

## DEMANDS AND NEEDS

This travel insurance policy will suit the demands and needs of an individual, or group (where applicable) who have no excluded **medical conditions**, are travelling to countries included within the policy terms and who wish to insure themselves against the unforeseen circumstances/events detailed within this insurance policy. Subject to terms and conditions and maximum specified sums insured.

## IMPORTANT

This insurance policy will have been sold to **you** on a non-advised basis and it is therefore for **you** to read this insurance policy (paying particular attention to the terms, conditions and exclusions) and ensure that it meets all of **your** requirements. If upon reading this policy **you** find it does not meet all of **your** requirements, please refer to the relevant statutory cancellation rights section.

## THIS IS YOUR INSURANCE DOCUMENT - PLEASE READ IT CAREFULLY

This policy is underwritten by Travel Insurance Facilities and Insured by Union Reiserversicherung AG, UK. Travel Insurance Facilities are authorised and regulated by the Financial Conduct Authority. Union Reiseversicherung AG are authorised by BAFIN and subject to limited regulation by the Financial Conduct Authority.

This document contains details of the cover, conditions and exclusions relating to each **insured person** and is the basis on which all claims will be settled. It is validated by the issue of a booking confirmation/invoice issued by the travel company named below stating details of the **insured persons**, the **period of insurance**, the travel details and the premium paid.

In return for having accepted **your** premium **we** will in the event of bodily injury, death, illness, disease, loss, theft, damage legal liability or other events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy

Valid for departures between  
1/1/17 - 31/12/17



THIS IS Your MASTER  
POLICY NUMBER:  
**RTXTT40006-04**  
Please keep it safely

## SUMMARY OF COVER

	SUM INSURED
Cancellation	- £1,500
Medical Expenses	} £2,000,000
Repatriation	
Curtailment	
Hospital Benefit	- £450
Luggage & Personal Money	- £1,500
Luggage Delay	- £100
Loss of Travel Documents	- £200
Personal Liability	- £2,000,000
Personal Accident	- £15,000
Delayed Departure	- £100
Missed Departure	- £300
Legal Expenses	- £25,000

FULL DETAILS OF THE COVER IS SHOWN OVERLEAF

## HEALTH CONDITIONS

**You** must be able to comply with the following conditions to have the full protection of **your** policy. If **you** do not comply **we** may refuse to deal with any relevant claim or reduce the amount of any relevant claim payment.

**You** are not required to declare **your medical conditions**. However, **you** must be able to comply with the following:

### Applying to travel within the United Kingdom and Europe:

It is condition that at the time of taking out this policy and between that time and **your** departure **you** must comply with each of the following:

1. **You** are not travelling against the advice of a **medical practitioner**;
2. **You** are not travelling for the purpose of obtaining **medical treatment**;
3. **You** have not been given a terminal prognosis;
4. **You** are not receiving or awaiting treatment for an illness or injury as a hospital day case or inpatient (only at the time of taking out the policy);
5. **You** are not aware of any reason why the **trip** should be cancelled or cut short (only at the time of taking out the policy).

**In addition if you are travelling outside the United Kingdom but within Europe, the following additional condition will apply:**

6. **You** have not received any form of hospital treatment for an illness or injury during the six months prior to taking out the policy

**Period of Cover:** In respect of cancellation cover from the date of premium receipt until leaving **home** on the date of travel. In respect of all other parts of cover from the commencement of travel date from the **United Kingdom, Channel Islands or BFPO** until return to the **United Kingdom, Channel Islands or BFPO** but not exceeding the **period of insurance**. In the event of the period of the **trip** being extended due to a medical emergency of **you** or **your** travelling companion this insurance is automatically extended until **our** emergency medical assistance service, in conjunction with the treating doctor, consider the person concerned to be fit to return to the **United Kingdom, Channel Islands or BFPO**, or until they have arrived **home** or been admitted into medical care in the **United Kingdom, Channel Islands or BFPO**. In the event that **we** exercise **our** right under the conditions applying to the medical expenses and repatriation expenses and curtailment sections of the policy to repatriate **you** and that **you** then refuse to be repatriated, all cover under this policy will cease from the time when the repatriation could have been arranged to take place.

## Statutory Cancellation Rights

**You** may cancel this policy within 14 days of receipt of the policy documents (the cancellation period) by writing to the issuer of this policy during the cancellation period. Any premium already paid will be refunded to **you** providing **you** have not travelled, no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred.

