Cancellation or Curtailment is 65 years inclusive.
3. Cover for benefits in Section G – Emergency Medical & Other Expenses and Section H – Hospital Benefit, and Section T – ATM Assault is excluded in **your country of residence**.
4. **You** must take all reasonable care and precautions prevent a claim happening. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
5. If **you** need to **curtail your trip** **you** must contact **us** on +44 (0) 208 914 8040. **We** are open 24/7 for advice and assistance with **your** return **home**. **We** will also arrange transport **home** if **you** have news of serious illness, deterioration or death of a **close relative** at **home**.
6. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised (any outpatient treatment, minor illness or injury (excluding fractures) costs must be paid for by **you** and reclaimed).
7. **You** must pay the appropriate premium for the full number of days comprising **your** planned **trip**.
8. **We** ask that **you** notify **us** within 28 days of **you** becoming aware that **you** need to make a claim and that **you** return **your** completed claim form and any additional information to **us** as soon as possible.
9. **You** must report all incidents to the local police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
10. **You** must not abandon any property for **us** to deal with and keep any damaged items as **we** may need to see them.
11. **You** must provide all necessary documentation requested by **us** on page 32 at **your** expense. **We** may also request more documentation than what is listed to substantiate **your** claim. If **you** do not provide this any claim may be refused.
12. **You** or **your** legal representatives must send **us** at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the claim. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
13. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
14. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must immediately send **us** any writ or summons, letter of claim or other document relating to **your** claim.
15. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense as often as may be reasonably necessary prior to paying a claim, In the event of **your** death **we** may also request and will pay for a post-mortem examination.
16. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
17. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
 - take over the settlement of any claim;
 - take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
 - take any action to get back any lost property or property believed to be lost.
18. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this policy shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
19. If **we** pay any expense which is not covered, **you** must pay this back within one month of **our** asking.
20. **We** will make every effort to apply the full range of services in all circumstances as shown in the policy. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
21. **You** must claim against **your** private health insurer, state health provider and/or other travel insurer first for any expenses.
22. If **you** possess multiple Brown Shipley & Co. cards **we** will only pay the highest single limit of the cards, the benefit values will not be cumulative.

GENERAL EXCLUSIONS

These exclusions apply throughout your policy. We will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. Under all sections, any claim not arising from the circumstances listed in WHAT IS COVERED
3. Claims where **you** have not provided the necessary documentation requested by **us** on page 32 at **your** expense. **We** may also ask for more documentation than what is listed to substantiate **your** claim.
4. **Your** engagement in or practice of: **manual work**, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the **use** of motorised two or three wheeled vehicles unless an applicable current driving licence is held allowing the **use** of such vehicles in **your country of residence** and **your trip** destination and a crash helmet is worn (see the SPORTS AND ACTIVITIES Section on page 12) professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, track-driving, or any tests for speed or endurance.
5. **Sports and activities** are only covered on an incidental, non-competitive and non-professional basis. Under no circumstances will any claims arising from any sport or activity not listed be covered regardless of whether undertaken as part of an organised excursion or event.
6. **Your** engagement in the following activities: skiing against local authoritative warning or advice, off piste skiing or snowboarding where an avalanche warning of more than 2 is in place, ski stunting, free-style skiing, ice hockey, bobbing, tobogganing, heli skiing, ski acrobatics, ski flying, ski jumping, ski mountaineering, snowcat skiing, snow carting or the use of bob sleighs, luges or skeletons.
7. Any claim resulting from **you** attempting or committing suicide; deliberately injuring **yourself**; using any drug not prescribed by a **medical practitioner**, being addicted to, abusing or being **under the influence** of drugs, or alcohol.
8. Self-exposure to needless peril (except in an attempt to save human life).
9. Any claim resulting from **your** involvement in a fight except in self-defence.
10. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
11. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.
12. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
13. Operational duties of a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under Section C – Cancellation or Curtailment.
14. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had these benefits not been effected.
15. **Your** travel to a country or specific area or event to which a government agency in the **country of residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.
16. **You** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
17. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
18. Any circumstances **you** are aware of that could reasonably be expected to give rise to a claim under this policy.
19. Costs of telephone calls or faxes, internet charges unless they are documented as costs to contact **us**.
20. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
21. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section G – Emergency Medical & Other Expenses and Section H – Hospital Benefit unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
22. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
23. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
24. Any claim within the **country of residence** for Section G – Emergency Medical & Other Expenses Abroad and Section H – Hospital Benefit, or Section T – ATM Assault.

GETTING IN CONTACT

MAKING A CLAIM

In the event of an emergency **you** should call **us** on +44 (0) 208 914 8040.

For all other claims please call **our** claims helpline on +44 (0) 208 914 8040 (Monday - Friday 09:00 – 17:00) to obtain a claim form. **You** will need to give:

- **your** name
- **your** policy number
- brief details of **your** claim.

We ask that **you** notify **us** within 28 days (unless otherwise stated) of **you** becoming aware of needing to make a claim and return the completed claim forms with any additional requested documentation as soon as possible.

