DIVE INTO THE DETAIL

Your Travel Insurance Policy Wording

MONEY

Contents

Important contact details	3
Demands and needs statement	4
About us and our insurance services	5
Reciprocal health arrangements	9
Cover summary	10
Definitions	14
Health declaration and Health exclusions	25
Upgrades and endorsements	29
When your cover begins and ends	30
Renewing your policy	32
Area of validity	33
Sports and activities	34
Description of cover	38
A. Trip cancellation	39
B. Trip interruption	43
C. Travel delay	48
D. Baggage	50
E. Baggage delay	52
F. Emergency medical/dental cover abroad	53
G. Emergency transportation	55
H. Personal liability	59
I. Travel accident	61
J. Travel services during your trip	62
K. Loss of travel documents	63
L. Personal money	64
M. Legal expenses	65
N. Winter sports cover - optional	67
O. Cruise cover - optional	72
P. Rental vehicle excess waiver cover - optional	74
Q. Gadget cover - optional	76
General exclusions	88
General conditions	91
24-hour emergency medical assistance information	93
Claims information	94
Complaints information	99
Privacy notice	101

Important contact details

Customer services
Monday to Friday – 9am to 5pm
Phone: **+44 (0) 330 175 8283**
Email: **service@travel-insurance.virginmoney.com**

24-hr Emergency medical assistance
Phone: **+44 (0) 20 8603 9157**
(for medical emergency assistance or ***trip*** interruption requests)

Claims for all sections other than Gadget claims
Monday to Friday – 9am to 5pm
Phone: **+44 (0) 20 8603 9141**

Gadget claims only
Monday to Friday – 9am to 5pm
Phone: **+44 (0) 330 175 7850**
Email: **virgin.tiga@taurus.gi**

Cover is for residents of the ***UK***.

This ***policy*** does not cover claims relating to ***pre-existing medical conditions*** unless declared to ***us*** and accepted for cover by ***us***.

This ***policy*** is available in large print, audio and Braille.
Please contact: **0330 175 8283** and ***we*** will be pleased to organise an alternative version for ***you***.

Demands and needs statement

Virgin Money Travel Insurance is typically suitable for travel customers who wish to insure themselves for medical emergencies, delayed or missed departures, trip cancellations or interruptions, personal travel accident, personal liability and lost, stolen or delayed baggage.

The levels of cover may vary depending on where ***you*** travel (whether in ***your country of residence*** or ***abroad***).

Travel insurance does not cover everything. ***You*** should read this ***policy*** wording carefully to make sure it provides the cover ***you*** need.

You may already possess alternative travel insurance for some or all of the features and benefits provided by this travel insurance ***policy***. It is ***your*** responsibility to investigate this.

We have not provided ***you*** with any recommendation or advice about whether this product meets ***your*** specific insurance requirements.

About us and our insurance services

This insurance is promoted by CYB intermediaries Ltd, a subsidiary of Nationwide Building Society which trades as Virgin Money. It's distributed and administered by Hood Travel Ltd and underwritten by AWP P&C S.A. excluding Gadget cover. Please see the **'Gadget cover'** section for full details.

Whose insurance products are offered?
AWP P&C S.A.'s products, who are a French company authorised in France acting through its UK Branch.

What service will you receive?
You have chosen this ***policy*** without advice, based on ***your*** own assessment of ***your*** needs. ***You*** will not receive any personal advice or a recommendation for this product. ***You*** may be asked some questions to check ***your*** eligibility for the ***policy***.

What will you have to pay for this service?
You will only pay the premium for ***your policy***, and ***you*** will not pay a fee for arranging the ***policy***. AWP P&C S.A. pays for these services through a mixture of commission and other fees based on the costs for managing ***your policy***.

Who is regulated?
This insurance is promoted by CYB Intermediaries Ltd, a subsidiary of Nationwide Building Society which trades as Virgin Money. Registered in England with company no. 04056283, whose registered office is Jubilee House, Gosforth, NE3 4PL. CYB Intermediaries Ltd is authorised and regulated by the Financial Conduct Authority under FRN 305065.

Sales of this insurance are administered and distributed by Hood Travel Ltd. Registered in England and Wales with company no. 08318836, whose registered office is 2nd Floor Dencora Court, Tylers Avenue, Southend-on-Sea, Essex, SS1 2BB. Hood Travel Ltd is authorised and regulated by the Financial Conduct Authority under FRN 597211.

All other aspects of this insurance (excluding **'Gadget cover'**) are administered in the UK by Allianz Assistance, a trading name of AWP Assistance UK Ltd. Registered in England with company no. 1710361, whose registered office is 102 George Street, Croydon CR9 6HD. AWP

Assistance UK Ltd is authorised and regulated by the Financial Conduct Authority under FRN 311909.