**Cancellation Outside The Statutory Period:** **You** may cancel this policy at any time after the cancellation period by writing to the issuer of this policy. If **you** cancel after the cancellation period no full premium refund will be made.

**Non payment of premiums:** **We** reserve the right to cancel this policy immediately in the event of non payment of the premium.

## DEFINITIONS

**BFPO** - British Forces Posted Overseas

**Business associate** - A business partner, director or employee of **yours** who has a close working relationship with **you**.

**Channel Islands** - Jersey, Guernsey, Alderney, Sark, Herm, Jethou, Brecqhou and Lihou

**Close relative** - Spouse or partner who **you** are living together with, parents, grandparents, legal guardians, foster child, parents-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, step-parents, step-child, step-brother, step-sister, aunt, uncle, brother, sister, child, grandchild, niece, nephew or fiancé(e).

**Home** - Your normal place of residence in the **United Kingdom, Channel Islands or BFPO**

**Host** - the person **you** are staying, or were intending to stay, with during **your** trip.

**Insured person/You/Your/Yourself** - Any person named on the insurance validation documentation who is eligible to be insured and for whom a premium has been paid.

**Luggage** - each of **your** suitcases and containers of a similar nature and their contents and articles **you** are wearing or carrying.

**Medical condition** - Any disease, illness or injury, including any psychological conditions

**Medical practitioner** - A registered practising member of the medical profession who is not related to **you** or any person with whom **you** are travelling.

**Period of insurance** - From the date of departure to the date of return as shown on the travel company booking confirmation/invoice other than for cancellation which applies from the date of booking and terminates on the date of departure as shown on the booking confirmation/invoice. The **period of insurance** is automatically extended for medical expenses only for the period of the delay in the event that **your** return to the **United Kingdom** is unavoidably delayed due to an event insured by this policy.

**Personal money** - Sterling or foreign currency in note or coin form

**Redundancy** - Being an employee where **you** qualify under the provision of the Employment Rights Acts, and who, at the date of termination of employment by reason of redundancy, has been continuously employed for a period of two years or longer and is not on a short term fixed contract.

**Trip** - A holiday or journey that begins when **you** leave **home** and ends on **your** return to either (i) **your home**, or (ii) a hospital or nursing **home** in the **United Kingdom, Channel Islands or BFPO**, following **your** repatriation. Both during the period of cover.

**United Kingdom** - England, Wales, Scotland, Northern Ireland and the Isle of Man

**Valuables** - Any item requiring power, either from the mains or from a battery and any equipment used with them such as CDs, drones, games, laptops, tapes, cassettes or cartridges, cameras, video cameras, camera cases, stand, films, discs or cartridges, rings, watches, necklaces, earrings, bracelets, body rings, made of or containing any precious or semi-precious stones or metal.

**We/Our/Us** - URV - Union Reiseversicherung AG, UK

## CANCELLATION

**We** will pay **you** up to the sum insured in respect of loss of deposits or cancellation charges levied for pre-booked transport and accommodation in the event of cancellation of the entire **trip** prior to its commencement as a result of travel being prevented by:-

1. Death, injury or illness as certified by a **medical practitioner**, summons for jury service or as a compulsory witness in a court of law (other than in the line of duty) to be undertaken during the **period of insurance**, compulsory **redundancy** qualifying for payment under the current Redundancy Legislation and notified after the date of purchasing the Insurance, of (a) **you** (b) a person with whom **you** had arranged to travel (c) a **close relative of you** (d) a **business associate of you** upon whom **your** business in the **United Kingdom** depends (e) **your host** or a member of their family residing with them.
2. **Our** policies include emergency medical expenses cover for pregnancy and childbirth from week 0 to week 28 inclusive whilst **you** are away. From the start of week 29 to week 40 of the pregnancy, there is no cover for claims relating to normal pregnancy and normal childbirth or cancellation, however, medical expenses and cancellation cover will be provided if any of the following complications arise: Toxaemia, Gestational hypertension, Ectopic pregnancy, Post-partum haemorrhage, Pre-eclampsia, Molar pregnancy or hydatidiform mole, Retained placenta membrane, Placental abruption, Hyperemesis gravidarum, Placenta praevia, Stillbirth, Miscarriage, Emergency Caesarean, A termination needed for medical reasons, Premature birth more than 12 weeks (or 16 weeks if **you** know **you** are having more than one baby) before the expected delivery date. Please note **we** will not cover denial of boarding by **your** carrier so **you** should check that **you** will be able to travel with the carrier/airline in advance. It is essential, if at the time of booking **your trip you** are aware that **you** are pregnant, that **you** ensure that **you** are able to have the required vaccinations for that **trip**; no cover will be provided for cancellation in the event that, after booking **you** discover travel is advised against, or **you** are unable to receive the appropriate and required vaccinations for that country
3. Unavoidable delay exceeding 12 hours at the final point of departure from the **United Kingdom, Channel Islands or BFPO** as a result of failure or disruption of the pre-booked public transport service in which **you** were due to depart from the **United Kingdom**, where no alternative form of transport is offered.