Please keep a copy of all documents sent to **us**. To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

You will need to obtain some information about **your** claim while **you** are away. **We** may ask for more documentation than what is listed below to substantiate **your** claim. If **you** do not provide the necessary documentation **your** claim could be refused. Below is a list of the documents required to assist **us** to deal with **your** claim as quickly as possible.

FOR ALL CLAIMS

- **Your** original booking invoice(s) and travel documents showing the dates of travel and booking date.
- 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 that may also cover the incident.
- Any documentation **you** have to substantiate **your** claim
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with. Or any claims due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with and a copy of their death certificate.
- Original receipts or proof of ownership for stolen, lost or damaged item(s)

CANCELLATION OR CURTAILMENT

CANCELLATION

- Original cancellation invoice(s) detailing all cancellation charges incurred and any refunds given.
- To submit a claim for abandonment after 24 hours delay **you** must obtain a written report from the carrier confirming the length and reason for the delay.
- If **your** claim relates to other covered circumstances **we** will detail what documents **you** would need to provide in the claim forms.

CURTAILMENT

- Original receipt or booking invoice for new flight
- Original booking invoice for any unused pre-paid excursions confirming date and amount paid.
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip**. If **you** are curtailing due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip** and a copy of their death certificate.

MISSED DEPARTURE/CONNECTION

- Proof of reason for missed departure:
 - Failure of **public transport** – letter confirming length and reason of delay.
 - Breakdown – report from the breakdown company showing date and what was wrong with vehicle.
 - Motorway Problem – Highways agency printout of that date or written confirmation from the police showing location, duration and reason for delay.
- Evidence of additional travel/accommodation expenses incurred as a result of missed departure.

DELAYED DEPARTURE/ABANDONMENT

- Written confirmation from carrier (or their handling agents) confirming length and reason for delay.
- Original receipts for purchases of refreshments and meals, or additional accommodation if necessary.

- If after 24 hours delay on **your** initial outbound journey **you** choose to cancel, a cancellation invoice and letter from carrier confirming length and reason for delay.

BAGGAGE DELAY

- Property Irregularity Report (PIR) from the carrier or their handling agents.
- Letter from airline confirming reason and length of delay and when item(s) were returned to **you**.
- Original itemised receipts for any emergency purchases made.

BAGGAGE AND PASSPORT

- If lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of noticing the item(s) missing.
- If lost or damaged by the carrier please obtain a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- A damage report and repair estimate for damaged item(s)
- Keep any damaged items beyond repair as **we** may need to inspect them.

PASSPORT

- Police report or embassy report confirming **you** reported to the local authorities within 24 hours of noticing the passport missing.
- Original receipts for any additional accommodation or travel expenses incurred.

MEDICAL EXPENSES

- In case of any **medical emergency you** must contact **us** on +44 (0) 208 914 8040 as soon as possible.
- For outpatient treatment (excluding fractures) **you** should pay for the treatment. Please keep all original receipts and obtain a medical report from the hospital confirming the illness or injury, any treatment and admission and discharge dates if applicable.
- A medical report from the **medical practitioner** confirming the treatment and medical expenses.
- If there are any outstanding expenses please send a copy of the outstanding bill. Please also mark on it that it remains outstanding.
- If **you** incur any additional expenses after **our** prior authorisation, please provide these receipts.

HOSPITAL BENEFIT

- Original receipts for any incidental expenses incurred.
- Medical report confirming the dates of admission and discharge.

TRAVEL ACCIDENT

- Detailed explanation of the circumstances surrounding the incident, including photographs and video evidence (if this applies)
- A medical certificate from the **medical practitioner** to confirm the extent of the injury and treatment given including hospital admission/discharge.
- A death certificate (where applicable),
- Full details of any witnesses, providing written statements where possible.

PERSONAL LIABILITY

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Every writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

LEGAL EXPENSES

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Any writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

WINTER SPORTS SKI PACK

- Written confirmation from the business **you** purchased the **ski pack** through and that no refund is available for the unused elements.
- **You** must obtain written confirmation from a **medical practitioner** that the **bodily injury** or illness stopped the use of the **ski pack**

SKI EQUIPMENT

- If lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of noticing the item(s) missing.
- If lost or damaged by the carrier please obtain a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- A damage report and repair estimate for damaged item(s)
- Keep any damaged items beyond repair as **we** may need to inspect them.
- All hire receipts and luggage labels/tags (where applicable)

PISTE CLOSURE/AVALANCHE COVER

- Written confirmation from the resort management confirming the closure of facilities and the dates applicable.

GOLF COVER

GOLF LIABILITY

- Any writ, summons, or other correspondence received from a third party.
- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable)
- Full details of any witnesses, providing written statements where possible.

GREEN COVER

- Written confirmation from a **medical practitioner** confirming that **you** were unable to continue playing golf.

