



Your Holiday Travel Insurance

Policy Document

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Advice for travellers

Helpful hints for your insurance

- Take copies of **Your** Policy documents on holiday with **You**;
- Report any **Loss** or theft to the hotel or local police within 24 hours and get a report from them;
- Keep **Valuables** safe (for example in a safety deposit box);
- Don't leave **Valuables** lying around or in view of other people;
- Leave yourself enough time to get to the airport, park, and get through security. Remember to allow time for delays in traffic or travel;
- Contact **Us** if **You** have a change in health that may lead to **You** having to cancel or alter **Your** holiday;
- Contact **Us** for advice if **You** have any change in health that means **You** can no longer confirm **You** have accurately declared all pre-existing medical conditions for each **Person Insured** under this policy;
- Contact **Us** for advice before incurring costs in relation to medical expenses that **You** would seek to subsequently **Claim** for under this Policy +44 (0) 20 3305 9094.

Immunisations

You may need extra immunisations when travelling **Abroad**. Check whether **You** do before travelling online at www.nhs.uk/healthcareabroad.

Reciprocal health agreements

If **You** intend to travel to:

1. Europe (all EU countries plus Iceland, Liechtenstein, Norway and Switzerland)
You should obtain a European Health Insurance Card (EHIC) and take it with **You** when **You** travel.

This will allow **You** to benefit from the reciprocal health arrangements, which exist with these countries and, if **You** have a valid **Claim** for Medical Expenses under this Policy, **We** will not deduct the **Excess** where the cost of **Your Claim** has been reduced by **Your** using **Your** EHIC.

You can get more information about the EHIC, and apply for or renew **Your** EHIC:
Online at: www.nhs.uk/ehic
By phone: 0300 330 1350
By post: Forms available online.

2. Australia

You must register with Medicare if **You** require medical treatment in Australia. Some treatment charges may be partially refunded by the Medicare scheme. **You** must make **Your Claim** while **You** are still in the country.

If **You** do not, **We** will reduce **Your** Claim to the amount that **You** would have incurred had **You** registered with Medicare.

Further information about getting medical treatment **Abroad** under the United Kingdom's reciprocal healthcare arrangement can be found online at www.nhs.uk/healthcareabroad

Waiver of medical excess

If **You** have a valid **Claim** for medical expenses under this Policy, which is reduced by **You**:

- using an EHIC; or
 - taking advantage of a reciprocal health agreement with the **United Kingdom**; or
 - using **Your** private medical insurance;
- at the point of treatment, **We** will NOT deduct the **Excess**.



Know before you go

We are supporting the Foreign and Commonwealth Office's 'Know Before You Go' campaign, to help travellers prepare for their trip and stay safe overseas.

Visit www.gov.uk/knowbeforeyougo for their handy checklist on what to prepare before travelling abroad. **You** can follow @FCOtravel on Twitter and Facebook to keep up to date with the latest travel advice. Their team are also available to answer any questions through @FCOtravel Monday to Friday.

FCO travel advice

This Policy does not cover any **Journey** involving travel to areas where the Foreign and Commonwealth Office has advised against 'all travel' or 'all but essential travel'. If **You** are not sure whether there is a travel warning for **Your** destination, please check their website.

Before booking a new journey

If **You** have bought an annual multi-trip policy, please check that it continues to meet **Your** needs before booking any new **Journey**. **Your** Policy and Policy Schedule contain essential information on Policy benefits; benefit amounts; **Persons Insured**; **Journeys** covered and **Journeys** not covered; covered Leisure Activities and Sports; Health Exclusions; Health Declaration and Change of Health. If **You** have any questions, need to declare a change of health, or amend or renew **Your** Policy, please contact **Us** immediately and before booking **Your Journey**.

Welcome to your First Trust Bank Travel Insurance

Thank you for choosing First Trust Bank Travel Insurance which is arranged, administered and underwritten by Chubb European Group SE (**We/Us/Our**). This is **Your** First Trust Bank Travel Insurance Document which, together with **Your** Policy Schedule and the information provided when applying for this insurance, is a contract between **You** and **Us**.

This Policy pays benefits, in accordance with this Policy wording, in the event that **You**:-

- need to cancel **Your Journey** before it begins; or
- suffer illness or injury; or
- are delayed en route; or
- suffer **Loss** or damage to **Your Personal Property** or **Money** all whilst on a **Journey**.

This Policy does not cover:-

- **Journeys** of less than 2 nights pre-booked accommodation if the trip is not **Abroad**; or
- any pre-existing medical conditions which **We** asked **You** about and **You** failed to tell **Us** about when this Policy was purchased; or
- any pre-existing medical conditions which **You** told **Us** about and **We** did not agree in writing to provide cover for.

You (as specified in the Policy Schedule) and **Us** agree that **You** shall pay the premium as agreed. The Policy Schedule and this Policy document provides the full terms and conditions of the insurance with **Us**. **You** acknowledge that **We** have offered this Policy and set the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided by **You** may result in a change in the terms and conditions of the Policy and/or a change in the premium.

You should check over the Policy wording and Policy Schedule carefully to ensure they are correct and meet **Your** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. **You** should keep these documents in a safe place. **You** must tell **Us** if either **Your** insurance needs or any of the information **You** have given **Us** changes. A change in circumstances may affect Policy cover, even if **You** do not think a change is significant, and **We** may need to change this Policy. **We** will update the Policy and issue a new Policy Schedule each time a change is agreed.

Table of benefits

Section	Benefit Amounts / Limit of Liability applicable per person			Excess applicable per person
A. Cancellation & Curtailment	Up to:	£5,000		£50
B. Medical Expenses & Repatriation - Journeys Abroad Only	1. A. Medical expenses : B. Emergency repatriation expenses : C. Travel expenses - £100 per day up to : 2. Accompanying traveller expenses : 3. Cremation, burial or transportation charges up to : 4. Emergency dental treatment up to :	Unlimited Unlimited Unlimited Unlimited £5,000 £250		£50 £50 £50 £50
C. Medical Emergency in the United Kingdom	1. Transport and accommodation - £25 per day up to : 2. Body return up to : 3. Ambulance transfer up to :	£2,000 £2,000 £2,000		£50
D. Hospital Benefit - Journeys Abroad Only	£20 for each full 24 hours you remain a hospital in patient, up to :	£1,000		Nil
E. Personal Property	1. Loss, damage or theft Repair and replacement costs – up to : Single article limit : Valuables in total : 2. Delayed baggage – up to : 3. Money If you are aged under 16* in total – up to : If you are aged 16* or over in total – up to : *at the time of loss or theft 4. Passport / driving licence	£2,000 £300 £300 £200 £100 £500 £300		£50 Nil £50 £50 Nil
F. Personal Accident	1. Death; or 2. Loss of sight; or 3. Loss of limb; or 4. Permanent total disability *at the time of the physical injury	If you are aged under 16* £7,500 £25,000 £25,000 £25,000	If you are aged 16* or over £25,000 £25,000 £25,000 £25,000	Nil
G. Travel Delay - Journeys Abroad Only	Travel delay benefit For the first full 12 hours delay : For each subsequent full 12 hours delay : Up to :	£20 £20 £250		Nil
H. Travel Abandonment - Journeys Abroad Only	Up to :	£5,000		£50
I. Missed Departure - Journeys Abroad Only	Up to :	£1,000		£50
J. Unusable Accommodation - Natural Catastrophe	Up to :	£500		£50
K. Accommodation - Withdrawal of Services	£25 for each full 24 hours you are without one or more service(s) in your accommodation, if the service(s) has been withdrawn continuously for at least 60 hours, up to :	£500		Nil

Section	Benefit Amounts / Limit of Liability applicable per person	Excess applicable per person
L. Personal Liability	Up to : £2,000,000	£50
M. Overseas Legal Expenses	Up to : £25,000	Nil
N. Hijack	£50 for each full 24 hours you are held hostage, up to : £1,000	Nil
O. Mugging - Journeys Abroad Only	£50 for each full 24 hours you remain a hospital in patient, up to : £1,000	Nil
P. Pet Care Fees - Journeys Abroad Only	Up to : £100	Nil
Q. Compassionate Return - Journeys Abroad Only	Up to : £300	Nil
R. Courier Costs	1. Essential medication – up to : £300 2. Mobility aid courier & hire – up to : £900	£50

Important information about COVID-19

This Policy does not cover and **We** will not (under any sections) pay for **claims** of any kind directly or indirectly arising from, relating to or in any way connected with the Coronavirus Disease 19 (COVID-19) (or any mutation or variation thereof) and / or its outbreak. This exclusion applies to all sections of cover except for Section B – Medical Expenses and Repatriation provided **You** are not travelling in, to or through any area to which the Foreign and Commonwealth Office has advised against ‘all travel’ or ‘all but essential travel’. To the extent that any term or condition in the Policy may be inconsistent with this exclusion, this exclusion shall prevail

Table of benefits - optional cover extensions

The following extensions are optional. Please refer to your Policy Schedule, where it will show whether cover applies under one or more of these optional cover extensions. If the extension is not listed under ‘Your optional cover extensions’ then no cover will be provided for that extension.

Excess Waiver

All excesses are reduced to nil.

Car Hire Excess

Insurance cover if you are renting a car in Europe for the Car Hire Excess amount. Cover is capped at £4,000 for any one incident and £5,000 overall within the period of insurance.

Winter Sports Extension	Benefit Amounts per person	Excess Applicable per person
Winter sports equipment loss, damage or theft Cost of repair and replacement – up to :		
1. Your winter sports equipment :	£500	£50
2. Hired winter sports equipment : Single article limit :	£500 £300	£50
3. Winter sports equipment hire – £20 for each full 24 hours, up to :	£200	Nil
4. Ski pack – £75 for each full 24 hours, up to :	£300	Nil
5. Piste closure – £20 for each full 24 hours, up to :	£250	Nil
6. Avalanche – up to :	£250	Nil
Cruise Extension - Journeys Abroad Only	Benefit Amounts per person	Excess Applicable per person
1. Missed port departure - up to :	£1,000	£50
2. Cabin confinement - £100 for each full 24 hours, up to :	£1,000	Nil
3. Unused excursions - up to :	£500	£50
4. Cruise interruption - up to :	£1,000	£50

Hazardous Activities Extension

The list of allowed activities will be extended to include the additional optional hazardous activities listed on page 16 of the policy document.

Golf Extension	Benefit Amounts per person	Excess Applicable per person
1. Your golf equipment – the cost of repair or replacement, up to : Single article limit :	£1,000 £300	£50
2. Replacement golf equipment hire – £20 for each full 24 hours, up to :	£200	Nil
3. Unused green fees – £75 for each full 24 hours, up to :	£300	Nil
4. Hole in one – up to :	£75	Nil

Business Extension	Benefit Amounts per person	Excess Applicable per person
1. Business equipment		
Repair and replacement costs – up to :	£2,000	£100
Samples limit :	£500	£100
Hired equipment :	£500	£100
Single article limit :	£300	
2. Business equipment hire		
£50 for each full 24 hours, up to :	£500	£100
3. Business money – up to :	£1,000	£100

Important notes

How to claim

Guidance on how to make a **Claim** under this Policy is detailed on page 46 in this Policy document.

How to cancel

Guidance on how to cancel this Policy is detailed on page 50 in this Policy document.

General conditions and general exclusions

There are certain Conditions and Exclusions which apply to all sections of this Policy, and these are detailed on pages 44 and 50 in this Policy document.

Persons covered

All **Persons Insured** on this Policy must be:

1. permanently resident in the **United Kingdom**;
2. in the **United Kingdom** at the time of purchasing this Policy;
3. 74 years of age or under at the time of purchasing this Policy.

No **Person Insured** has been diagnosed with a terminal condition, is travelling to obtain medical treatment or is travelling against medical advice.

Policy definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 54 to 58 in this Policy document.

Children

Children will only be covered when they are travelling with an adult named under **Person(s) Insured** on the Policy Schedule. If **You** have purchased an annual multi-trip policy, they will also be covered in the following circumstances:

- in the company of an adult **You** or **Your Partner** know, or on an organised school, college or university trip.
- travelling on a scheduled air service as an unaccompanied minor, but only if that air service operates an unaccompanied minor scheme, and only if they are travelling with the intention of joining, or being subsequently joined by, another adult insured under this Policy upon arrival at the destination.

Journeys covered

The type of Policy **You** have chosen, single trip or annual multi-trip, is shown on the Policy Schedule.

1. Single trip policy
A single trip policy covers a **Journey Abroad** during the **Period of Insurance** that takes place entirely within the Area of Travel stated in the Policy Schedule.
2. Annual multi-trip policy
An annual multi-trip policy covers all **Journeys** starting during the **Period of Insurance** provided they meet the following conditions:
 - A. each **Journey** must take place entirely within the Area of Travel stated in the Policy Schedule;
 - B. no individual **Journey** continues for more than 31 consecutive days;
 - C. **You** spend no more than 90 days in total on **Journeys** in any **Period of Insurance**;

- D. each **Journey** in the **United Kingdom** includes at least 2 nights spent in accommodation that is booked before the **Journey** begins;
- E. if the optional Winter Sports Extension is shown as covered on the Policy Schedule then no more than 21 days in total in any **Period of Insurance** are spent on **Journeys** involving training for or participating in winter sports.

Journeys not covered

We will not cover any **Journey**:

- which involves **You** travelling specifically to obtain medical, dental or cosmetic treatment;
- when **You** have been advised not to travel by **Your Doctor** or you have received a terminal prognosis;
- where, on the date it is booked (or commencement of the **Period of Insurance** if later), **You** or **Your Travelling Companion** are aware of any reason why it might be cancelled or **Curtailed**, or any other circumstance that could reasonably be expected to result in a **Claim** under this Policy;
- where sports or activities are the main reason of **Your Journey** (unless **You** have bought the optional Winter Sports or Hazardous Activities Extension and are on the **Journey** specifically to take part in that activity under this Policy). Please note that certain activities and sports are covered automatically (these are detailed on page 14 of this Policy);
- involving travel to areas where the Foreign and Commonwealth Office has advised against 'all travel' or 'all but essential travel'. If **You** are not sure

whether there is a travel warning for **Your** destination, please check their website www.fco.gov.uk/travel

The cover we provide

Your Policy Schedule shows the maximum amount **We** will pay under each section that applies, and whether **You** have bought cover under any optional extension.