## Exclusions

(i) The first £35 (or nil if under 3 days) of each and every claim per event for each **insured person** claimed for under this section. (ii) Any claim arising from a **medical condition** existing prior to the payment of the insurance premium or from a recurrent condition for which the sick person whose **medical condition** causes cancellation, whether they are booked to travel on the holiday or not, has or has had symptoms which are awaiting or receiving investigation, tests, treatment, referral or the results of any of the foregoing, unless **we** have agreed in writing, to cover **you** (iii) Any claim arising from a **medical condition** existing prior to the payment of the insurance premium or from any recurrent condition where a **medical practitioner** would have advised the persons travelling not to travel. (iv) Any additional charges incurred as a result of any delay in the **insured person** cancelling the booked arrangements. (v) The fear of an epidemic, pandemic, infection or allergic reaction. (vi) **Your** disinclination to

travel. (vii) **Your** carriers refusal to allow **you** to travel for whatever reason. (viii) The cancellation of **your trip** by the tour operator. (ix) **Your** failure to obtain the required ESTA, VISA, vaccinations or inoculations in time. (x) Travelling against the advice or recommendation of the Foreign and Commonwealth Office applicable at the time of **your** departure.

## MEDICAL EXPENSES

**We** will pay **you**

1. Up to the sum insured following illness or injury of **you** occurring during the **period of insurance** by reimbursement of customary and reasonable receipted costs in respect of emergency medical, surgical or hospital treatment, drugs or appliances, all provided or prescribed by a **medical practitioner** and given and incurred during the **trip** together with up to £100 for the receipted travelling costs incurred in order to obtain such treatment, and in addition any receipted travelling cost incurred by **your close relative(s)** visiting **you** during **your** stay in hospital.

2. £350 Emergency Dental Pain Relief (outside the **United Kingdom**)

**Exclusions and Conditions:- below**

## REPATRIATION EXPENSES

**We** will pay **you** up to the sum insured

1. Following illness or injury of **you** or of the person travelling with **you** or following death, injury or illness of either **your close relative** or a **business associate of you** upon whom **your** business in the **United Kingdom** depends (i) receipted costs, necessarily incurred, in respect of repatriation to the **United Kingdom** or repatriation **home** in the **United Kingdom** if holidaying in the **United Kingdom** (ii) additional costs, necessarily incurred, of accommodation and subsequent repatriation if the **trip** is extended.
2. Following **your** death during the **period of insurance** (i) all costs in respect of repatriation of **your** mortal remains to the **United Kingdom** undertaker, specified by **your** next of kin or (ii) up to £1,000 for local burial or cremation in the country where death occurs (outside the **United Kingdom**), but not exceeding the cost of repatriation to the **United Kingdom**.

**Exclusions and Conditions:- below**

## CURTAILMENT

Following **us** accepting a claim within the Repatriation Expenses section of this policy **we** will reimburse a pro-rata amount of **your** pre-paid travel and accommodation costs following curtailment by early return to the **United Kingdom** or by attendance at a hospital abroad as an inpatient but not exceeding the Sum Insured.