This insurance (excluding **'Gadget cover'**) is underwritten by AWP P&C S.A. a company registered in France with ID No 519490080 RCS Bobigny. Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch, AWP P&C S.A., registered in England with company no. FC 030280 whose registered office is 102 George Street, Croydon CR9 6HD.

AWP P&C S.A. is authorised and regulated by L'Autorité de Contrôle Prudentiel et de Résolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority under FRN 534384 and limited regulation by the Prudential Regulation Authority. Details about the extent of regulation by the Prudential Regulation Authority are available from ***us*** on request.

You can check these details on the Financial Conduct register by visiting the Financial Conduct Authority's website **www.fca.org.uk/register** or by contacting the Financial Conduct Authority on **0800 111 6768**.

Protection under the Financial Services Compensation Scheme (FSCS)

For ***your*** added protection, ***you*** may be entitled to compensation up to 90% of ***your*** claim with no upper limit, from the FSCS if:

- AWP P&C S.A. cannot meet their obligations to ***you***, such as not being able to pay a claim.
- Any claim is to do with the arranging of this insurance ***policy.***

Further information about the compensation scheme arrangement is available from the FSCS, telephone number **0800 678 1100** (freephone) or **020 7741 4100**, write to them at PO Box 300, Mitcheldean, GL17 1DY, or by visiting their website at **www.fscs.org.uk**.

If you have a complaint

If for any reason ***you*** are unhappy with the product or service, please get in touch as soon as possible. For contact details and more information about the complaints procedure, please refer to the **'Complaints information'** section of this ***policy*** document. Where a complaint cannot be resolved to ***your*** satisfaction, ***you*** may be able to ask the Financial Ombudsman Service (FOS) to carry out an independent review.

About this policy

This ***policy*** is ***our*** contract with ***you***. Please read it carefully. ***We*** have tried to make it simple and easy to understand while also clearly describing the terms and conditions of ***your*** cover. If ***you*** have any questions, please contact the Customer Services team using the information shown under **'Important contact details'** at the start of this ***policy***. If ***your*** travel arrangements change, please be sure to let them know so any necessary updates to ***your*** insurance cover can be discussed with ***you***.

This ***policy*** has been issued based on the information ***you*** provided at the time of purchase. ***We*** will provide the insurance described in this ***policy*** in return for payment of the premium and ***your*** compliance with all provisions of this ***policy***. ***You*** will also notice that some words are in bold italics. These words are defined in the **'Definitions'** section. Words that are capitalised refer to the document and cover names found in this ***policy***. Headings are provided for convenience only and do not affect ***your*** cover in any way.

Cover is included as standard for travelling using any form of transport licensed to carry passengers, including cruise ships.

What this policy includes and whom it covers

This travel insurance ***policy*** covers only the sudden and unexpected specific situations, events and losses included in this ***policy*** wording, and only under the conditions described. Please review this ***policy*** wording carefully.

Your policy consists of two parts:

1. The ***policy*** schedule, which shows who is insured under ***your policy***.
2. This ***policy*** wording, which shows the full terms and conditions of ***your policy*** as well as the cover provided.

Note:
Not every loss is covered, even if it is due to something sudden, unexpected or out of ***your*** control. Only those losses meeting the conditions described in this ***policy*** wording may be covered. Please refer to the **'General exclusions'** section of this document for exclusions applicable to all cover under ***your policy***.

Governing law

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

Cancellation rights

If ***your*** cover does not meet ***your*** requirements, please notify the Customer Services team within 14 days of receiving ***your*** policy schedule for a refund of ***your*** premium.

You can contact the Customer Services team by emailing **service@travel-insurance.virginmoney.com**, calling **0330 175 8283** or writing to Virgin Money Travel Insurance, 2nd Floor Dencora Court, Tylers Avenue, Southend-on-Sea, Essex, SS1 2BB.

If during this 14 day period ***you*** have travelled, made a claim or intend to make a claim then ***your*** premium will not be refunded if ***you*** wish to cancel ***your policy***.

Note:
Your cancellation rights are no longer valid after this initial 14 day period. ***You*** can still cancel ***your policy*** outside of the 14 day cooling off period, however, no refund will be issued.

Contracts (Rights of Third Parties) Act 1999

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

Reciprocal health arrangements

Important:
If ***you*** use a reciprocal health arrangement to successfully reduce the cost of ***your*** treatment, ***we*** will not deduct an excess from ***your*** associated claim.