All cover sections provide cover for **Journeys Abroad**. If **You** have bought an annual multi-trip policy the following sections are applicable to **Journeys** within the **United Kingdom**:

- Section A. Cancellation & Curtailment
- Section C. Medical Emergency in the United Kingdom
- Section E. Personal Property
- Section F. Personal Accident
- Section J. Unusable Accommodation - Natural Catastrophe
- Section K. Accommodation - Withdrawal of Services
- Section L. Personal Liability
- Section N. Hijack
- Section R. Courier Costs (Mobility Aid courier and hire only).

If **You** have bought an optional extension that extension is also applicable to **Journeys** within the **United Kingdom**.

When you are covered

1. Cancellation cover under Section A. begins when a **Journey** is booked, or from the commencement date and time stated in the Policy Schedule, whichever is later. It ends when **You** leave **Your** home in the **United Kingdom** to commence **Your Journey**.

2. Insurance cover under all other sections operates for a **Journey** that takes place during the **Period of Insurance** and includes travel directly to and from **Your** home in the **United Kingdom** provided the return home is completed within 24 hours of:
- A. return to the **United Kingdom**; or
 - B. departure from pre-booked accommodation following a **Journey** within the **United Kingdom** covered under an annual multi-trip policy.

When cover will end automatically

All cover will end when the **Period of Insurance** ends.

Cover for **Children** will end on the first date a premium is due after their 18th birthday (or 23rd birthday if still in full-time education) or when any of the following occur, if earlier:

- **Your** cover ends; or
- **Your Child** gets married; or
- **Your Child** stops being financially dependent as allowed for in the definition of **Child**.

In respect of annual multi-trip policies, if a **Journey** continues beyond the expiry date of **Your** Policy or a **Journey** has been booked which begins after the expiry date of **Your** Policy **You** must buy a new Policy if **You** wish cover to continue before you depart the **United Kingdom**. If **You** do not buy a new Policy, the remaining period of the **Journey** or any future **Journey** which has been booked will not be covered after the expiry date of this Policy.

Automatic extension of the period of insurance

If **You** cannot return home from a **Journey** before **Your** cover ends, **Your** Policy will automatically be extended at no extra charge for:

- up to 14 days if any **Public Transport** in which **You** are booked to travel as a ticket-holding passenger is unexpectedly delayed, cancelled or **Curtailed** because of **Adverse Weather**, industrial action, volcanic ash, or mechanical breakdown; or
- up to 30 days (or any longer period agreed by **Us** in writing before this automatic extension expires) if **You** cannot return home **Due To**:
 - **You** being injured or becoming ill or being quarantined during a **Journey**; or
 - **You** being required to stay on medical advice with another **Person Insured** named on **Your** Policy Schedule who is injured or becomes ill or is quarantined during a **Journey**.

Health declaration and change of health

Please read the following carefully as it may affect the cover **We** provide and **Your** ability to **Claim** under **Your** Policy.

1. Annual Multi Trip Policies

At the time **You** applied for this Policy, **You** confirmed the statements **We** asked **You** to confirm, and which appear in **Your** Policy Schedule under the section entitled "Your Declaration to Us". This included **Your** confirmation that **You** had accurately declared all pre-existing medical conditions for each **Person Insured** under this Policy.

We also told **You** that **You** need to be able to provide this confirmation before **You** book any Journey, and that if **You** can't, **You** must contact **Us**.

If a **Person Insured's** health changes after **You** provided this confirmation and **You** can no longer provide it, **You** must let **Us** know immediately if:

- **You** have reason to believe that **Your Journey** may need to be cancelled or **Curtailed** or **You** are aware of any other circumstance that could reasonably be expected to result in a **Claim** on this Policy;
- a **Doctor** has advised **You** or any other **Person Insured** against travelling;
- **You** or any other **Person Insured** has any medical condition for which **You** or they have received a terminal prognosis.

If **You** have a change in health and provided **Your Journey** was booked before the change of health occurred, **You** may have a valid cancellation **Claim** if **You** have to cancel **Your Journey**, or **We** cannot provide the cover **You** require.

As well as "Your Declaration to Us" when **You** bought **Your Policy**, **You** must also tell **Us** about specific changes in **Your** health that happen before **You** book each individual **Journey** too - if **You** fail to tell **Us** it may affect **Your Policy** cover and a **Claim** might not be paid.

The types of changes in **Your** health that **We** must be told about are if **You** have been:-

- advised by a **Doctor** not to go on **Your Journey**; or

- prescribed a significant change in medication, or have been prescribed new medication; or
- diagnosed with or treated for any circulatory condition, including stroke or high blood pressure; or
- diagnosed with or treated for any form of diabetes, cancer or brain tumour; or
- diagnosed with or treated for any heart related condition, including angina or heart attack; or
- diagnosed with or treated for any psychiatric or psychological condition, including anxiety, stress or depression; or
- treated at **Hospital**, had surgery, or seen a specialist or consultant; or
- told by a **Doctor** that **You** are under investigation or awaiting referral, treatment or results; or
- given a terminal prognosis, regardless of **Your** life expectancy.

If **You** are not sure if **You** need to tell **Us** about something relating to **Your** health, please contact **Us** for advice.

Depending on the type of change in **Your** health, **We** may:-

- confirm to **You** that **Your** existing Policy cover remain unchanged; or
- tell **You** that **You** can **Claim** under the Policy's Cancellation section, but that if **You** go on a **Journey** and **Your** specific medical condition results in **You** needing medical care and incurring medical expenses, such medical care and medical expenses will not be covered under **Your** Policy; or
- require **You** to pay an additional premium to include cover for the specific medical condition; or
- cancel the Policy and pay to **You** a pro-rata refund of premium.

2. Single Trip Policies

At the time **You** applied for this Policy, **You** confirmed the statements **We** asked **You** to confirm, and which appear in Your Policy Schedule under the section entitled “Your Declaration to Us”. This included **Your** confirmation that **You** had accurately declared all pre-existing medical conditions for each **Person Insured** under this Policy.

If a **Person Insured’s** health changes after **You** provided this confirmation and **You** can no longer provide it, **You** must let **Us** know immediately if:

- **You** have reason to believe that **Your Journey** may need to be cancelled or **Curtailed** or **You** are aware of any other circumstance that could reasonably be expected to result in a **Claim** on this Policy;
- a **Doctor** has advised **You** or any other **Person Insured** against travelling or **You** believe would do so if his/her advice was sought;
- **You** or any other **Person Insured** has any medical condition for which **You** or they have received a terminal prognosis.

Health exclusions

1. This Policy contains exclusions relating to the health of all **Person(s) Insured**. These appear under the General Exclusions.
2. This Policy contains exclusions relating to the health of any **Immediate Family Member** on which **Your Journey** depends. These exclusions appear within ‘What is not covered’ under:
 - Section A. Cancellation & Curtailment;
 - Section Q. Compassionate Return;

Automatically covered leisure activities and sports

You are automatically covered when training for or participating in any of the leisure activities or sports listed in this section, on a recreational basis during **Your Journey**, subject to any provisions, limitations or exclusions noted by the relevant sport or activity and provided that:

1. **You** have not been advised by a **Doctor** against participating in such sport or activity;
 2. **You** wear the recommended/ recognised safety equipment;
 3. **You** follow safety procedures, rules and regulations as specified by the activity organisers/providers;
 4. **You** are not racing or competing in or practising for speed or time trials of any kind; and
 5. It is not the main reason of **Your Journey** (unless **You** have bought the optional Winter Sports Extension and are on a **Journey** specifically to take part in **Winter Sports** covered under this Policy).
- Archery (provided supervised by a qualified person)
 - Arm wrestling
 - Badminton
 - Basketball
 - Beach basketball
 - Beach cricket
 - Beach football
 - Beach volleyball
 - Bocce
 - Body boarding
 - Bowls
 - Bowling
 - Canoeing, kayaking and rafting on inland waters only (excluding white water)
 - Carriage or hay or sleigh rides

- Clay-pigeon shooting (provided supervised by a qualified person)
- Cricket
- Croquet
- Curling
- Cycling (except BMX and/or mountain biking)
- Deep sea fishing (excluding competitions)
- Dry skiing
- Elephant riding (less than 2 days)
- Fell walking
- Fencing (provided supervised by a qualified person)
- Fishing, or angling (on inland waters only)
- Footbag (hacky sack)
- Football (Association)
- Go karting (provided **You** wear a crash helmet)
- Golf
- Handball
- Hiking or hill walking (up to 1,000m above sea level, only covered if no guides or ropes are required)
- Horse riding (provided no hunting, jumping or polo)
- Hot air ballooning (provided it is professionally organised, and **You** travel as a passenger only)
- Ice skating (excluding ice hockey and speed skating)
- In line skating
- Javelin
- Jet skiing
- Korfbal
- Lacrosse
- Land sailing
- Laser games
- Long jump
- Maxi-basketball
- Mini-basketball
- Motorcycling up to 125cc provided **You** wear a crash helmet, and hold a full (and not provisional) **United Kingdom** motorcycle licence if **You** are in control of the motorcycle
- Netball
- Paddleball
- Parascending (provided over water)
- Pony trekking
- Racquetball
- Rambling (up to 1,000m above sea level, only covered if no guides or ropes are required)
- Roller skating
- Roller blading
- Rounders
- Rowing (on inland waters only)
- Running (recreational)
- Safari (camera only and professionally organised)
- Sail boarding
- Sailing or yachting (inland and coastal waters only)
- Scuba diving (to a depth not exceeding 18m and provided that **You** are either accompanied by a qualified instructor, or **You** are qualified and not diving alone)
- Snorkelling
- Soccer
- Squash
- Softball
- Streetball
- Surfing
- Swimming
- Table tennis
- Tennis
- Trampolining
- Trekking (up to 1,000m above sea level, only covered if no guides or ropes are required)
- Triple jump
- Tug of war
- Twirling
- Volleyball
- Water polo

- Water skiing
- Wind surfing

Please refer to the relevant exclusions under each section of **Your** Policy and to the General Exclusions, which continue to apply. Please specifically note the exclusion under Section L. Personal Liability relating to the ownership, possession or use of vehicles, aircraft, hovercraft, watercraft, firearms or buildings.

Optional hazardous activities extension

If the optional Hazardous Activities Extension is shown as covered on **Your** Policy Schedule, the list of Automatically Covered Leisure Activities and Sports is extended to include the following leisure activities or sports on a recreational basis during **Your Journey**, subject to any provisions, limitations or exclusions noted by the relevant sport or activity and provided that:

1. **You** have not been advised by a **Doctor** against participating in such sport or activity;
2. **You** wear the recommended/ recognised safety equipment;
3. **You** follow safety procedures, rules and regulations as specified by the activity organisers/providers;
4. **You** are not racing or competing in or practising for speed or time trials of any kind; and
5. It is not the main reason for **Your Journey**.
 - Abseiling
 - Athletics (charity events only)
 - Banana boating
 - Biathlon (charity events only)
 - Bungee jumping
 - Camel riding
 - Climbing (indoor)
 - Cross country running (charity events only)
 - BMX cycling and/or off-road mountain biking
 - Fishing or angling (up to 12 mile offshore limit)
 - Fives
 - Gaelic football
 - Gliding (no cover for crewing or piloting)
 - Gymnastics
 - Hiking or hill walking (up to 4,000m above sea level, only covered if no guides or ropes are required)
 - Hockey
 - Hurling
 - Jet boating
 - Judo
 - Karate
 - Kendo
 - Kite surfing (on land excluded)
 - Marathon running (charity events only)
 - Martial arts (excluding cover under Personal Liability)
 - Modern pentathlon (charity events only)
 - Orienteering
 - Paintballing (wearing eye protection, and excluding cover under Personal Liability)
 - Parachute jumping (static line)
 - Paragliding (supervised or with an instructor)
 - Parascending (supervised, over land or over water)
 - Pistol shooting
 - Rambling (up to 4000m above sea level, only covered if no ropes or guides are required)
 - Rap jumping (within organiser's guidelines)
 - Re-enacting (excluding cover under Personal Liability)

- Rifle shooting
- Ringos
- Roller hockey
- Sailing or yachting offshore – recreational
- Sand dune surfing/skiing
- Scuba diving (up to 30m depth) provided that **You** are either accompanied by a qualified instructor, or **You** are qualified and not diving alone
- Sea kayaking (up to 12 mile offshore limit)
- Shark diving (in cage)
- Shinty
- Skate boarding
- Summer tobogganing
- Street hockey (wearing pads and helmets)
- Tae Kwon Do (excluding cover under Personal Liability)
- Triathlon (charity events only)
- Trekking (up to 4,000m above sea level, only covered if no guides or ropes are required)
- War games (excluding cover under Personal Liability)
- White water canoeing, kayaking or rafting (up to grade 3 rivers only)

Please refer to the relevant exclusions under each section of **Your** Policy and to the General Exclusions, which continue to apply. Please specifically note the exclusion under Section L. Personal Liability relating to the ownership, possession or use of vehicles, aircraft, hovercraft, watercraft, firearms or buildings.

Optional winter sports extension

If the optional Winter Sports Extension is shown as covered on **Your** Policy Schedule, the list of Automatically

Covered Leisure Activities and Sports is extended to include the following, provided that **You** participate on a non-competitive basis only and provided that:

1. **You** have not been advised by a **Doctor** against participating in such sport or activity;
2. **You** wear the recommended/ recognised safety equipment;
3. **You** follow safety procedures, rules and regulations as specified by the activity organisers/providers; and
4. **You** are not racing or competing in or practising for speed or time trials of any kind.