**Exclusions applying to Medical Expenses, Repatriation Expenses and Curtailment** (i) The first £35 excess for curtailment and medical expenses of each and every claim per event for each **insured person** claimed for under this section (ii) **medical conditions** existing prior to the payment of the insurance premium or any consequence thereof in respect of which a **medical practitioner** would advise against travel or that treatment may be required during the duration of the **trip** (iii) (a) manipulative treatment (b) alternative medicine (iv) **medical conditions** existing prior to payment of the insurance premium in respect of which the sick or injured person has or has had symptoms which are awaiting or receiving treatment, investigation, tests, referral or the results of these unless **we** have agreed in writing, to cover **you** (v) the cost of replenishing medical supplies (vi) any surgery, treatment or investigations for which **you** intend to travel outside of the **United Kingdom** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures) (vii) (a) any costs incurred in respect of treatment that can reasonably wait until **you** have returned to the **United Kingdom** (b) cover only applies for emergency treatment necessary in respect of illness or injury occurring during the **trip** and does not cover costs in respect of treatment of any underlying or related **medical condition** (viii) all claims following **you** acting against medical advice (ix) any expenses incurred more than 3 months after the date of the illness or injury occurring (x) **your** travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider (xi) any condition related to exposure to the sun (xii) dental treatment (for cosmetic or non emergency reasons. (xiii) private treatment, unless agreed in writing by **our** emergency medical assistance service. (xiv) additional accommodation which exceeds the standard of that originally booked or any costs for food or drink (where **our** Emergency Assistance Facilities colleagues are arranging the booking it will be 3\* standard where available). (xv) any claim not supported by a detailed letter/certificate from the treating doctor explaining why **your** early return was medically necessary.

*Conditions applying to Medical Expenses and Repatriation Expenses and Curtailment*

1. In the event of death, or in the event of injury or illness likely to result in hospitalisation, repatriation, or any alteration in travel plans then immediate advice must be given to the Medical Assistance Service as specified in this policy and **we** will only pay for expenses agreed by them.
2. Additional accommodation which exceeds the standard of that originally booked or any costs for food or drink (where **our** Emergency Assistance Facilities colleagues are arranging the booking it will be 3\* standard where available).
3. Any claim not supported by a detailed letter/certificate from the treating doctor explaining why **your** early return was medically necessary.
4. **You** shall take all reasonable action to obtain medical treatment within any existing reciprocal health care agreement and recover any refunds within that agreement to which they may be entitled. Furthermore **you** (and/or **your** legal representative) hereby authorise the release of any medical information as may be required to **our** medical advisors.
5. Any costs reasonably incurred by the Medical Assistance Service on behalf of **you** and for the benefit of **you** in any emergency situation shall not be regarded as **our** acceptance of the claim.
6. Any refunds in respect of pre-paid unused travel or accommodation shall belong to **us**.
7. **We** reserve the right to repatriate **you** to the **United Kingdom** when in the opinion of the **medical practitioner** in attendance and **our** medical advisers **you** are fit to travel.

## HOSPITAL BENEFIT

We will pay you £100 (£10 per complete 24 hours) in the **United Kingdom** and £450 (£15 per complete 24 hours) outside the **United Kingdom** for which you are an inpatient in a hospital, as a direct result of an accidental injury or illness which is covered under the Medical Expenses section of cover.

**Exclusions:** We will not pay for the following, in addition to the General Exclusions, if you i) are an inpatient at a hospital or clinic in the **United Kingdom, Channel Islands** or **BFPO**, if you live there. ii) are not receiving continuous treatment. iii) are an inpatient at a hospital or clinic, which has not been authorised and arranged by the 24 Hour Emergency Assistance Facilities.

## LUGGAGE AND PERSONAL MONEY

We will pay you up to the sum insured following accidental loss of or damage to luggage and personal effects, cash, travel tickets all being owned and taken on the trip, or purchased during the trip, by you.

### Conditions

1. You shall (a) take all reasonable care for the supervision of your property (b) immediately report all loss of or damage to property to either the police or other relevant authority and obtain from them a written report in substantiation of the claim. All necessary action to recover the property should be undertaken. (c) produce receipts or other evidence of value and ownership where possible and in any event in respect of any item valued in excess of £100. Where this is not done liability shall be limited to £100. (d) Retain all damaged items.
2. The amount payable will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value), or we may at our option replace, reinstate or repair the lost or damaged items. [www.tif-plc.co.uk/wear](http://www.tif-plc.co.uk/wear) and tear

### Exclusions applying to Luggage and Personal money

(i) The first £35 for luggage & personal money. Nil for delayed baggage of each and every claim per event for each insured person claimed for under this section (ii) liability in excess of £200 reduced to £50 for children under 16 at the time of the incident in respect of personal money (iii) liability in excess of £200 in respect of valuables (iv) liability in excess of £200 in respect of any one article or set of articles (including disc collections) (v) loss of or damage to personal money and valuables whilst unattended or in/from luggage in transit (vi) telecommunications and motor vehicle related equipment and accessories (vii) loss or damage to:- (a) spectacles, sunglasses, dentures, or hearing aids, dental or medical fittings (b) loss or damage due to breakage of sports equipment and protective clothing whilst in use (viii) loss or damage in the custody of an airline or other carrier recoverable from such carrier (ix) any damage to, caused by or resulting from, fragile or perishable articles whilst in transit.