Global Health Insurance Card (GHIC)

1. A GHIC entitles ***you*** to reduced-cost, sometimes free, medical treatment that becomes necessary while ***you*** are in an EEA country.
2. A GHIC gives access to state-provided medical treatment only. Remember, this might not cover all the things ***you*** would expect to get free of charge from the NHS in the UK. ***You*** may have to make a contribution to the cost of ***your*** care.
3. If ***you*** don't have a valid GHIC, or it is due to expire before ***you*** travel, ***you*** may apply for an GHIC online at **www.ghic.org.uk** or by calling **0300 330 1350**.

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

Australia

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

For more information on which countries have a reciprocal health agreement with the UK, please search for "reciprocal healthcare agreements" on the gov.uk website.

Cover summary

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

	We will pay you up to (per ***trip***)		
Cover level	**Economy**	**Standard**	**Premium**
Excess	£100	£50	£50
Cover section	**Limits**	**Limits**	**Limits**
A - Trip cancellation	£1,500	£2,000	£3,000
B - Trip interruption	£1,500	£2,000	£3,000
- Trip Curtailment	as above	as above	as above
- Early/Delayed Return	as above	as above	as above
- Trip Continuation	as above	as above	as above
- Extended Stay	£75 per night, for a maximum of 10 nights	£100 per night, for a maximum of 10 nights	£150 per night, for a maximum of 10 nights
C - Travel delay*			
- General Delay (after 6 complete hours)			
• 'With receipts' sub-limit	£50 per day, up to a total of £200	£60 per day, up to a total of £300	£80 per day, up to a total of £400
• 'Without receipts' sub-limit	£25 per day, up to a total of £100	£30 per day, up to a total of £150	£40 per day, up to a total of £200
- Missed Departure & Connections*	£500	£750	£1,000

* No excess is deductible from this part of the cover.

Cover level	Economy	Standard	Premium
Excess	£100	£50	£50
D - Baggage	£1,000	£1,600	£2,000
- Special baggage items sub-limit	£200 in total	£300 in total	£400 in total
E - Baggage delay* (after a minimum delay of 12 complete hours)	£150	£250	£500
F - Emergency medical/dental cover abroad	£10,000,000	£12,500,000	£15,000,000
- Dental cover sub-limit	£250 in total	£400 in total	£500 in total
- Hospital In-patient benefit*	£20 per 24 hours, up to £1,000	£30 per 24 hours, up to £1,500	£50 per 24 hours, up to £2,500
G - Emergency transportation	Reasonable costs	Reasonable costs	Reasonable costs
- Search and rescue sub-limit*	£5,000	£5,000	£5,000
H - Personal liability	£2,000,000	£2,000,000	£2,000,000
I - Travel accident* (in the event of permanent disability or death)	£5,000	£15,000	£20,000
- Limit for death if aged 17 or under	£5,000	£10,000	£10,000
J - Travel services during your trip*	Reasonable costs	Reasonable costs	Reasonable costs
K - Loss of travel documents*	£250	£300	£350
L - Personal money	£300	£400	£500
M - Legal expenses*	£25,000	£25,000	£25,000

* No excess is deductible from this part of the cover.

OPTIONAL COVER SECTIONS (Only covered if shown as being included on ***your*** policy schedule)			
Cover level	**Economy**	**Standard**	**Premium**
Excess	£100	£50	£50
N - Winter sports cover			
- Missed Activity*	£200	£300	£400
- Winter Sports equipment cover	£500	£750	£1,000
- Winter Sports equipment rental cover*	£20 per day, up to a total of £200	£30 per day, up to a total of £300	£40 per day, up to a total of £400
- Piste closure*	£20 per day, up to a total of £300	£40 per day, up to a total of £400	£50 per day, up to a total of £500
- Loss or theft of ski pass	£200	£250	£300
- Search and rescue*	£5,000	£5,000	£5,000
O - Cruise cover			
- Missed Port of Call*	£50 per port, up to a total of £250	£100 per port, up to a total of £500	£100 per port, up to a total of £500
- Cabin confinement*	£50 per day, up to a total of £500	£75 per day, up to a total of £750	£100 per day, up to a total of £1,000
- Low or high water*	£50 per occurrence, up to a total of £250	£100 per occurrence, up to a total of £500	£100 per occurrence, up to a total of £500
- Missed Shore Excursions	£300	£500	£750
- Denied Boarding*	£100	£150	£200

* No excess is deductible from this part of the cover.