- Bigfoot skiing
- Cross country skiing
- Dog sledding
- Glacier skiing
- Glacier walking
- Kite snowboarding
- Langlauf
- Mono skiing
- Skiing or snowboarding (including off piste when accompanied by or under the instruction of a qualified local guide)
- Ski touring
- Snowblading
- Speed skating
- Tobogganing
- Use of snowmobiles and skidoos

Please refer to the relevant exclusions under each section of **Your** Policy and to the General Exclusions, which continue to apply. Please specifically note the exclusion under Section L. Personal Liability relating to the ownership, possession or use of vehicles.

Chubb Assistance

Chubb Assistance can provide a range of assistance and medical related services when **You** are on a **Journey Abroad**. Please make sure **You** have details of this Policy, including the Policy number and **Period of Insurance** when **You** call.

To contact **Chubb Assistance** please call:
+44 (0) 20 3305 9094

1. Medical emergency and referral services

If **You** are injured or become ill **Abroad** **You** must contact **Chubb Assistance** immediately if **You** need hospital in-patient treatment, specialist treatment, medical tests, scans or to be brought back to the **United Kingdom**.

If **You** cannot do this **Yourself**, **You** must arrange for a personal representative (for example, a spouse or parent) to do this for **You**. If this is not possible because **Your** condition is serious, **You** or **Your** personal representative must contact **Chubb Assistance** as soon as possible.

If **Chubb Assistance** are not contacted, **We** may reject **Your Claim** or reduce its payment.

In all other circumstances **You** are entitled to use the services of **Chubb Assistance** detailed in this section, as appropriate.

Chubb Assistance - Medical Emergency and Referral Services can help with:

- A. Payment of bills - if **You** are admitted to hospital **Abroad**, the hospital or attending **Doctor(s)** will be contacted and payment of their fees up to the Policy limits may be guaranteed so that **You** do not have to make the payment from **Your** own funds.
- B. Being brought back to the **United Kingdom** - if the **Doctor** appointed by **Chubb Assistance** believes treatment in the **United Kingdom** is preferable, transfer may be arranged by regular scheduled transport services, or by air or road ambulance services if more urgent treatment and/or specialist care is required during the **Journey**.
- C. Provision of medical advice:
 - i. if **You** require emergency consultation or treatment **Abroad**, **Chubb Assistance** will provide the names and addresses of local **Doctors**, hospitals, clinics and dentists, and its panel of **Doctors** will provide telephone medical advice.
 - ii. if necessary **Chubb Assistance** will make arrangements for a **Doctor** to call, or for **You** to be admitted to hospital.
- D. Unsupervised **Children** - if a **Child** is left unsupervised on a trip **Abroad** because **You** or **Your Partner** (if shown as insured in the Policy Schedule) is hospitalised or incapacitated, **Chubb Assistance** may organise their return home, including a suitable escort when necessary.

Please note that whilst **You** will not be charged for advice or assistance, **You** will be responsible for paying fees and charges for services provided to **You** if they are not covered as part of a valid **Claim** under this Policy.

2. Personal assistance services

The services under this section are provided by **Chubb Assistance** and are only available during a **Journey Abroad**.

These are non-insured facilitation services making use of **Chubb Assistance's** wide experience and contacts. Any costs incurred, for example for message relay, must be reimbursed to **Chubb Assistance** unless they form part of a successful **Claim** under an appropriate section of this Policy.

Chubb Assistance - Personal Assistance Services can help with:

A. Transfer of emergency funds

Transfer of emergency funds up to £250 per trip if access to normal financial/ banking arrangements are not available locally. In order to reimburse **Chubb Assistance You** must authorise **Chubb Assistance** to debit **Your** credit or charge card with the amount of the transfer, or make alternative arrangements to deposit the funds in **Chubb Assistance's** account in the **United Kingdom**. If the emergency transfer is needed **Due To** theft or **Loss** of personal **Money**, a **Claim** may be made under the Policy.

B. Message relay

Transmission of urgent messages to relatives or business associates if medical or travel problems disrupt a **Journey**.

C. Replacement travel documents

Assistance with the replacement of **Lost** or stolen tickets and travel documents, and referral to suitable travel offices. **Chubb Assistance** will not pay for any item.

D Emergency translation facility

A translation service if the local provider of an assistance service does not speak English.

E. Legal help

Referral to a local English speaking Lawyer, Embassy or Consulate if legal advice is needed, and arrangement of payment of reasonable emergency **Legal Expenses** or bail, against a guarantee of repayment.

COVER

Section A. Cancellation & Curtailment

What is covered

1. Cancellation

We will refund **Your** unused travel and/or accommodation costs up to the amount stated in the Policy Schedule (including excursions pre-booked and paid for before leaving the **United Kingdom**) which **You** have paid or are contracted to pay for and which cannot be recovered from any other source if it becomes necessary to cancel a **Journey** or an excursion pre-booked and paid for before leaving the **United Kingdom Due To:**

A. **You, Your Travelling Companion(s)**

- i. dying; or
- ii. suffering serious injury; or
- iii. suffering sudden or serious illness; or
- iv. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a **Doctor** who specialises in obstetrics); or
- v. being compulsorily quarantined on the orders of a treating **Doctor**;

provided that such cancellation is confirmed as medically necessary by the treating **Doctor**.

- ##### B. **Your Immediate Family Member or Close Business Colleague or Your Travelling Companion's Immediate Family Member or Close Business Colleague** or someone **You** have arranged to stay with on a **Journey**:
- i. dying; or

- ii. suffering serious injury; or
- iii. suffering sudden and serious illness; or
- iv. suffering from complications in pregnancy (where such complications are diagnosed by a **Doctor** who specialises in obstetrics);

provided that such cancellation is confirmed as medically necessary by a **Doctor**.

- ##### C. the police requiring **You** or **Your Travelling Companion's** presence following a burglary or attempted burglary at **Your** or **Your Travelling Companion's** home.
- ##### D. serious fire, storm or flood damage to **Your** or **Your Travelling Companion's** home; provided that such damage occurs within the 7 days immediately prior to commencement of **Your Journey** (or after departure if in respect of 2. **Curtailment**).
- ##### E. the compulsory jury service or subpoena of **You** or **Your Travelling Companion**.
- ##### F. **You** or **Your Travelling Companion** being made redundant and having registered as unemployed.

2. Curtailment

We will pay:

- ##### A. unused accommodation costs (including excursions pre-booked and paid for before leaving the **United Kingdom**) which **You** have paid or are contracted to pay for and which cannot be recovered from any other source; and
- ##### B. reasonable additional travel and accommodation (room only) costs necessarily incurred in **You** returning to **Your** home in the **United Kingdom**;

up to the amount stated in the Policy Schedule, if it becomes necessary to, **Curtail a Journey Due To** any of the reasons outlined in Section 1. Cancellation A - D (but not E or F).

What is not covered

1. Any **Claim Due To**:

- A. any serious, chronic or recurring medical condition affecting any **Immediate Family Member** upon who **Your Journey** depends that was diagnosed before **Your Journey** was booked (or commencement of the **Period of Insurance** if later), and which could result in **You** having to cancel **Your Journey**;
- B. jury service or subpoena if **You** or **Your Travelling Companion** are called as an expert witness or where **You** or their occupation would normally require a Court attendance;
- C. redundancy where **You** or **Your Travelling Companion**:
 - i. were unemployed or knew that **You** or they may become unemployed, at the time the **Journey** was booked;
 - ii. are voluntarily made redundant or made redundant as a result of misconduct or following resignation;
 - iii. are self-employed or a contract worker;
- D. any adverse financial situation causing **You** to cancel **Your Journey**, other than the reasons stated within the section 'What is covered'.
- E. **You** or **Your Travelling Companion(s)** deciding that **You** do not want to travel, unless that

reason for not traveling is stated within the section 'What is covered'.

F. The failure to obtain the necessary passport, visa or permit for **Your Journey**.

2. Any loss, charge or expense **Due To**:

- A. a delay in notifying the tour operator, travel agent, or transport or accommodation provider that it is necessary to cancel a booking;
- B. prohibitive regulations by the government of any country.

3. Any charge or expense paid for with, or settled using, any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any **Claim** for management fees, maintenance costs or exchange fees associated in relation to timeshares or similar arrangements.

4. Accommodation and travel expenses where the transport and/or accommodation used is of a standard that is superior to that of the **Journey**.

5. The **Excess**.

Section B. Medical expenses & repatriation - journeys abroad only

Cover under this section only applies to **Journeys Abroad**.

What is covered

If during a **Journey Abroad You**:

- 1. are injured; or
- 2. become ill (including complications in pregnancy as diagnosed by a **Doctor** or specialist in obstetrics, provided that if **You** are travelling between 28 and 35 weeks pregnant **You** obtained written confirmation from a **Doctor** of **Your** fitness to travel no earlier than 5

days prior to the commencement of **Your Journey Abroad**);

We will pay up to the amount stated in the Policy Schedule for:

1. A. Medical Expenses

All reasonable costs that it is medically necessary to incur outside of the **United Kingdom** for hospital, ambulance, surgical or other diagnostic or remedial treatment, given or prescribed by a **Doctor**, and including charges for staying in a hospital;

B. Emergency Repatriation Expenses

All reasonable costs that it is medically necessary for **Chubb Assistance** to incur to return **You** to **Your** home in the **United Kingdom**; or to move **You** to the most suitable hospital in the **United Kingdom**; if it is medically necessary to do so.

C. Travel expenses

All for necessary and reasonable accommodation (room only) and travel expenses incurred with the consent of **Chubb Assistance**, if it is medically necessary for **You** to stay **Abroad** after **Your** scheduled date of return to the **United Kingdom**, including travel costs back to the **United Kingdom** if **You** cannot use **Your** original return ticket.

2. Accompanying traveller expenses

All necessary and reasonable accommodation (room only) and travel expenses incurred with the consent of **Chubb Assistance**, by any one other person if required on medical advice to accompany **You** or to escort a **Child** home to the **United Kingdom**.

3. Cremation, burial or transportation charges

If **You** die **Abroad** we will pay for;

A. cremation or burial charges in the country in which **You** die; or

B. transportation charges for returning **Your** body or ashes back to the **United Kingdom**.

4. Emergency Dental Treatment

All medically necessary and reasonable cost to provide emergency dental treatment for the relief of pain only, outside of the **United Kingdom**.

Special conditions

1. If **You** are injured or become ill **Abroad**

You must follow the procedure detailed under "Making a Claim" on page 46 of this Policy. If **You** do not, **We** may reject **Your Claim** or reduce the amount that **We** pay **You**.

2. **Chubb Assistance** may:

A. move **You** from one hospital to another; and/or

B. return **You** to **Your** home in the **United Kingdom**; or move **You** to the most suitable hospital in the **United Kingdom**;

at any time, if **Chubb Assistance** believes that it is medically necessary and safe to do so.

3. Additional travel and hotel expenses must be authorised in advance by **Chubb Assistance**.

4. All original receipts must be kept and provided to support a **Claim**.

What is not covered

1. Any treatment or surgery or exploratory tests:

A. not confirmed as medically necessary; or

B. not directly related to the injury or illness that **You** were admitted to hospital for.

2. Surgery, medical or preventative treatment which can be delayed in the opinion of the **Doctor** treating **You** until **You** return to the **United Kingdom**.
3. Any costs incurred following **Your** decision not to move hospital or return to the **United Kingdom** after the date when, in the opinion of **Chubb Assistance**, **You** should do so.
4. Cosmetic surgery.
5. Treatment or services provided by any convalescent or nursing home, rehabilitation centre or health spa.
6. Any medical treatment that **You** travelled **Abroad** to obtain.
7. Medication **You** are taking before, and which **You** will have to continue taking during, a **Journey**.
8. Any expenses incurred in the **United Kingdom**.
9. Any additional travel and accommodation expenses incurred which have not been authorised in advance by **Chubb Assistance**.
10. Accommodation and travel expenses where the additional transport and/or accommodation used is of a standard superior to that of the original **Journey**.
11. Any additional costs for single or private room accommodation.
12. Cremation or burial costs in the **United Kingdom**.
13. The cost of medical or surgical treatment of any kind received by a **Person Insured** later than 52 weeks from the date of the accident or commencement of the illness.
14. The **Excess**, except where **You** have obtained a reduction in the cost of medical expenses by using a EHIC in the European Union, (including Iceland,

Liechtenstein, Norway & Switzerland), or by registering with Medicare in Australia if **You** require medical treatment whilst in the country.

15. Any **Claim** when you have travelled against the advice of **Your Doctor**.
16. Any **Claims** when **You** had received a terminal prognosis before travelling and cover has not been agreed in writing by **Us**.
17. Any complication in pregnancy that was known by **You** at the time of travel.

Section C. Medical emergency in the United Kingdom

What is covered

If during a **Journey** within the **United Kingdom**, **You**:

1. are injured; or
2. become ill;

We will pay up to the amount stated in the Policy Schedule for:

1. Accompanying Traveller Expenses
For transport and accommodation expenses (including a daily allowance for meals, phone calls and travel) for one **United Kingdom** resident, to stay with or travel to and stay with **You** on the advice of **Chubb Assistance**. **You** must provide **Us** with original receipts for these expenses.
2. Transportation Charges
To return **Your** body or ashes to **Your** home, if **You** die.
3. Ambulance Transfer
For **You** to be transferred by ambulance to a hospital nearer to **Your** home.

What is not covered

1. Where **You** have travelled against medical advice.
2. Where **You** do not contact **Chubb Assistance** as soon as practically possible and follow any advice they provide.
3. The **Excess**.

Section D. Hospital benefit - journeys abroad only

Cover under this section only applies to **Journeys Abroad**.

What is covered

If **You** are admitted to hospital as an in-patient during a **Journey Due To** injury or illness for which **You** have a valid **Claim** under Section B. Medical Expenses & Repatriation, **We** will pay the benefit amount stated in the Policy Schedule for each complete 24 hours that **You** remain a hospital in-patient, up to the maximum amount stated in the Policy Schedule.