## LUGGAGE DELAY

If your entire luggage is temporarily lost or delayed in transit on the outward journey from the **United Kingdom** for over 12 hours from the time you arrived at your trip destination, we will pay you up to £100 in respect of receipted emergency essential replacements purchased by you.

## LOSS OF TRAVEL DOCUMENTS

In the event of the loss of your travel document during the period of insurance, we will reimburse you in respect of the cost of an emergency replacement or temporary travel document obtained whilst abroad including reasonable and receipted travelling expenses incurred.

## PERSONAL LIABILITY

We will pay you up to the sum insured (inclusive of legal costs and expenses) against all sums you become legally liable to pay as damages for any claim or series of claims arising from any one event or source or original cause (a) accidental bodily injury to or death or illness of any person (b) accidental loss of or damage to material property, occurring during the period of insurance.

### Exclusions

(i) The ownership, possession or use of any aircraft, watercraft or mechanically propelled vehicle (ii) loss of or damage to property belonging to or in the custody or control of you or any member of your family or household including the ownership, possession or use of any building or land (iii) any wilful or malicious act (iv) the pursuit of any trade business or profession (v) bodily injury death or illness of you or any member of your family (vi) liability assumed under agreement (such as a hire agreement) unless such liability would have attached notwithstanding any such agreement.

## PERSONAL ACCIDENT

In the event of you sustaining bodily injury arising wholly and exclusively from violent accidental external and visible means which injury shall solely and independently of any other cause result in your death or disablement within twelve calendar months of the bodily injury, we will pay to you or in the event of death to your legal personal representative the following percentage of the sum insured.

### Table of Compensation

- (a) Death, **Loss of Limb, Loss of sight** - 50%  
(b) **Permanent total disablement** - 100%

### Definitions specific to this section

**Loss of Limb:** loss or severance at or above the wrist or ankle or total permanent loss of use of an entire arm or leg. **Loss of sight:** total or irrecoverable loss of sight which shall be considered as having occurred: a) in both eyes if your name is added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist and b) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale (which means only seeing at 3 metres what you should see at 60 metres). **Permanent total disablement:** bodily injury other than above which totally incapacitates you from engaging in or attending to any occupation for at least twelve calendar months from the date of the injury and at the end of that time rendering you beyond hope of improvement. Provided that: (i) the benefit payable under (a) above is reduced to £1,000 if you are under the age of 18 or over the age of 65 at the time of death or if death occurs as a result of ownership, possession or use of any mechanically propelled vehicle (ii) the total compensation in respect of each insured person shall not exceed the sum insured.

## DELAYED DEPARTURE

In the event of the departure of the initial outward journey from the **United Kingdom, Channel Islands** or **BFPO** or the departure of the final return journey to the **United Kingdom, Channel Islands** or **BFPO** (excluding stopovers where you were scheduled to remain officially in transit) being delayed in excess of 12 hours due to failure or disruption of such pre-booked public transport we will compensate you with a payment of £20 after the first full 12 hours of delay and £10 for each subsequent full 12 hours of delay up to the sum insured.

## MISSED DEPARTURE

In the event of the insured person unavoidably missing the pre-booked departure of the outward journey from the **United Kingdom, Channel Islands** or **BFPO** or the final return journey to the **United Kingdom, Channel Islands** or **BFPO** due to failure or disruption of pre-booked connecting public transport to reimburse the insured person up to the sum insured in respect of the cost of additional travelling expenses incurred if the insured person is unable to reasonably reorganise the travel plans and is as a result stranded at such final departure point.

**Exclusions:** We will not pay more than £100 for missed departure from England, Scotland & Wales.

## LEGAL COSTS AND EXPENSES

**Legal Advice:** Cover as shown on the table summary for legal costs and expenses incurred in pursuing claims for compensation and damages due to your death or personal injury whilst on the trip. Cover is also provided for 30 minutes free legal advice for enquiries relating to your insured trip.