HOLE-IN-ONE

- Score card signed by **you** and a witness and countersigned by the club professional,
- A dated Golf Club bar receipt.
- A dated charge slip for the green fees.

GOLF EQUIPMENT

- If lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of noticing the item(s) missing.
- If lost or damaged by the carrier or their handling agents a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- A damage report and repair estimate for damaged item(s)
- Keep any damaged items beyond repair as **we** may need to inspect them.
- All hire receipts and luggage labels/tags (where applicable)

WEDDING COVER

- If item(s) or photographs are lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of noticing the item(s) missing
- If item(s) or photographs are lost or damaged by the carrier or their handling agents a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- If the photo/videographer is unable to attend due to:
 - a **medical emergency** - a medical report from the treating **medical practitioner** confirming they were unable to fulfil their obligations.
 - unforeseen traffic problems - Highways agency printout of that date or written confirmation from the police showing location, duration and reason for delay.

ATM ASSAULT

- A police report with an incident number that confirms that **you** reported the **assault** within 24 hours.
- An official statement from a witness describing the circumstances of the **assault** dated and signed, with the full name of the witness, date of birth, address and employment, passport or driving license.
- If **you** require any medical treatment please obtain a written medical report from the **medical practitioner**.

COMPLAINTS PROCEDURE

We make every effort to provide **you** with the highest standards of service. If on any occasion **our** service falls below the standard **you** would expect **us** to meet, the procedure below explains what **you** should do.

You can contact the Complaints Team, who will arrange an investigation on **your** behalf, on: +44 (0) 208 914 8040. **We** will acknowledge **your** complaint within 5 working days, investigate **your** complaint and endeavour to send a final response to **you** as soon as practical.

If **we** are unable to provide **you** with a final response within 4 weeks (20 working days) of receipt of **your** complaint **we** will send **you** an update. If **we** are unable to provide **you** with a final response within 8 weeks (40 working days), **we** will write to **you** explaining why and advise **you** when **you** can expect a final response.

If, after **our** investigation is complete, it is impossible to reach an agreement, **you** may have the right to make an appeal to the Financial Ombudsman Service by writing to: Financial Ombudsman Service, Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR, United Kingdom; Or **you** can phone 0800 023 4567, free for people phoning from a 'fixed line' (for example, a landline at home), or 0300 123 9123, free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02.

Website: www.financial-ombudsman.org.uk

These procedures do not affect **your** right to take legal action.

COMPENSATION SCHEME

In the unlikely event that Inter Partner Assistance is unable to meet its obligations, **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available from the FSCS.

Their contact details are Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU, United Kingdom.

Call: 0800 678 1100 or 020 7741 4100, Fax: 020 7741 4101

Website: www.fscs.org.uk

CANCELLATION OF BENEFITS

These benefits are included with **your covered card**, the benefits cannot be cancelled separately. If **you** cancel the **covered card** the cover will end and all benefits will stop. Please see **your** Credit Card agreement for full details of how to cancel the **covered card**.

USE OF YOUR PERSONAL DATA

Details of **you, your** insurance cover under this policy and claims will be held by **us** (acting as Data Controller) for underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention, subject to the provisions of applicable data protection law and in accordance with the assurances contained in **our** website privacy notice (see below).

We collect and process these details as necessary for performance of **our** contract of insurance with **you** or complying with **our** legal obligations, or otherwise in **our** legitimate interests in managing **our** business and providing **our** products and services.

These activities may include:

- a. use of sensitive information about the health or vulnerability of **you** or others involved in **your** assistance guarantees, in order to provide the services described in this policy, By using **our** services, **you** consent to **us** using such information for these purposes,
- b. disclosure of information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law;
- c. monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control;
- d. technical studies to analyze claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory); detailed analyses on claims/missions/calls to better monitor providers and operations; analyses of **customer** satisfaction and construction of customer segments to better adapt products to market needs;
- e. obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim; and
- f. sending **you** feedback requests or surveys relating to **our** services, and other **customer** care communications.

We will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

We carry out these activities within the UK, in and outside the European Economic Area, in relation to which processing the

data protection laws and or agreements **we** have entered into with the receiving parties provide a similar level of protection of personal data

By purchasing this policy and using **our** services, **you** acknowledge that **we** may use **your** personal data, and consent to **our** use of sensitive information, both as described above. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice (see below).

You are entitled on request to a copy of the information **we** hold about **you**, and **you** have other rights in relation to how **we** use **your** data (as set out in **our** website privacy notice – see below). Please let **us** know if **you** think any information **we** hold about **you** is inaccurate, so that **we** can correct it.

If **you** want to know what information is held about **you** by AXA Travel Insurance Limited, or have other requests or concerns relating to **our** use of **your** data, please write to **us** at:

Data Protection Officer
AXA Travel Insurance Limited
106-108 Station Road
Redhill
RH1 1PR

Email: dataprotectionenquiries@axa-assistance.co.uk

Our full privacy notice is available at:

www.axa-assistance.com/en.privacypolicy

Alternatively, a hard copy is available from **us** on request.