What is not covered

We will not pay for time **You** spend in an institution not recognised as a hospital in the country of treatment.

Section E. Personal property

What is covered

1. **Loss**, damage or theft
If **Personal Property** is **Lost**, damaged or stolen during **Your Journey**, **We** will pay **Repair and Replacement Costs** up to the amount stated in the Policy Schedule.
2. Delayed baggage
If **Personal Property** is **Lost** or

misplaced for at least 12 hours on **Your** outbound **Journey** by the airline or other carrier, **We** will pay up to the amount stated in the Policy Schedule to reimburse **You** for the cost of essential items of clothing, medication, toiletries and **Mobility Aids** that **You** have to purchase.

3. Money

We will pay up to the amount stated in the Policy Schedule if **Money** held by **You** for **Your** own personal use is **Lost** or stolen during a **Journey** whilst:
A. being carried by **You**; or
B. left in a safe or safety deposit box.

4. Passport/driving licence

If **Your** passport and/or driving licence is **Lost**, destroyed or stolen while **You** are on a **Journey Abroad**, **We** will pay up to the amount stated in the Policy Schedule to cover the cost of:

- A. getting any temporary replacement documents needed to enable **You** to return to the **United Kingdom** including any additional travel and accommodation (room only) costs incurred by **You** or on **Your** behalf during **Your Journey** to obtain such documents; and
- B. the replacement passport or driving licence fee payable, provided that it remained valid for at least 2 years at the date it was **Lost**, destroyed or stolen.

Special conditions

1. **You** must take reasonable care to keep **Your Personal Property**/ Passport or Driving Licence safe. If **Your Personal Property**/ Passport or Driving Licence is **Lost** or stolen **You** must take all reasonable steps to get it back.

2. **Valuables** and **Money** must be attended by **You** at all times when not contained in a locked safe or safety deposit box.
3. If **Your Personal Property** including **Money**/Passport or Driving Licence is **Lost** or stolen **You** must make every reasonable effort to report it to the police (and hotel management if the **Loss** or theft occurs in a hotel) within 24 hours of discovery and **You** should provide **Us** with a copy of the original written police report.
4. **Loss**, theft or damage to **Personal Property** in the custody of an airline or other carrier must be reported in writing to the airline or other carrier within 24 hours of discovery and **We** must be provided with a copy of the original written airline or carrier's report.
5. Where **Personal Property** is temporarily **Lost** or misplaced by an airline or other carrier **We** must be provided with original written confirmation from such airline or other carrier or the tour representative that the delay lasted for at least 12 hours after **You** arrived at **Your** destination.
6. If **You** have been paid for emergency purchases of essential items and **You** then also **Claim** for **Loss**, damage or theft of **Personal Property** resulting from the same item, cause or event, the amount paid to **You** for emergency purchases will be deducted from the final settlement payment. However, any deduction will not be any more than the amount paid for emergency purchases.

What is not covered

1. More than the amount stated in the

Policy Schedule for:

- A. a single item, pair or set, or part of a pair or set;
- B. **Valuables** in total.
2. **Loss** or theft of **Valuables**, **Money** or passports left **Unattended** unless contained in a locked safe or safety deposit box.
3. **Loss** or theft of any **Personal Property** (other than **Valuables**) left **Unattended** unless in:
 - A. a locked room; or
 - B. a locked safe or safety deposit box; or
 - C. the locked glove box or locked boot of a vehicle or in the luggage space at the rear of a locked estate car or hatchback under a top cover and out of view; and there is evidence of forced entry to the room, safe, safety deposit box or car, or the car has been stolen;
 - D. the custody or control of an airline or other carrier.
4. **Loss**, theft or damage to:
 - A. antiques, musical instruments, pictures, household goods, contact or corneal lenses, dentures or dental fittings, hearing aids, bonds, securities or documents of any kind;
 - B. sports equipment whilst being used, vehicles or their accessories (other than **Mobility Aids**), watercraft and ancillary equipment, glass, china or similar fragile items and pedal cycles;
 - C. business equipment, business goods, samples, business **Money**, tools of trade or any other item used in connection with **Your** business, trade or occupation;
 - D. **Golf Equipment** or **Winter Sports Equipment**.

5. Depreciation in value, normal wear and tear, denting or scratching, damage by moth or vermin, electrical, electronic or mechanical breakdown, or damage **Due To** atmospheric or climatic conditions.
6. Delay, detention, seizure or confiscation by customs or other officials.
7. Traveller's cheques:
 - A. unless the **Loss** or theft is reported immediately to the local branch or agent of the issuing company;
 - B. if the issuing company provides a replacement service.
8. For depreciation in value or shortage **Due To** any error or omission.
9. The **Excess** (not applicable to passport, driving licence, or delayed baggage **Claims**).

Section F. Personal accident

What is covered

If **You** suffer physical injury caused by an **Accident** during a **Journey** which, within 12 months, directly results in **You**:

1. Death; or
2. **Loss of Sight**; or
3. **Loss of Limb**; or
4. **Permanent Total Disability**.

We will pay the appropriate benefit stated in the Policy Schedule.

Special conditions

We will not pay more than:

1. one benefit for the same physical injury.
2. £7,500 for **Accidental** death if **You** are under 16 years of age at the time of the physical injury.

What is not covered

Death, **Loss of Sight**, **Loss of Limb** or **Permanent Total Disability Due To** disease or any physical defect, injury or illness which existed before the **Journey**.

Section G. Travel delay - journeys abroad only

Cover under this section only applies to **Journeys Abroad**.

What is covered

If **You** are delayed for at least 12 hours on **Your** outbound international **Journey** from the final departure point in the **United Kingdom** or the final part of **Your** international return **Journey** to the **United Kingdom** because the scheduled departure of **Public Transport** is affected by a strike; industrial action; **Adverse Weather**; volcanic ash; mechanical breakdown or grounding of an aircraft **Due To** mechanical or structural defect, **We** will pay the Travel Delay benefit stated in the Policy Schedule.

Special conditions

1. **You** can only **Claim** under Section G. Travel Delay or Section H. Travel Abandonment, not both.
2. **You** must:
 - A. check-in before the scheduled departure time shown on **Your** travel itinerary; and
 - B. comply with the travel agent, tour operator and transport providers contract terms; and
 - C. provide **Us** with written details from the **Public Transport** operator describing the length of, and reason for, the delay; and

- D. allow reasonable time to arrive at
Your departure point on time.

Please see page 28 for “What is not covered” - applicable to sections G, H, I and J.

Section H. Travel abandonment - journeys abroad only

Cover under this section only applies to **Journeys Abroad**.

What is covered

If **You** abandon **Your Journey** after a delay of at least 24 hours of the scheduled outbound international departure of **Public Transport** from the **United Kingdom** directly resulting from strike; industrial action; **Adverse Weather**; mechanical breakdown or grounding of an aircraft **Due To** mechanical or structural defect, **We** will refund **Your** unused travel and accommodation costs up to the amount stated in the Policy Schedule that **You** have paid or are contracted to pay and which cannot be recovered from any other source.

Special conditions

1. **You** can only **Claim** under Section G. Travel Delay or Section H. Travel Abandonment, not both.
2. **You** must:
 - A. check-in before the scheduled departure time shown on **Your** travel itinerary; and
 - B. comply with the travel agent, tour operator and transport providers contract terms; and
 - C. provide **Us** with written details from the **Public Transport** operator

describing the length of, and reason for, the delay; and

- D. allow reasonable time to arrive at
Your departure point on time.

Please see page 28 for “What is not covered” - applicable to sections G, H, I and J.

Section I. Missed departure - journeys abroad only

Cover under this section only applies to **Journeys Abroad**.

What is covered

We will pay up to the amount stated in the Policy Schedule for necessary and reasonable additional accommodation (room only) and travel expenses to enable **You** to reach:

1. **Your** scheduled destination **Abroad** if, on **Your** outbound **Journey**, **You** arrive too late at **Your** final point of international departure from the **United Kingdom** to board the **Public Transport** on which **You** are booked to travel from the **United Kingdom**; or
2. The **United Kingdom** if, on **Your** return **Journey**, **You** arrive too late at **Your** final point of international departure to the **United Kingdom** to board the **Public Transport** on which **You** are booked to travel to the **United Kingdom**;

Due To:

1. the car/taxi **You** are travelling in breaking down or being involved in an accident; or
2. the **Public Transport** **You** are travelling in failing to arrive on schedule.

Special conditions

You must:

1. Evidence of all the extra costs **You** incurred.
2. Allow reasonable time to arrive at **Your** departure point on time.
3. For car breakdown/accident provide **Us** with:
 - A. A written report from the vehicle breakdown service or garage that assisted **You** during the incident; or
 - B. Reasonable evidence that the vehicle used for travel was roadworthy, properly maintained and broke down at the time of the incident.
4. For late arrival of **Public Transport** provide **Us** with:
Reasonable evidence of the published time of arrival, and the actual time of arrival.

Please see page 28 for “What is not covered” - applicable to sections G, H, I and J.

Section J. Unusable accommodation - natural catastrophe

What is covered

We will pay up to the amount stated in the Policy Schedule for reasonable additional travel expenses and the costs of renting similar accommodation (room only) if **You** cannot access or live in **Your** booked **Journey** accommodation because of a fire, flood, earthquake, storm, lightning, explosion or hurricane.

Special conditions

You must:

1. provide **Us** with:

- A. a written statement from an appropriate public authority confirming the reason and nature of the disaster and how long it lasted; and
 - B. evidence of all the extra costs incurred.
2. not have known about any event that results in a **Claim** before leaving **Your** departure point.

What is not covered – applicable to sections G., H., I. and J.

1. Any **Claim Due To**:
 - A. **Public Transport** being taken out of service on the instructions of a Civil Aviation Authority, Port Authority or similar authority;
 - B. a strike if it had started or been announced before **You** arranged this insurance or booked **Your Journey**, whichever is the later.
 - C. Any **Journey** by **Public Transport** commencing and ending in the **United Kingdom**.
2. Any charge or expense paid for with, or settled using, any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any **Claim** for management fees, maintenance costs or exchange fees in relation to timeshares or similar arrangements.
3. Accommodation and travel expenses where the additional transport and/or accommodation used is of a standard superior to that of the original **Journey**.
4. Any **Claim Due To Your** not allowing sufficient time for the **Journey**.
5. Any **Claim Due To**:
 - A. **Your** travelling against the advice of the appropriate national or local authority.

- B. prohibitive regulations by the government of any country.
6. Any expenses that:
- A. **You** can recover from any tour operator, airline, hotel or other service provider;
 - B. **You** would normally have to pay during
Your Journey.
7. Any **Claim** for Travel Abandonment caused by volcanic ash.
8. The **Excess** (not applicable to Section G. Travel Delay).

Section K. Accommodation - withdrawal of services

What is covered

If one or more of the following services in **Your** accommodation are withdrawn continuously for at least 60 hours during **Your Journey**, **You** will receive up to the amount stated in the Policy Schedule for each continuous 24 hour period that **You** are without the service in **Your** accommodation.

The services covered are:

- Water or electrical facilities.
- Waiter/waitress service at meals.
- Kitchen services preventing food being prepared and served.
- Room cleaning services.

What is not covered

1. Withdrawal of services if **You** were aware of an existing or impending strike or industrial action when **You** booked the **Journey**.
2. Services which were not included in **Your** pre-paid **Journey**.
3. Expenses which are recoverable from any other source.

4. Where reasonable evidence of the withdrawal cannot be provided.

Section L. Personal liability

What is covered

We will cover **You** up to the Limit of Liability stated in the Policy Schedule against all sums which **You** are legally liable to pay as damages in respect of:

1. **Accidental** bodily injury (including death, illness or disease) to any person;
 2. **Accidental Loss** of or damage to material property;
- which occurs during the **Period of Insurance** arising out of the **Journey**.

The maximum that **We** will pay under this section for all damages as a result of any one occurrence or series of occurrences arising directly or indirectly from one source or original cause shall be the Limit of Liability stated in the Policy Schedule. **We** will in addition pay Costs and Expenses.

Costs and Expenses shall mean:

1. all costs and expenses recoverable by a claimant from **You**;
2. all costs and expenses incurred with **Our** written consent;
3. solicitors' fees for representation at any coroner's inquest or fatal accident inquiry or in any Court of Summary Jurisdiction;

in respect of any occurrence to which this section applies – except that in respect of occurrences happening in or **Claims** or legal proceedings brought or originating in the United States of America and Canada or any other territory within the jurisdiction of either such country, Costs

and Expenses described in 1., 2. and 3. above are deemed to be included in the Limit of Liability for this section.

Special conditions

1. **We** may at **Our** sole discretion in respect of any occurrence or occurrences covered by this section pay to **You** the Limit of Liability stated in the Policy Schedule applicable to such occurrence or occurrences (but deducting therefrom any sum(s) already paid) or any lesser sum for which the **Claim(s)** arising from such occurrence(s) can be settled and **We** shall thereafter be under no further liability in respect of such occurrence(s) except for the payment of Costs and Expenses incurred prior to the date of such payment and for which **We** may be responsible hereunder.
2. If at the time of the happening of any occurrence covered by this section there is any other existing insurance whether taken out by **You** or not covering the same liability **We** shall not be liable to indemnify **You** in respect of such liability except so far as concerns any **Excess** beyond the amount which would have been payable under such other insurance had this section not been effected.