Cover level	Economy	Standard	Premium
Excess	£100	£50	£50
P - Rental vehicle excess waiver cover*	£2,000	£2,000	£2,000
- Roof sub-limit	£600	£600	£600
- Windows, mirrors & glass sub-limit	£800	£800	£800
- Undercarriage sub-limit	£500	£500	£500
- Tyres sub-limit	£400 (but no more than £100 per tyre)	£400 (but no more than £100 per tyre)	£400 (but no more than £100 per tyre)
Q – Gadget cover (this section is optional, ***your policy*** schedule will show if ***you*** have bought this)			
- Accidental or Malicious Damage, loss or theft	£1,000	£1,000	£1,000

* No excess is deductible from this part of the cover.

Cover limits, sub-limits and excesses apply per insured person.

The excess is the first part of the claim which ***you*** have to pay. The excess will apply per person, per incident, per ***trip***.

Cover only applies to persons who have paid the premium and cover is shown in ***your policy*** schedule.

Definitions

Throughout this ***policy***, words and any form of the word appearing in bold italics are defined in this section.

'Gadget cover' section has unique 'Definitions' which can be found at the beginning of the section.

Accident	An unexpected and unintended event that causes ***injury***, property damage or both.
Accommodation	A hotel or any other kind of lodging for which ***you*** make a reservation or where ***you*** stay and incur an expense.
Act of war	Any act which is associated with and occurring in the course of ***war*** or directly triggering it.
Adoption proceeding	A mandatory formal proceeding or other meeting required by law to be attended by ***you*** as a prospective adoptive parent(s) in order to legally adopt a minor child.
Baggage	Personal property ***you*** take with ***you*** or buy on ***your trip*** (but excluding ***gadgets***).
Business equipment	Equipment owned and used by ***you*** for professional purposes.
Civil disorder	Any public protest, strike, riot, demonstration, unlawful assembly or disturbance within a community, region, state or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by a gathering of people. It does not include any such occurrence that rises to the level of or is connected with any ***political risk***, ***terrorist event***, ***war***, or ***act of war***.

Cohabitant

A person ***you*** currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.

Computer system

Any data processing system and any network/ communication equipment connecting two or more of such systems, as well as any associated hardware, software, data and data storage equipment. This includes, without limitation, any computer, laptop, smart phone, tablet or wearable device.

Country of residence

The country where ***you*** have ***your primary residence***.

Covered reasons

The specifically named situations or events for which ***you*** are covered under this ***policy***.

Cyber risk

Any loss, damage, liability, claim, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with, any one or more instances of any of the following:

1. Any unauthorised, malicious or ***illegal act***, or the threat of such act(s), involving access to or the processing, use or operation of any ***computer system***;
2. Any error or omission involving access to or the processing, use or operation of any ***computer system***;
3. Any partial or total unavailability or failure to access, process, use or operate any ***computer system***; or
4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.

Departure date

The date on which ***you*** are originally scheduled to begin ***your*** travel, as shown on ***your*** travel itinerary.

Dependent ***Your family member*** or other relative who requires ***your*** full-time supervision and care.

Destination A location listed on ***your*** original travel itinerary to which ***you*** are scheduled to travel. This does not include any layover location where ***you*** did not arrange for overnight lodging on ***your*** return travel to ***your primary residence***.

Doctor Someone who is legally authorised to practise medicine or dentistry and is licensed if required. This cannot be ***you***, a ***travelling companion***, ***your family member***, a ***travelling companion's family member***, the sick or ***injured*** person or that person's ***family member***.

Epidemic A contagious disease recognised or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.

Family member ***Your***:

1. Spouse (by marriage, domestic partnership or civil union);
2. ***Cohabitants***;
3. Parents and stepparents;
4. Children, stepchildren, foster children, adopted children or children currently in the adoption process;
5. Siblings and stepsiblings;
6. Grandparents and grandchildren;
7. The following in-laws: mother, father, son, daughter, brother, sister and grandparent;
8. Aunts, uncles, nieces and nephews;
9. Legal guardians and wards; and
10. Paid, live-in caregivers.

First responder Emergency personnel (such as a police officer, paramedic or firefighter) who are among those responsible for going immediately to the scene of an ***accident*** or emergency to provide aid and relief.

Gadget(s) excluding accessories which belong to:

1. ***You***, or
2. A business where ***you*** have the relevant authority and responsibility to use and insure the ***gadget(s)*** owned by the business. Confirmation of this will be required in the event of a claim.

For the purpose of this policy, a ***gadget*** can be any one of the following items:
Mobile Phones, Smart Phones, Laptops (including custom built), Tablets, Digital Cameras, Games Consoles, Video Cameras, Camera Lenses, Bluetooth Headsets, Bluetooth Speakers, Satellite Navigation Devices, E-Readers, Head/Ear Phones, Smart Watches or a wrist worn Health and Fitness Tracker.