Cover is available provided the following conditions are met:

1. You accept that if you are awarded compensation and receive payment then all sums paid out by us shall be paid out of that compensation;
2. Legal proceedings in the USA or Canada follow the contingency fee system operating in North America;
3. You are not pursuing a claim against a carrier, travel agent, tour operator, tour organiser, the insurers or their agents or the claims office;
4. The estimated recovery is more than £500;
5. We believe that you are likely to obtain a reasonable settlement;
6. The costs cannot be considered under an arbitration scheme or a complaints procedure;
7. You are not claiming against another insured person who is a member of your family, business associate, a friend or travelling companion, whether insured by us or another provider;
8. The claim is not due to damage to any mechanically propelled vehicle, or;
9. Legal expenses claims are only considered on the condition that you use Slater & Gordon LLP as your legal representative and they will always have complete control over the legal proceedings and the selection, appointment and control of lawyers. Where a claim occurs you will supply any reports or information and proof to us and the claims office as may be required. Any legal expenses incurred without our prior authorisation or that of the claims office will not be paid. We will settle all claims under the law of the country that you live in within the **United Kingdom** or the **Channel Islands** unless we agree otherwise with you

The following exclusions will apply:

Legal proceedings in more than one country for the same event

If you need to claim:

If you have an accident abroad and require legal advice you should contact Slater & Gordon LLP, 58 Moseley Street, Manchester, M2 3HZ. They will arrange for up to thirty minutes of free advice to be given to you by a lawyer. To obtain this service you should telephone 0161 228 3851 or fax 0161 909 4444. Opening hours are Monday to Friday 9am-5pm UK time.

## GENERAL EXCLUSIONS

We shall not be liable in respect of the following:-

1. Any claim (a) sustained whilst suffering from alcoholism or drug addiction (b) attributable to the influence of alcohol (a blood alcohol level that exceeds 0.19% - approximately four pints or four 175ml glasses of wine) or drugs not prescribed by a qualified medical practitioner.
2. Any circumstances manifesting themselves subsequent to the date of booking the trip but prior to the date of issue of the insurance.
3. Any costs or expenses which are recoverable from any other source.
4. Any liability, howsoever arising, resultant from (i) the use of either faulty or inferior property or property not fulfilling its purpose (ii) the lack of provision of any service or the provision of such service not being of an appropriate standard (iii) withdrawal from service (temporary or otherwise) of a coach, an aircraft or sea vessel on the recommendation of a Port Authority, Civil Aviation Authority or of any similar body.
5. Any liability resulting either directly or indirectly from any supplier of travel or associated services ceasing to trade.
6. Any consequence of war, invasion, act of foreign enemy, act of terrorism, hostilities whether war be declared or not, civil war, riot, civil commotion or workers or other persons taking part in a labour dispute, rebellion, insurrection, military or usurped power.
7. Loss, destruction or damage to any property, legal liability, injury, expense or indemnity of whatsoever nature arising directly or indirectly from or contributed to by ionising radiations or contamination by radioactivity from any nuclear fuel or waste or any nuclear component of whatsoever nature.
8. Unless we provide cover under this insurance any other loss, damage or additional expense following on from the event for which you are claiming. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, cost incurred in preparing a claim or loss of earnings following injury or illness.

9. **You** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign & Commonwealth Office or the World Health Organisation has advised the public not to travel.
10. **You** travelling without the required passport, visa or ESTA.
11. **You** travelling on a motorised vehicle for which **you** do not hold appropriate qualifications to ride in the **United Kingdom** or the **Channel Islands**. If **you** are riding pillion, the driver must hold appropriate qualifications.
12. **You** travelling on a motorcycle or moped without wearing a crash helmet, whether legally required locally or not.
13. **Your** suicide, self-injury, reckless behaviour or any wilful act of self-exposure to danger or infection/injury (except where it is to save human life).
14. More than the proportionate cost of **your trip** and any claim against the policy (all sections) where **you** have not insured for the full cost of **your trip**.

#### GENERAL CONDITIONS

**You** must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply with them, **we** may at **our** option cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment (there is an option to waive the excess).