What is not covered

Cover for any liability:

1. in respect of bodily injury to any person who is
 - A. under a contract of service with **You** when such injury arises out of and in the course of their employment by **You**;
 - B. a member of **Your** family.
2. assumed by **You** under a contract or agreement unless such liability would have attached in the absence of such contract or agreement;
3. in respect of loss of or damage to property
 - A. belonging to **You**;
 - B. in **Your** care, custody or control. However this exclusion shall not apply in respect of loss of or damage to buildings and their contents not belonging to but temporarily occupied by **You** in the course of the **Journey**.
4. in respect of bodily injury, loss or damage caused directly or indirectly in connection with:
 - A. the carrying on of any trade, business or profession;
 - B. the ownership, possession or use of
 - i. horse-drawn or mechanically propelled vehicles;
 - ii. any aerospatial device or any airborne or waterborne craft or vessel (other than non-mechanically powered waterborne craft not exceeding 10 metres in length whilst used on inland waters) or the loading or unloading of such craft or vessel;
 - iii. firearms (other than sporting guns);
 - iv. arising from the occupation or ownership of any land or building other than any building temporarily occupied by **You** in the course of a **Journey**.
5. in respect of activities or volunteer work organised by or when the individual is assigned overseas by or under the auspices of a charitable voluntary not for profit social or similar organisation except where no other insurance or cover is available.
6. in respect of punitive or exemplary damages.
7. in respect of the **Excess**.

Section M. Overseas legal expenses

Cover under this section only applies to **Journeys Abroad**.

What is covered

If during a **Journey You** sustain bodily injury or illness which is caused by a third party **We** will pay up to the amount stated in the Policy Schedule to cover **Legal Expenses** arising out of **Any One Claim**.

Special conditions

1. **Legal Representatives** must be qualified to practise in the Courts of the country where the event giving rise to the **Claim** occurred or where the proposed defendant under this section is resident.
2. **We** shall at all times have complete control over the legal proceedings. Outside the European Union, the selection, appointment and control of **Legal Representatives** shall rest with **Us**. Within the European Union, **You** do not have to accept the **Legal Representatives** chosen by **Us**. **You** have the right to select and appoint **Legal Representatives** after legal proceedings have commenced subject to **Our** agreement to the **Legal Representatives'** fee or charging rates. If there is a disagreement over this choice of **Legal Representatives You** can propose **Legal Representatives** by sending **Us** the proposed **Legal Representatives'** name and address. **We** may choose not to accept **Your** proposal but only on reasonable grounds. **We** may ask the ruling body for **Legal Representatives** to nominate alternative **Legal Representatives**. In the meantime, **We** may appoint

Legal Representatives to protect **Your** interests.

3. **You** must co-operate fully with the **Legal Representatives** and ensure that **We** are fully informed at all times in connection with any **Claim** or legal proceedings for damages and or compensation from a third party. **We** are entitled to obtain from the **Legal Representatives** any information, document or advice relating to a **Claim** or legal proceedings under this Insurance. On request **You** will give to the **Legal Representatives** any instructions necessary to ensure such access.
4. **Our** authorisation to incur **Legal Expenses** will be given if **You** can satisfy **Us** that:
 - A. there are reasonable grounds for pursuing or defending the **Claim** or legal proceedings and the **Legal Expenses** will be proportionate to the value of the **Claim** or legal proceedings; and
 - B. it is reasonable for **Legal Expenses** to be provided in a particular case. The decision to grant authorisation will take into account the opinion of the **Legal Representatives** as well as that of **Our** own advisers. If there is a dispute, **We** may request, at **Your** expense, an opinion of a barrister as to the merits of the **Claim** or legal proceedings. If the **Claim** is admitted, **Your** costs in obtaining this opinion will be covered by this Policy.
5. If there is any dispute, other than in respect of the admissibility of a **Claim** on which **Our** decision is final, the dispute will be referred to a single arbitrator who will be either a solicitor or barrister agreed by all parties,

or failing agreement, one who is nominated by the current President of the appropriate Law Society. The party against whom the decision is made shall meet the costs of the arbitration in full. If the decision is not clearly made against either party the arbitrator shall have the power to apportion costs. If the decision is made in **Our** favour, **Your** costs shall not be recoverable under the Insurance.

6. **We** may at our discretion assume control at any time of any **Claim** or legal proceedings in **Your** name for damages and/or compensation from a third party.
7. **We** may at our discretion offer to settle a counter-claim against **You** which **We** consider to be reasonable instead of continuing any **Claim** or legal proceedings for damages and/or compensation by a third party.
8. Where settlement has been made to **You** without legal costs being apportioned, **We** will determine how much of that settlement should be apportioned to legal costs and expenses and paid to **Us**.
9. If a conflict of interest arises, where **We** are also the insurers of the third party or proposed defendant to the claim or legal proceedings, **You** have the right to select and appoint other **Legal Representatives** in accordance with the terms of this Insurance.
10. If at **Your** request **Legal Representatives** cease to continue acting for **You**, **We** shall be entitled to withdraw cover immediately or agree with **You** to appoint other **Legal Representatives** in accordance with the terms of this Insurance.

What is not covered

1. Any **Claim** reported to **Us** more than 12 months after the beginning of the incident which led to the **Claim**.
2. Any **Claim** where it is **Our** opinion that the prospects for success in achieving a reasonable settlement are insufficient and/or where the laws, practices and/or financial regulations of the country in which the incident occurred would preclude the obtaining of a satisfactory settlement or the costs of doing so would be disproportionate to the value of the **Claim**.
3. **Legal Expenses** incurred before receiving **Our** prior authorisation in writing.
4. **Legal Expenses** incurred in connection with any criminal or wilful act on **Your** part.
5. **Legal Expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **You** unless as a counter-claim.
6. Fines, penalties compensation or damages imposed by a court or other authority.
7. **Legal Expenses** incurred for any **Claim** or legal proceedings brought against:
 - A. a tour operator, travel agent, carrier, insurer or their agents where the subject matter of the **Claim** or legal proceedings is eligible for consideration under an Arbitration Scheme or Complaint Procedure;
 - B. **Us** or **Our** agents; or
 - C. **Your** employer.
8. Actions between **Persons Insured** or pursued in order to obtain satisfaction of a judgement or legally binding decision.
9. **Legal Expenses** incurred in pursuing any **Claim** for compensation (either

individually or as a member of a group or class action) against the manufacturer, distributor or supplier of any drug, medication or medicine.

10. **Legal Expenses** chargeable by the **Legal Representatives** under contingency fee arrangements.
11. **Legal Expenses** incurred where **You** have:
 - A. failed to co-operate fully with and make sure that **We** are fully informed at all times in connection with any **Claim** or legal proceedings for damages and or compensation from a third party; or
 - B. settled or withdrawn a **Claim** in connection with any **Claim** or legal proceedings for damages and or compensation from a third party without **Our** agreement. In such circumstances **We** shall be entitled to withdraw cover immediately and to recover any fees or expenses paid.
12. **Legal Expenses** incurred after **You** have not:
 - A. accepted an offer from a third party to settle a **Claim** or legal proceedings where the offer is considered reasonable by **Us**; or
 - B. accepted an offer from **Us** to settle a **Claim**.
13. **Legal Expenses** which **We** consider unreasonable or excessive or unreasonably incurred.

Section N. Hijack

What is covered

If **You** are held hostage by **Hijackers** whilst travelling to or from a **Journey**, **We** will pay the amount stated in the Policy

Schedule for each full 24 hours **You** are held hostage up to the maximum benefit stated in the Policy Schedule for each **Journey**.

Special condition

You must provide **Us** with written details from the airline, the airline or other transport operators, or police describing the length of the hijacking.

Section O. Mugging - journeys abroad only

Cover under this section only applies to **Journeys Abroad**.

What is covered

Where **You** have a valid **Claim** under Section D. Hospital Benefit, and that hospitalisation is **Due To** a mugging, in addition to any other amount payable in this Policy, **We** will pay **You** the benefit amount stated in the Policy Schedule for each complete 24 hours that **You** remain a hospital in-patient up to the maximum amount stated in the Policy Schedule.

Special condition

You must report the mugging to the police as soon as reasonably possible and obtain from them a written report of the incident.

Section P. Pet care fees - journeys abroad only

Cover under this Section only applies to **Journeys Abroad**.

What is covered

If **You** are injured or become ill during a **Journey Abroad**, and are:

- A. delayed from returning to the **United Kingdom** as a direct result of **You** being admitted as a hospital in-patient; and/or
- B. brought back to a hospital in the **United Kingdom** by **Chubb Assistance** and directly admitted as an in-patient; and

have a valid **Claim** under Section B. Medical Expenses & Repatriation, **We** will reimburse any additional **Pet Care Fees** incurred by **You** or on **Your** behalf, up to the amount stated in the Policy Schedule.

What is not covered

Any **Claim Due To Your** being admitted as an in-patient in an institution not recognised as a hospital in the country of treatment.

Section Q. Compassionate return - journeys abroad only

Cover under this section only applies to **Journeys Abroad**.

What is covered

We will pay reasonable additional travel and accommodation costs (room only) up to the amount specified in the Policy Schedule necessarily incurred in returning **You** home to the **United Kingdom** if **You** want to return on compassionate grounds **Due To** the:

1. death as a direct result of an **Accident** or sudden and unexpected deterioration in health of; or
2. serious injury caused by **Accident** and resulting in in-patient hospital treatment that a treating **Doctor** expects to last for more than 7 days; or

3. sudden and unexpected deterioration of health resulting in hospitalisation and terminal prognosis, expected to result in death prior to **Your** scheduled date of return to the **United Kingdom** of;

a close friend, immediate neighbour or member of **Your** family.

What is not covered

1. Any **Claim** where cover is provided under Section A. Cancellation and Curtailment for the same cause or event.
2. Any **Claim Due To** any serious, chronic or recurring medical condition affecting any close friend, immediate neighbour or member of **Your** family that was diagnosed before **Your Journey** was booked (or commencement of the **Period of Insurance** if later), and which was considered likely to result in **You** wanting to return to the **United Kingdom** on compassionate grounds, before **Your Journey** is due to end.
3. Accommodation and travel expenses where the transport and/or accommodation used is of a standard superior to that of the **Journey**.

Section R. Courier costs

What is covered

Essential medication

- A. If essential medication taken by **You** on a **Journey** is **Lost**, damaged, stolen or misplaced for at least 12 hours on **Your** outbound **Journey Abroad** by an airline or other carrier; or

B. If **You** accidentally omit to take essential medication with **You** on **Your Journey Abroad**; and **Chubb Assistance** cannot arrange a replacement locally within a reasonable time, **We** will pay all reasonable costs incurred by **Chubb Assistance**, up to the amount stated in the Policy Schedule, to courier **Your** own or replacement essential medication to **You** where **We** are legally permitted to do so.

Mobility aids

If a **Person Insured** has taken **Mobility Aids** with them on a **Journey** and the **Mobility Aids** are:

1. **Lost** or damaged during the **Journey** and result in a valid **Claim** under Section E of this policy; or
2. misplaced by the airline of other carrier for more than 12 hours.

We will pay all reasonable costs incurred by **Chubb Assistance**, up to the amount stated in the Policy Schedule, to courier replacement **Mobility Aids** to **You**.

You must comply with all the Special Conditions of Section E. Personal Property, including providing evidence of the **Loss** or delay.

Optional cover extensions

THE FOLLOWING EXTENSIONS ARE OPTIONAL AND ONLY APPLY IF YOUR POLICY SCHEDULE SHOWS THAT YOU HAVE BOUGHT THE APPLICABLE EXTENSION

Excess waiver

All excesses under this Policy are reduced to nil.

Car hire excess

To Qualify for Cover

To apply for this collision damage waiver Excess Insurance the person insured must be the person shown:

- as the named driver on the **Rental Agreement** for a **Rental Vehicle**
- **You** can include up to five additional **Insured Drivers** for each **Trip** as long as each additional **Insured Driver** is named as a driver on the **Rental Agreement**.
- **You** and all other **Insured Drivers** must be aged between 21 and 75 years of age on the date of purchase of this insurance and must have a full valid driving license, or hold a full internationally recognised license to drive the **Rental Vehicle**.
- **You** must be a permanent resident in **United Kingdom**.

Definitions

The following words and phrases will have the same special meaning in this Section wherever they appear in bold italic type and commence with a capital

letter. Additional Definitions appear in specific sections and General Definitions apply as well.

Application

means any written or oral declaration together with any additional information **You** may have supplied to us in support of **Your** application for this policy.

Car Rental Company or Agency

means a company, which must be fully licensed with the regulatory authority of the Country, State or Local Authority from which it operates, which rents automobiles for a fee

Damage

means damage to the **Rental Vehicle** caused by fire, vandalism, accident and theft and it will include loss of use of the **Rental Vehicle**

Excess

means the amount as stated in the **Rental Agreement** that **You** are responsible for in the event of **Damage**.

Insured Drivers

means **You** and other drivers covered by this policy as long as they are named on the **Rental Agreement** and qualify for cover as specified in Clause 2 above

Membership Card/Keys

means keys, key fobs, membership cards used to open and lock the **Rental Vehicle**

Rental Agreement

means the contract signed by the lead named **Insured Driver** and the **Car Rental Company or Agency** for the hire of a **Rental Vehicle** for the purpose of business or pleasure

Rental Vehicle

means any single automobile hired under a short term contract from a **Car Rental Company or Agency**, unless it is:

1. More than 10 years old
2. Valued at more than £70,000
3. A motor home, camper van, trailer or caravan, commercial vehicle or truck, motorcycle, moped, motorbike, off-road vehicle, recreational vehicle, high performance vehicle, prestige or exotic vehicle, passenger van or other vehicle with more than 9 seats.

Trip(s)

means the period of a single **Rental Agreement** in respect of a single **Rental Vehicle** which is collected and rented from a **Car Rental Company or Agency** for the period stated on the **Rental Agreement**.

When and where cover applies **Valid rental agreements**

This policy must have been purchased and have commenced, either prior to, or to coincide with, the start of a **Rental Agreement** for which **You** wish cover to apply.

Maximum rental period

This insurance covers **You** only for single **Rental Agreements** that are for a period of up to 31 days. For annual cover this insurance covers **You** only for **Rental Agreements** that are for a period of up to 31 days.

Territory covered

You are covered only when **You** use the **Rental Vehicle** in the territory specified in **Your** policy schedule.

A. Cover

We will pay **You** up to the policy limit stated below for the amount of **Excess** **You** have to pay under the terms of the **Rental Agreement** if **Your Rental Vehicle** is involved in an incident whilst being used for business or pleasure and it results in:

- damage to the **Rental Vehicle** including damage to the windows, tyres and wheels, headlights, the undercarriage and the roof
- loss of use of the **Rental Vehicle**
- towing costs relating to damage or mechanical breakdown

Provided that **You** are held responsible as declared in the **Rental Agreement** for the **Excess**.

We will pay **You** for the **Excess** up to a maximum of £4,000 (or equivalent in local currency) for any single incident. **You** can claim under **Excess** reimbursement cover more than once but in total **We** will only pay **You** up to a maximum of £5,000 (or equivalent in local currency) during any one annual period of insurance.

N.B. Where **You** were covered by any other Insurance for the same **Excess** **We** will only pay our share of the claim.

Car Rental Key Cover

This policy also covers **You** for costs incurred up to a maximum of £500 (or equivalent in local currency), for each and every claim, subject to a maximum of £2,000 in any one period of insurance, for replacing a lost or stolen **Membership Card/Key** for a **Rental Vehicle**, including replacement locks and locksmith charges.

Family Cover

This extends the cover provided by the policy to immediate family members named on the policy schedule, and enables them to rent vehicles independently without the lead named **Insured Driver** accompanying them.

B. Exclusions

We will not pay **Your Excess** or any financial loss or expense in the following circumstances:

- If **Your** country of residence is outside **United Kingdom** or if **You** or any other **Insured Driver** do not qualify for cover as set out in 'To Qualify For Cover;' above
- Where the **Rental Agreement** is for a period longer than 31 continuous days on an annual policy or 31 days on a single trip policy;
- Where damage is as a result of willfully self-inflicted injury or illness; alcoholism or the use of alcohol or drugs (other than drugs taken in accordance with treatment prescribed and directed by a registered medical practitioner, (but not for the treatment of drug addiction)); or exposure to unnecessary danger except in an attempt to save human life;
- If **Your** losses in respect of any property or expenses are more specifically insured or any claim which but for the existence of this insurance should be recoverable under any other insurance;
- Where damage arises from operation of the rental vehicle in violation of the terms of the **Rental Agreement**, including transporting contraband or illegal trade;
- Where expenses are assumed, waived

or paid by the **Car Rental Company or Agency** or its insurer;

- For damage to automobiles or other vehicles which are not rental vehicles;
- For damage caused by wear and tear, gradual deterioration, insect or vermin;
- For losses caused by accidental damage to the interior or contents of the rental vehicle;
- Where the rental vehicle is being driven by persons who are not named on the **Rental Agreement**;
- Where the expenses are reimbursed by the **Insured Driver's** employer's insurer;
- Where damage is the result of driving whilst on any un-made up road.

Winter sports extension

What is covered

We will pay for:

1. **Your Winter Sports Equipment**
If **Your Winter Sports Equipment** is **Lost**, stolen or damaged during **Your Journey**, **We** will pay for its replacement or repair, whichever is lower, after making an allowance for wear and tear and loss of value using the scale below:
 - Up to 1 year old, 90% of the purchase price
 - Up to 2 years old, 70% of the purchase price
 - Up to 3 years old, 50% of the purchase price
 - Up to 4 years old, 30% of the purchase price
 - Over 4 years old, 20% of the purchase priceThe most **We** will pay is stated in the Policy Schedule.

2. **Hired Winter Sports Equipment**

If **You** hire **Winter Sports Equipment** and it is **Lost**, stolen or damaged during **Your Journey**, **We** will pay for its replacement or repair. **You** must be able to prove that **You** were responsible for the **Lost**, stolen or damaged items and the replacement/repair cost. The most **We** will pay is stated in the Policy Schedule.

3. **Winter Sports Equipment Hire**

Up to the amount stated in the Policy Schedule for each full 24 hour period that **You** need to hire replacement **Winter Sports Equipment** if **Your Winter Sports Equipment** is:

- A. **Lost**, stolen or damaged where **You** also have a valid **Claim** under 1. **Your Winter Sports Equipment** or 2. **Hired Winter Sports Equipment**; or
- B. **Lost** or misplaced by an airline or other carrier on the outbound **Journey** from the **United Kingdom** and delayed for at least 12 hours after **You** arrive at **Your** destination.

4. **Ski pack**

Up to the amount stated in the Policy Schedule to cover the value of the unused portion of **Your** ski pass, ski hire and/or tuition fees which **You** cannot recover following:

- A. **Your** injury or illness;
- B. **Loss** or theft of **Your** ski pass.

5. **Piste closure**

The amount stated in the Policy Schedule for each continuous full 24 hour period that **You** are unable to ski because there is a lack of snow in the pre- booked resort and no alternative skiing is available.

6. **Avalanche**

Up to the amount stated in the Policy Schedule for additional and necessary

travel and accommodation costs if **Your** outbound or return **Journey** is delayed by an avalanche for more than 12 hours from the scheduled departure time on **Your** travel ticket.

Special conditions

- 1. All Special Conditions applicable to Section E. Personal Property also apply to this Winter Sports Extension.
- 2. **You** must provide **Us** with a medical certificate issued by a **Doctor** when submitting a **Claim** for the unused portion of **Your** ski pass, ski hire and/or tuition fees, as a result of **Your** injury or illness.

What is not covered

- 1. Anything excluded from cover in "What is not covered: Section E. Personal Property", except exclusions 4.B. and 4.D., neither of which are applicable.
- 2. Any **Claim** under 6. Avalanche if **We** have paid a **Claim** under Section G. Travel Delay or Section J. Unusable Accommodation - Natural Catastrophe for the same event.
- 3. The **Excess** in respect of 1. **Your Winter Sports Equipment** and 2. **Hired Winter Sports Equipment** only.

Cruise extension – journeys abroad only

1. Missed port departure

What is covered

We will pay up to the amount stated in the Policy Schedule for reasonable additional accommodation (room only) and travel expenses necessarily incurred

in joining **You** cruise ship at the next docking port if **You** fail to arrive at the international departure point in time to board the cruise ship on which **You** are booked to travel on the initial international leg of **Your Journey** as a result of:

1. the **Public Transport You** are travelling in to the international departure point failing to arrive on schedule; or
2. the car or taxi **You** are travelling in to the international departure point breaking down or being involved in an accident; or
3. an accident or breakdown occurring ahead of **You** on a motorway or dual carriageway which causes an unexpected delay to the car or taxi in which **You** are travelling in to the international departure point.

Special conditions

1. **You** must allow sufficient time for the **Public Transport** or other transport **You** are travelling in to arrive on schedule and to deliver **You** to the cruise ship's international departure point.
2. **You** must provide **Us** with:
 - a. For late arrival of **Public Transport**:
 - i. reasonable evidence of the published time of arrival and the actual time of arrival.
 - b. For breakdown/accident of the car or taxi **You** are travelling in:
 - i. a written report from the vehicle breakdown service or garage that assisted **You** during the incident; or
 - ii. reasonable evidence that the vehicle used for travel was roadworthy, properly maintained and broke down at the time of the incident.
 - c. For breakdown/accident that occurs

ahead of **You** on a motorway or dual carriageway:

- i. written confirmation of the location, reason for and duration of the delay from the Police, emergency breakdown services, or a newspaper or news agency's website.
- d. Evidence of all the extra costs **You** incurred in relation to a, b, or c above.

What is not covered

1. Anything excluded from cover in "What is not covered – applicable to Sections G., H., I. and J.", except exclusions 5.A., 5.B. and 7 which do not apply.
2. Any **Claim Due To Adverse Weather**
3. Any additional accommodation (room only) and travel expenses where the **Public Transport** operator has offered reasonable alternative travel arrangements.
4. Any additional accommodation (room only) and travel expenses where **Your** planned arrival time at the cruise ship's international departure point is less than 3 hours in advance of the sail departure time if **You** are travelling independently and not part of an integrated cruise package.
5. The **Excess**.

2. Cabin confinement

What is covered

If **You** are confined to your cabin for a continuous period of at least 24 hours by the ship's medical officer **Due To** injury or illness during a **Journey**, **We** will pay up to the amount stated in the Policy Schedule whilst **You** remain confined.

What is not covered

Any confinement to **Your** cabin which has not been confirmed in writing by the ship's medical officer by means of a medical report issued on-board.

3. Unused excursions

What is covered

We will pay up to the amount stated in the Policy Schedule for the cost of excursions pre-booked on-board the cruise ship which **You** were unable to use as a direct result of being confined to your cabin by the ship's medical officer **Due To** injury or illness which results in a valid **Claim** being payable under Section B. Medical Expenses & Repatriation of this policy.

What is not covered

1. Any excursions that **You** have not pre-booked whilst on-board the cruise ship, but **You** may be entitled to submit a **Claim** under Section A Cancellation and Curtailment of this Policy.
2. Any excursions booked after **You** first became ill or injured and were confined to **Your** cabin by the cruise ship's medical officer.
3. The **Excess**, but if **You** are also claiming for pre-booked excursions under Section A Cancellation and Curtailment of this Policy, **We** will only apply one **Excess** per person per **Claim**.

4. Cruise interruption

What is covered

We will pay up to the amount stated in the Policy Schedule for additional travel expenses incurred to reach the next port in order to re-join the cruise ship if **You** are disembarked from the cruise ship **Due To** injury or illness and admitted as an in-patient in hospital on dry land which results in a valid **Claim** under Section B. Medical Expenses & Repatriation of this Policy.

Special conditions

1. **You** must contact **Us** before you incur any travel costs so that **We** can approve and assist with any travel arrangements.
2. **You** must obtain a medical certificate signed by the **Doctor** who treated **You** on dry land.
3. If, at the time of requesting **Our** assistance in the event of a **Claim**, satisfactory medical evidence is not supplied to validate your **Claim**, **We** will make all necessary travel arrangements at **Your** cost. If **Your Claim** is later validated by **Us**, **We** will refund agreed costs **You** incurred up to the amounts in the Policy Schedule. If **Your Claim** is not later validated by **Us**, **We** will not refund the costs **You** incurred.

What is not covered

1. Any **Claim** where the cruise ship's next port is the final departure port in the **Journey**, or where there are less than 3 days of the cruise remaining, but **You** may be entitled to submit a **Claim** under Section A Cancellation and Curtailment of this Policy.

2. Any circumstances where the cruise operator refuses to allow **You** to re-embark the ship.
3. Any illness or injury that does not result in **Your** treatment as an in-patient on dry land.
4. The **Excess**.

Hazardous activities extension

Please see page 16 for details.

Golf extension

What is covered

We will pay for:

1. **Your Golf Equipment**

If **Your Golf Equipment** is **Lost**, stolen or damaged during **Your Journey**, **We** will pay for its replacement or repair, whichever is lower, after making an allowance for wear and tear and loss of value using the scale below:

- Up to 1 year old, 90% of the purchase price
- Up to 2 years old, 70% of the purchase price
- Up to 3 years old, 50% of the purchase price
- Up to 4 years old, 30% of the purchase price
- Over 4 years old, 20% of the purchase price

The most **We** will pay is stated in the Policy Schedule.

2. Replacement **Golf Equipment** Hire
Up to the amount stated in the Policy Schedule towards the cost of hiring replacement **Golf Equipment** if **Your Golf Equipment** is **Lost**, stolen or

damaged during **Your Journey** and **You** have a valid **Claim** under 1. **Your Golf Equipment**, or if **Your Golf Equipment** is temporarily delayed for more than 12 hours on the outward **Journey**.

3. Unused green fees
Pre-booked green fees, which are not refundable, if **You** are not able to play golf **Due To Your** injury or illness. The most **We** will pay is stated in the Policy Schedule.
4. Hole in One
Up to the amount stated in the Policy Schedule towards one round of celebratory drinks, on the completion of a hole in one.

Special conditions

1. All Special Conditions applicable to Section E. Personal Property.
2. **You** must provide **Us** with a medical certificate issued by a **Doctor** when submitting a **Claim** for pre-booked green fees, as a result of **Your** injury or illness.

What is not covered

1. Anything excluded from cover in "What is not covered: Section E. Personal Property", except exclusions 4.B. and 4.D., neither of which are applicable.
2. In respect of 4. Hole in One, any **Claim** that has not been submitted in writing and signed by the club secretary, or where receipts for the round of drinks are not provided.
3. The **Excess** in respect of 1. **Your Golf Equipment** only.

Business extension

What is covered

1. Business equipment

You will be covered up to the amount stated in the Policy Schedule for the **Repair and Replacement Costs** of **Your** business equipment (limited to audio, visual, video, photographic, computer equipment and samples) if it is **Lost**, stolen or damaged.

Special conditions

1. For temporary **Loss**, as well as getting an authorised “property irregularity report” from the carrier or handling agent, **You** must also write to them within 21 days of receiving **Your** property back to confirm **You** had to buy replacement items.
2. If **Your** business equipment is never found and **We** agree to pay for permanent **Loss**, **We** will take off any amount **We** have already paid for temporary **Loss**.
3. **You** must keep any damaged property so that **We** can inspect it. When **We** make a payment for replacement of that property, it will then belong to **Us**.

2. Business equipment hire

If business equipment (limited to audio, visual, video, photographic, computer equipment and samples) held by **You** for business reasons is **Lost**, stolen or damaged, **You** will be covered for the reasonable cost of hiring replacement equipment up to the amount stated in the Policy Schedule.

3. Business Money

We will repay **You** if any **Money** held by **You** for business reasons is **Lost** or stolen, up to the amount stated in the Policy Schedule. This cover starts from the time **You** get the **Money** for up to 72 hours before **You** leave home to go on **Your** business trip.

What is not covered

1. Any exclusions applicable to Section E. Personal Property also apply to this Business Extension, except exclusion 4.C. which is not applicable.
2. **We** will not pay the **Excess**, which is the first £100 of every **Claim** under this section.