1. The insurance premium is not refundable under any circumstances other than during the period as defined in the paragraph headed 'Statutory Cancellation Rights'.
2. Cover for children aged under 2 is limited to Cancellation, Medical and Repatriation expenses only.
3. This policy does not cover any person who is not normally resident in the **United Kingdom, Channel Islands or BFPO**.
4. **You** shall take all reasonable precautions to avoid injury loss or damage.
5. If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Personal Accident).
6. (i) (a) The travel company named in this document is not a servant or agent or employee of **us** (b) **you** shall at the time of effecting this insurance disclose to Travel Insurance Facilities directly any facts that could affect **our** decision to provide insurance to **you** (ii) if, after the payment of the premium and the issue of cover, but before commencement of travel, **you** or any other person upon whose health the **trip** is dependant shall suffer from any **medical condition** which may affect the travel plans or may require medical intervention during the **period of insurance** then such condition shall be disclosed to Travel Insurance Facilities immediately.
7. On the happening of any event which may give rise to a claim **you** shall (a) give immediate written notice but in any event within 3 months of the date of the occurrence to Travel Insurance Facilities (b) furnish at **your** expense such reports information and proof as may reasonably be required.
8. **You** are not at the time of effecting this insurance aware of any circumstances which are likely to result in a claim under this policy.
9. All liability shall cease upon **your** return to the **United Kingdom, Channel Islands or BFPO** or upon **your** admission into medical care in the **United Kingdom** whichever shall be the sooner.
10. **You** and **we** are free to choose the law applicable to this policy. As **we** are based in England, **we** propose to apply the laws of England and Wales and by purchasing this policy **you** have agreed to this.
11. **We** shall be entitled at **our** own expense to take any proceedings **we** consider reasonable in name to recover any payment made under this policy and any amount so recovered shall belong to **us**.

12. **You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:
  - Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect; or
  - Make a statement in support of a claim knowing the statement to be false in any respect; or
  - Submit a document in support of a claim knowing the document to be forged or false in any respect; or
  - make a claim in respect of any loss or damage caused by **your** wilful act or with **your** connivance.

#### Then

- **We** shall not pay the claim.
- **We** shall not pay any other claim which has been or will be made under the policy.
- **We** may at **our** option declare the policy void.
- **We** shall be entitled to recover from **you** the amount of any claim already paid under the policy.
- **We** shall not make any return of premium.
- **We** may inform the Police of the circumstances.

#### COMPLAINTS PROCEDURE

If **you** have cause for complaint, it is important **you** know **we** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

#### When you contact us

Please give **us** **your** name and a contact telephone number. Please quote **your** policy and/or claim number, and the type of policy **you** hold. Please explain clearly and concisely the reason for **your** complaint.

#### Initiating your complaint

Any enquiry or complaint **you** have regarding **your** policy or a claim notified under **your** policy, may be addressed to: **The Branch Manager, URV, 1 Tower View, Kings Hill, West Malling, Kent, ME19 4UY.**

If **we** have given **you** **our** final response and **you** are still dissatisfied **you** may refer **your** case to the Financial Ombudsman Service.

The Financial Ombudsman Service is an independent body that arbitrates on complaints about general insurance products. It will only consider complaints after **we** have provided **you** with written confirmation that **our** complaints procedure has been exhausted.

The Financial Ombudsman can be contacted at: **Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square London E14 9SR.**  
Telephone: 0800 023 4567 from a landline or 0300 123 9123 if calling from a mobile, or visit [www.fos.org.uk](http://www.fos.org.uk)

This procedure will not affect **your** rights in law. **You** are also able to use the EC On-line Dispute Resolution (ODR) platform at <http://ec.europa.eu/consumers/odr/> who will notify FOS on **your** behalf.

#### FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

Travel Insurance Facilities and the insurers of this policy are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** obligations, **you** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim.

Further information is available from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk)

#### EMERGENCY ASSISTANCE & REPATRIATION

In the event of death or in the event of injury or illness resulting in any of the following, immediate contact must be made with the Emergency Assistance Facilities service open 24 hours a day, 7 days a week, 365 days a year:

(i) HOSPITALISATION

(ii) REPATRIATION

(iii) ALTERATION IN TRAVEL PLANS

**Emergency Assistance Facilities**

**Telephone: +44 (0) 203 829 6745**

**When calling state your identity, this Document No. and the identity and telephone number of the treating doctor.**

#### CLAIMS

**If you need to make a claim please contact:**

**Travel Claims Facilities**

*1 Tower View,  
Kings Hill,  
West Malling,  
Kent,  
ME19 4UY.*

**Tel: 0203 829 6761**

**In the event of a claim both this document and the booking confirmation/invoice must be produced.**

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