General exclusions

(Exclusions that apply to the whole Policy)

This Policy does not cover and **We** will not (under any sections) pay for **claims** of any kind directly or indirectly arising from, relating to or in any way connected with the Coronavirus Disease 19 (COVID-19) (or any mutation or variation thereof) and / or its outbreak. This exclusion applies to all sections of cover except for Section B – Medical Expenses and Repatriation provided **You** are not travelling in, to or through any area to which the Foreign and Commonwealth Office has advised against ‘all travel’ or ‘all but essential travel’. To the extent that any term or condition in the Policy may be inconsistent with this exclusion, this exclusion shall prevail.

We will not pay any **Claims** which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, **United Kingdom**, or United States of America.

Applicable to US Persons only: Policy cover for a journey involving travel to/from/through Cuba will only be effective if the US Person’s travel has been authorised by a general or specific licence from OFAC (US Treasury’s Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons shall be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States

(including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.

You should contact **Us** on 0800 519 9921 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, **United Kingdom**, or United States of America.

We will not be liable to make any payment under this Policy where:

1. **Persons covered**

You do not meet the criteria detailed under Important Notes on page 10 of this Policy.

2. **Children travelling alone**

You are a **Child** travelling or booked to travel without an adult **Person Insured** named in the Policy Schedule, except in the circumstances detailed under the “Children” header on page 10 of this Policy.

3. **Journeys not covered**

Your Journey is described under “Journeys Not Covered”, on page 11 of this Policy.

4. **Any Claim Due To:**

A. **Undisclosed medical conditions**

Any medical condition detailed in the Policy Schedule under “Your declaration to Us” which existed at the time this Policy was purchased, which **We** were not told about, and had not agreed in writing to provide cover for.

B. Change of health

A change of health or where the cost of any **Claim** is increased **Due To** a change of health of the **Person Insured** has not followed the procedure detailed under “Health Declaration and Change of Health” on pages 12 to 14 of this Policy.

C. Not taking medication or treatment

A medical condition for which a **Person Insured** chose not to take medication or other recommended treatment as prescribed or directed by a **Doctor**.

D. Tropical disease where not vaccinated

Any **Claim Due To** a tropical disease where the **Person Insured** has not had the vaccinations or taken the medication recommended by the **United Kingdom** Department of Health or required by the authorities in the country being visited, unless they have written confirmation from a **Doctor** that they should not be vaccinated or take the medication, on medical grounds.

E. You taking part in any of the following while on Your Journey

- i. any leisure activities, sports or winter sports not specifically covered under “Automatically Covered Leisure Activities and Sports” or listed under either the Optional Hazardous Activities or Optional Winter Sports Extensions, where such extension is shown as covered in **Your** Policy Schedule.
- ii. any leisure activities, sports or winter sports in a professional capacity or for financial reward

or gain.

- iii. competitive winter sports.

F. air travel unless **You** are travelling as a fare paying passenger which is provided by a licenced airline or air charter company, or it is specifically covered as an activity under this Policy.

G. business of any description unless the Business Extension is shown in **Your** Policy Schedule.

H. Currency

Currency exchange, including but not limited to any loss of value or currency conversion fees.

I. Illegal acts

Any illegal act by **You**.

J. Alcohol/drugs

- i. Alcohol

You drinking too much alcohol, alcohol abuse or alcohol dependency. **We** do not expect **You** to avoid alcohol on a **Journey**, but **We** will not cover any **Claims** arising because **You** have drunk so much alcohol that **Your** judgement is seriously affected and **You** need to make a **Claim** as a result (for example any medical report or evidence showing excessive alcohol consumption which in the opinion of a **Doctor** has caused or contributed to the bodily injury).

- ii. **Drugs**

You taking any drugs in contravention of the laws applicable to the country **You** are travelling to, or having an addiction to or abusing any medications, or being under the influence of any non-prescribed

medication which is classified as a legal high in the country **You** are travelling to.

K. Suicide/self-injury

- i. **You** suicide, attempted suicide or deliberate self-inflicted injury regardless of the state of **Your** mental health; or
- ii. **You** needless self-exposure to danger or where **You** have acted in a manner contrary to visible warning signs except in an attempt to save human life.

L. Radiation

- i. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel; or
- ii. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.

M. Sonic waves

pressure waves from aircraft and other airborne devices travelling at sonic or supersonic speeds.

N. War

War or any act of **War** whether **War** is declared or not.

O. Financial Failure

the financial failure of a tour operator, travel agent, transport provider, accommodation provider, ticketing agent or excursion provider.

Making a claim

(Conditions that apply to the whole Policy)

1. Medical treatment abroad

If **You** are injured or become ill **Abroad** and need:

- A. hospital in-patient treatment, specialist treatment, medical tests, scans or to be brought back to the **United Kingdom**;
You must contact **Chubb Assistance** immediately on: +44 (0) 20 3305 9094.

If **You** cannot do this **Yourself**, **You** must arrange for a personal representative (for example, a spouse or parent) to do this for **You**. If **Chubb Assistance** are not contacted, any expense incurred by **You** that would otherwise not have been incurred had **Chubb Assistance** been contacted will be deducted from **Your Claim**.

- B. medical treatment other than under A. above - **You** must follow the procedure detailed under condition 2. below. **You** can make use of the services provided by **Chubb Assistance**, as appropriate (these are detailed on page 18 of this Policy).
- C. medical treatment in Australia:
You must follow the appropriate procedure detailed under A or B above. If **You** are a **United Kingdom** passport holder or otherwise

eligible, **You** must also register with Medicare (**You** can do this on arrival or after **You** have had treatment above).

Some treatment charges may be partially refunded by the Medicare scheme and **You** should try to make **Your Claim** while you are still in the country.

If **You** do not, **We** will reduce **Your Claim** to the amount **You** would have incurred had **You** registered with Medicare.

2. All other claims

If anything happens that may result in a **Claim** under this Policy, **You** must tell **Us** within 30 days of the event, or as soon as reasonably possible after that. If **You** cannot do this, a personal representative can do this for **You**.

We can be contacted by telephone, email, post or by downloading a **Claim** form from **Us** at www.firsttrustbanktravelinsurance.co.uk

We can be contacted at:

First Trust Bank Travel Insurance
Claims Team
PO BOX 1086
Belfast
BT1 9ES

E: firsttrustbank.travelinsurance@chubb.com

T: 0800 519 9942 or if calling from outside the UK +44 (0) 141 285 2309 (from 9am to 5pm UK time, Monday to Friday)

Reporting lost, stolen or damaged property:

1. **Lost** or stolen **Personal Property**, **Money**, passport or driving licence.

You must make every reasonable effort to obtain a police report within 24 hours of discovery.

- If **Lost** or stolen from a hotel, **You** must make every reasonable effort to notify the hotel management; and
- If the **Money You** have **Lost** or had stolen includes travelers cheques, **You** must make every reasonable effort to notify the local branch or agent of the issuing company; and
- Provide **Us** with a copy of the original written reports.

2. **Personal Property Lost**, stolen or damaged whilst in the custody of an airline or other carrier.

You must notify the airline or other carrier in writing within 24 hours of discovery and provide **Us** with a copy of the original written reports.

Claims conditions

Other insurance

If, at the time of an incident which results in a **Claim** under this Policy, there is any other insurance covering the same **Loss**, damage, expense or liability, **We** are entitled to approach that insurer for a contribution towards the **Claim**, and will only pay **Our** proportionate share. This condition does not apply to the Personal Accident or Hospital Benefit sections of this Policy.

Recovering our claims payments from others

We are entitled to take over and carry out in **Your** name the defence or settlement of any legal action. **We** may also take proceedings at **Our** own expense and for **Our** own benefit, but in **Your** name, to recover any payment **We** have made under this Policy to anyone else.

Complying with special conditions

You must comply with the Special Conditions detailed in the relevant sections of this Policy.

Supplying details and documents

You must supply at **Your** own expense any information, evidence and receipts **We** reasonably require including medical certificates signed by a **Doctor**, police reports and other reports.

Your duty to avoid or minimise a claim

You must take ordinary and reasonable care to safeguard against **Loss**, damage, accident, injury or illness as though **You** were not insured. If **We** believe **You** have not taken reasonable care of property, the **Claim** may not be paid. The

items insured under this Policy must be maintained in good condition.

Protecting property

You must take all reasonable steps to protect any item or property from further **Loss** or damage and to recover any **Lost** or stolen article.

Sending us legal documents

You must send **Us** any original writ, summons, legal process or other correspondence received in connection with a **Claim** immediately when it is received and without answering it.

Things you must not do

You must not do the following without **Our** written agreement:

1. admit liability, or offer or promise to make any payment; or
2. sell or otherwise dispose of any item or property for which a **Claim** is being made.

Recognising our rights

You must recognise **Our** right to:

1. choose either to pay the amount of a **Claim** (less any **Excess** and up to any Policy limit) or repair, replace or reinstate any item or property that is damaged, **Lost** or stolen;
2. inspect and take possession of any item or property for which a **Claim** is being made and handle any salvage in a reasonable manner;
3. take over and deal with the defence or settlement of any **Claim** in **Your** name and if a settlement is made without costs being awarded, determine what proportion of those costs should be paid for costs & expenses and paid to **Us**;

4. settle all **Claims** in pounds sterling;
5. be reimbursed within 30 days for any costs or expenses that are not insured under this Policy, which **We** pay to **You** or on **Your** behalf;
6. be supplied at **Your** expense with appropriate original medical certificates where reasonably required before paying a **Claim**;
7. request and carry out a medical examination and insist on a post-mortem examination, if the law allows **Us** to ask for one, at **Our** expense.

Fraudulent claims

We will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **We** may cancel **Your** cover.

Paying claims

1. Death

- A. If **You** are 18 years old or over, **We** will pay the **Claim** to **Your** estate and the receipt given to **Us** by **Your** personal representative (in most cases, the executor appointed under **Your** will) shall be a full discharge of all liability by **Us** in respect of the **Claim**.
- B. If **You** are aged under 18 years and covered under this Policy **We** will pay any **Claim** for **Accidental** death to **Your Parent** or **Legal Guardian**. **Your Partner's** or **Parent** or **Legal Guardian's** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

2. All other Claims

- A. If **You** are 18 years or over, **We** will pay the **Claim** to **You** and **Your** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

- B. If **You** are aged under 18 years and covered under this Policy as the **Partner** of a **Person Insured**, **We** will pay the **Claim** to **Your Partner** for **Your** benefit. In all other circumstances **We** will pay the appropriate benefit amount to **Your Parent** or **Legal Guardian** for **Your** benefit. **Your Partner's** or **Parent** or **Legal Guardian's** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

General conditions

(Conditions that apply to the whole Policy)

Contract

This Policy, the Policy Schedule and any information provided in **Your** application will be read together as one contract.

Choice of law

This Policy shall be governed by and interpreted in accordance with the laws of England and Wales and the English Courts alone shall have jurisdiction in any dispute. All communication in connection with this Policy shall be in English.

Third party rights

The Contracts (Rights of Third Parties) Act 1999, or any amendment thereto shall not apply to this Policy. Only **You** and **Us** can enforce the terms of this Policy. No other party may benefit from this contract as of right. This Policy may be varied or cancelled without the consent of any third party.

Compliance with policy requirements

You (and where relevant the **Your** representatives), shall comply with all applicable terms and conditions specified in this Policy. If **You** do not comply, **We** will only pay that part of any **Claim** that **We** would have had to pay if **You** had complied in full.

Changing your policy

1. If **You** want to change **Your** Policy
If **You** want to change **Your** Policy or if **Your** insurance needs or any of the information **You** have given **Us** changes **You** must telephone (and

confirm in writing if **We** request **You** to do so), email or write to **Us**. **We** will then decide if **We** can provide **You** with cover on existing terms. **We** may ask **You** to pay additional premium, add special conditions to the Policy or exclude cover for a particular medical condition. If **We** cannot provide cover, or if **You** do not want to pay the additional premium, or accept any special conditions **You** can cancel **Your** Policy and **We** will send **You** a pro-rata refund unless **You** have made a **Claim** under this policy in which case no refund will be made.

2. If **We** want to Change **Your** Policy
We reserve the right to make changes or add to these Policy terms for legal or regulatory reasons and/or to reflect new industry guidance and codes of practice. If this happens **We** will write to **You** with details at least 30 days before **We** make any changes. **You** will then have the option to continue with or to cancel the Policy.

Any change made to **Your** Policy will begin on the date that a revised Policy Schedule is issued to **You** by **Us**.

If **We** change **Your** Policy and as a result of those changes **You** wish to cancel **Your** Policy, **We** will send **You** a pro-rata refund unless **You** have made a **Claim** under this Policy in which case no refund will be made.

Cancelling your policy

If **You** want to cancel **Your** Policy

1. 14 day cancellation right
If, for any reason, **You** are not satisfied with this Policy, **You** may, within 14

days of receiving **Your** Policy and Policy Schedule contact **Us** and **We** will cancel it. If this happens the Policy will have provided no cover and **We** will refund any premiums **You** have paid, providing no **Claim(s)** have been reported or paid.

2. Cancellation after 14 days
If **You** want to cancel **Your** Policy **You** must contact **Us**. **We** will cancel it from the date **Your** instructions are received or any later date **You** give **Us**. **We** reserve the right to charge **You** a premium proportionate to the cover that has been in force up to the date of **Your** cancellation. If **We** have paid a **Claim**, in whole or part, then no refund of premium will be made.

Our contact details are:

The Customer Service Manager
Chubb European Group SE
First Trust Bank Travel Insurance Team
PO BOX 1086
Belfast
BT1 9ES

E: firsttrustbank.travelinsurance@chubb.com

T: 0800 519 9942 or if calling from outside the UK +44 (0) 141 285 2309 (from 9am to 5pm, Monday to Friday)

If **We** want to cancel **Your** Policy **We** can cancel this Policy by giving **You** 30 days written notice. **We** will only do this for a valid reason. Examples of valid cancellation reasons include attempted or actual fraud, or where **We** are ordered or instructed to cancel this Policy by a regulator, court, or other law enforcement agency.

If **We** cancel the Policy **We** will refund any premium **You** paid for the cancelled period provided **You** have not made a **Claim** under the Policy during the current **Period of Insurance**.

Other taxes or costs

We are required to notify **You** that other taxes or costs may exist which are not imposed or charged by **Us**.

Misrepresentation and non-disclosure

You must take reasonable care to ensure that all of the information provided to **Us** in the application process, in "Your Declaration to Us", by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a **Claim** may not be paid. **You** acknowledge that **We** have offered the Policy and calculated the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

Interest

No sum payable by **Us** under this Policy shall carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the claim. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

Bank charges

We shall not be liable for any charges applied by **Your** bank for any transactions made in relation to a claim.

Complaints procedures

We are dedicated to providing a high quality service and want to maintain this at all times. If **You** are not satisfied with this service, please contact **Us**, quoting **Your** Policy details, so **We** can deal with the complaint as soon as possible.

If **You** have a complaint about the sale of **Your** Policy or the customer service **You** have received please contact:

The Customer Service Manager
Chubb European Group SE
First Trust Bank Travel Insurance Team
PO BOX 1086
Belfast BT1 9ES

E: firsttrustbank.travelinsurance@chubb.com

T: 0800 519 9942 or if calling from outside the UK +44 (0) 141 285 2309 (from 9am to 5pm, Monday to Friday)

If **You** have a complaint in relation to a Claim please contact:

The Claims Manager
First Trust Bank Travel Insurance
PO BOX 1086
Belfast BT1 9ES

E: firsttrustbank.travelinsurance@chubb.com

T: 0800 519 9942 or if calling from outside the UK +44 (0) 141 285 2309 (from 9am to 5pm, Monday to Friday)

You can approach the Financial Ombudsman Service for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved

satisfactorily. Any approach to the Financial Ombudsman Service must be made within 6 months of **Our** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR

T: 0800 023 4567 (calls are free from a UK landline or mobile)
+44 (0) 300 123 9123 (calls charged at the same rate as 01 or 02 numbers on a mobile phone)

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

W: www.financial-ombudsman.org.uk

Following these complaints procedures does not reduce **Your** statutory rights relating to this Policy. For further information about **Your** statutory rights contact Citizens Advice.

European online dispute resolution platform

If **You** arranged **Your** Policy with **Us** online or through other electronic means, and have been unable to contact **Us** either directly or through the Financial Ombudsman Service, **You** may wish to register **Your** complaint through the European Online Dispute Resolution platform: <http://ec.europa.eu/consumers/odr/>. **Your** complaint will then be re-directed to the Financial Ombudsman Service and to **Us** to resolve. There may be a short delay before **We** receive it.

French Prudential Supervision and Resolution Authority

Chubb European Group SE (CEG) is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662. UK business address: 100 Leadenhall Street, London EC3A 3BP. Authorised and supervised by the French Prudential Supervision and Resolution Authority (4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09) and authorised and subject to limited regulation by the Financial Conduct Authority (FS Register number 820988). Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. You can find details about the firm by searching 'Chubb European Group SE' online at <https://register.fca.org.uk/>.

Financial services compensation scheme

Whilst only **You** and **Us** have legal rights under this Policy, in the unlikely event that **We** are unable to meet **Our** liabilities, **You** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Its contact details are:

Financial Services Compensation Scheme
PO Box 300
Mitcheldean
GL17 1DY

T: 0800 678 1100 or 020 7741 4100
W: www.fscs.org.uk
On-Line Form: <https://claims.fscs.org.uk/>

General definitions

The words and phrases below will always have the following meanings wherever they appear in the Policy and Policy Schedule in bold type and starting with a capital letter.

Abroad

Outside England, Scotland, Wales or Northern Ireland.

Accident, Accidental

A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Adverse Weather

Weather of such severity that the police (or appropriate authority) warn by means of public communications network (including but not limited to television or radio) that it is unsafe for individuals to attempt to travel via the route originally planned by **You**.

Any One Claim

All **Claims** or legal proceedings including any appeal against judgment consequent upon the same original cause, event or circumstance.

Child, Children

Your children, **Your Partner's** children and the grandchildren of **You** or **Your Partner**, including step children, step grandchildren and fostered or adopted children or grandchildren, each of whom must be:

1. under 18 years old (or under 23 years old if still in full-time education) on the date **You** purchase cover; and

2. financially dependent on **You** or **Your Partner** (or in the case of grandchildren dependent on **You** or **Your Partner** or their **Parent(s)**) even if they do not live with either **You** or **Your Partner** (or in the case of grandchildren, with either **You** or **Your Partner** or their **Parent(s)**); and
3. not be married or living with a partner.

Chubb Assistance

1. The telephone advice, information and counselling services; and/ or
2. the travel assistance and emergency medical and repatriation services; arranged by **Us**.

Claim, Claims

Single loss or a series of losses **Due To** one cause covered by this Policy.

Close Business Colleague

Someone who **You** work with in the **United Kingdom** and who has to be in work in order for **You** to be able to go on or continue a **Journey**.

Curtail, Curtailed, Curtailment

Cut short/cutting short **Your Journey**.

Doctor

A doctor or specialist, registered or licenced to practise medicine under the laws of the country in which they practise who is neither:

1. a **Person Insured**; or
2. a relative of the **Person Insured** making the **Claim**, unless approved by **Us**.

Due To

Directly or indirectly caused by, arising or resulting from or in connection with.

Europe

Albania, Andorra, Austria, Belarus, Belgium, Bosnia- Herzegovina, Bulgaria, Canary Islands, Croatia, Czech Republic, Denmark, Eire, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Mediterranean Islands (including Majorca, Menorca, Ibiza, Corsica, Sardinia, Sicily, Malta, Gozo, Crete, Rhodes and other Greek Islands; Cyprus), Moldova, Monaco, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation (West of Urals), Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tunisia, Turkey, Ukraine, **United Kingdom** (if travelling outside of the **United Kingdom** if it is **Your** usual country of residence).

If **You** wish or are likely to travel outside the countries specified **You** need **Our** Worldwide cover.

Excess

The first amount stated in the Policy Schedule of any **Claim** which each **Person Insured** must pay for each section of the Policy that is claimed under.

Golf Equipment

Golf clubs, golf bags, golf trolleys and golf umbrellas.

Hijack

The unlawful seizure or taking control of an aircraft or other means of transport in which a **Person Insured** is travelling as a passenger.

Hijackers

The perpetrators of a **Hijack**.

Immediate Family Member

Your Partner or fiancé(e) or the grandchild, child, brother, sister, parent, grandparent, grandchild, step-brother, step-sister, step-parent, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother- in-law, aunt, uncle, nephew, niece, of **You** or **Your Partner**, or anyone noted as next of kin on any legal document.

Journey(s)

Trip(s) involving pre-booked travel or accommodation (of at least 2 nights duration if the trip is not **Abroad**), devoted entirely to pleasure, rest, or relaxation (unless **You** have purchased the Business Extension), where travel begins and ends in the **United Kingdom**.

Legal Expenses

1. Fees, expenses, costs/expenses of expert witnesses and other disbursements reasonably incurred by the **Legal Representatives** in pursuing a claim or legal proceedings for damages and/or compensation against a third party who has caused any **Persons Insured Accidental** bodily injury or illness or in appealing or resisting an appeal against the judgment of a Court, tribunal or arbitrator.
2. Costs for which **You** are legally liable following an award of costs by any court or tribunal or an out of Court settlement made in connection with any claim or legal proceedings.

Legal Representatives

The solicitor, firm of solicitors, lawyer, advocate or other appropriately qualified person, firm or company appointed to act on **Your** behalf.

Loss, Lost

Your belongings that are covered under this Policy:

1. have been accidentally or unintentionally left in a location and they have then disappeared; or
2. are in a known location, but **You** are not reasonably able to retrieve them; or
3. have disappeared and **You** are not sure how it has happened.

Loss of Limb

Amputation or total and permanent loss of use of one or more hands at or above the wrist or of one or more feet above the ankle (talo-tibial joint).

Loss of Sight

1. In both eyes:
Permanent blindness, which based on medical evidence **You** will never recover from, and which results in **Your** name being added (on the authority of a qualified ophthalmic specialist) to the Register of Blind Persons maintained by the government.
2. In one eye:
Permanent blindness, which based on medical evidence **You** will never recover from, in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 60 feet away can only be seen from 3 feet away or less.

Mobility Aid(s)

Any crutch, walking stick, walking frame, wheeled walking frame, walking trolley, evacuation chair, wheelchair, powered wheelchair or mobility scooter, constructed specifically to aid persons suffering from restricted mobility but excluding any golf buggy or golf trolley.

Money

Coins, banknotes, traveller's cheques, postal or money orders, travel tickets, pre-paid vouchers, non-refundable pre-paid entry tickets and debit, credit, payment, pre-payment and/or charge cards.

Parent or Legal Guardian(s)

A person with parental responsibility, or a legal guardian, both being in accordance with the Children Act 1989 and any statutory amendment modification or re-enactment of it.

Partner

Your spouse or civil partner (registered pursuant to the Civil Partnership Act) or someone of either sex with whom **You** have been living for at least three months as though they were **Your** spouse or civil partner.

Period of Insurance

ANNUAL MULTI-TRIP: Period of cover between and inclusive of the dates shown as Cover from: and Cover to: on the Policy Schedule starting at 00.01 or any later time the Policy Schedule is issued on the earlier date shown and finishing at 24.00 on the later date shown.

SINGLE TRIP: Period of cover starting at 00.01 or any later time the Policy

Schedule is issued and ending either when **You** arrive at **Your** home in the **United Kingdom** or at the end of the trip duration shown on **Your** Policy Schedule, whichever is sooner.

Permanent Disability

Any form of functional disability which has lasted for at least 12 months and from which, based on medical evidence, **You** will never recover.

Permanent Total Disablement

1. If **You** were in gainful employment at the date of the **Accident**:
A **Permanent Disability** which stops **You** from carrying out gainful employment for which **You** are fitted by way of training, education or experience; or
2. If **You** were not in gainful employment at the date of the **Accident**:
A form of **Permanent Disability** calculated on a medical assessment by **Us** or an independent medical expert appointed by **Us**, which results in **Your** inability to perform, without assistance from another person, at least 2 of the following activities of daily living:-
 - eating
 - getting in and out of bed
 - dressing and undressing
 - toileting
 - walking 200 metres on level ground

Personal Property

1. Any suitcase, trunk or container of a similar kind and its contents;
2. any **Mobility Aid**;
3. **Valuables**;
4. any other article worn or carried by **You**;

that is not otherwise excluded and which is either owned by **You** or for which **You** are legally responsible.

Person(s) Insured

You and **Your Partner** and **Children** if they are shown as insured on the Policy Schedule.

Pet Care Fees

Additional kennel or cattery fees if **Your** final return **Journey** home is delayed for more than 24 hours.

Public Transport

Any air, land or water vehicle operated under licence for the transportation of fare-paying passengers and which runs to a scheduled published timetable.

Repair and Replacement Costs

The cost of repairing partially damaged property, or, if the property is totally **Lost** or destroyed or uneconomical to repair, the cost of replacing property as new less a deduction for wear, tear or depreciation. (NOTE: **We** will pay a reasonable proportion of the total value of a set or pair to repair or replace an item that is part of a set or pair).

Travelling Companion(s)

Someone **You** have arranged to go on a **Journey** with and who it would be unreasonable to expect **You** to travel or continue **Your Journey** without.

Unattended

Where **You** are not in full view of or in a position to prevent unauthorised taking or interference with **Your Personal Property, Money** or vehicle.

United Kingdom

England, Scotland, Wales and Northern Ireland, or the Isle of Man, or one of the Channel Islands.

Valuables

Cameras and other photographic equipment, telescopes and binoculars, audio/video equipment (including radios, iPods, mp3 and mp4 players, camcorders, DVD, video, televisions, and other similar audio and video equipment), mobile phones, satellite navigation equipment, computers and computer equipment (including PDAs, personal organisers, laptops, notebooks, netbooks, iPads, tablets and the like), computer games equipment (including consoles, games and peripherals), jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals.

War

Armed conflict between nations, invasion, act of foreign enemy, civil war or taking power by organised or military force.

Winter Sports Equipment

Skis, snowboards, boots, helmets, bindings and poles.

We, Us, Our, Ourselves

Chubb European Group SE.

You, Your, Yourself

The **Person(s) Insured** shown on the Policy Schedule.

Data protection statement

The personal information you provide

We use personal information which **You** supply to **Us** in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as **Your** name, address, and policy number, but may also include more detailed information about **You** (for example, **Your** age, health, details of assets, claims history) where this is relevant to the risk **We** are insuring, services **We** are providing or to a claim **You** are reporting.

We are part of a global group, and **Your** personal information may be shared with **Our** group companies in other countries as required to provide coverage under **Your** policy or to store **Your** information. **We** also use a number of trusted service providers, who will also have access to **Your** personal information subject to **Our** instructions and control.

You have a number of rights in relation to **Your** personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how **We** use **Your** personal information. For more information, **We** strongly recommend **You** read **Our** user-friendly Master Privacy Policy, available here: <https://www.chubb.com/uk-en/footer/privacy-policy.aspx>.

You can ask **Us** for a paper copy of the Privacy Policy at any time, by contacting **Us** at <mailto:dataprotectionoffice.europe@chubb.com>

How to get in touch

For overseas medical emergencies,
please contact Chubb Assistance:

T: +44 (0) 20 3305 9094

For all other enquiries, please contact
Chubb European Group SE:

T: 0800 519 9942

Or if calling from outside the UK

T: +44 (0) 141 285 2309

E: firsttrustbank.travelinsurance@chubb.com

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