High-altitude activity An activity that includes or is intended to include, going above 4,500 metres above sea level, other than as a passenger in a commercial aircraft.

Hospital An acute care facility that has a primary function of diagnosing and treating sick and ***injured*** people under the supervision of ***doctors***. It must:

1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;
2. Have organised departments of medicine and major surgery; and
3. Be licensed where required.

Illegal act An act that violates any law where it is committed.

Injury Physical bodily harm other than due to illness.

Local public transportation	Local, commuter or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver or other such carriers) that transport ***you*** or a ***travelling companion*** less than 100 miles.
Mechanical breakdown	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tyre or running out of fluids (except fuel).
Medical escort	A professional person contracted by ***our*** medical team to accompany an ill or ***injured*** person while they are being transported. A ***medical escort*** is trained to provide medical care to the person being transported. This cannot be a friend, ***travelling companion*** or ***family member***.
Medically necessary	Treatment that is required for ***your*** illness, ***injury*** or medical condition, consistent with ***your*** symptoms and can safely be provided to ***you***. Such treatment must meet the standards of good medical practice and is not for ***your*** or the provider's convenience.
Natural disaster	An extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people. Such an event must have significant intensity and catastrophic impact. Examples include, but are not limited to, earthquakes, fires, floods, hurricanes, avalanches, landslides, droughts or volcanic eruption. Ordinary and routine weather events are not considered to be ***natural disasters***.
Pandemic	An ***epidemic*** that is recognised or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.

Personal Money Any of the following that are held for personal and not business purposes: cash, postal or money orders, current postage stamps, traveller's cheques, admission tickets, ***local public transportation*** tickets, coupons, gift cards or vouchers which have a monetary value.

Policy The travel insurance cover purchased, which includes this policy wording and ***your policy*** schedule.

Political risk Any one or more of the following:

1. Any event, organised resistance or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government or organised political or ruling group;
2. Nationalisation;
3. Confiscation;
4. Expropriation;
5. Deprivation;
6. Requisition;
7. Revolution;
8. Rebellion;
9. Insurrection;
10. Uprising;
11. Military and usurped power.

Primary residence ***Your*** permanent home address for legal and tax purposes.

Pre-existing medical condition

Any medical condition for which in the 5 years before purchasing this ***policy you*** have:

1. Had symptoms or suffered from; or
2. Received medical advice or treatment for (this includes surgery, tests, investigations by ***your*** doctor / consultant / specialist); or
3. Been prescribed drugs or medication (including repeat prescriptions) for.
    a. Heart or respiratory condition (for example Heart attack, heart failure, angina or chest pains, Asthma or COPD),
    b. Circulatory condition (problems with blood flow, including strokes, mini strokes (TIA), high blood pressure, and high cholesterol),
    c. Liver condition,
    d. Cancerous condition,
    e. Any mental health condition such as stress, anxiety, depression or eating disorders.

Please refer to the **'Health declaration and Health exclusions'** section for further details.

Professional sporting competition

A sporting competition in which competitors take part at either a professional or semi-professional level, while under contract to a club or sporting organisation, for payment or financial remuneration.

Quarantine

Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which ***you*** are booked to travel during ***your trip***, which is intended to stop the spread of a contagious disease to which ***you*** or a ***travelling companion*** have been exposed.

Reasonable and customary costs	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/ materials/supplies/equipment and the availability of appropriately-skilled and licensed service providers.
Refund	Cash, credit or a voucher for future travel that ***you*** are eligible to receive from a ***travel supplier***, or any credit, recovery or reimbursement ***you*** are eligible to receive from ***your*** employer, another insurance company, a credit card issuer or any other entity.
Rental car	An automobile or other vehicle designed for use on public roads that ***you*** have rented for the period of time shown in a ***rental car agreement*** for use on ***your trip.***
Rental car agreement	The contract issued to ***you*** by the rental car company that describes all of the terms and conditions of renting a rental car, including ***your*** responsibilities and the responsibilities of the rental car company.
Return date	The date on which ***you*** are originally scheduled to end ***your*** travel, as shown on ***your*** travel itinerary.
Seriously ill or injured	A medical condition that, if not promptly and adequately addressed, poses significant health risks that require extensive medical treatment and may result in potentially life-threatening consequences or lead to long-term or permanent disability, as determined by a ***doctor***.
Service animal	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf and pulling a wheelchair. Guard dogs and emotional support animals as well as any other animal species (whether trained or untrained) are not included under this definition.

Severe weather	Hazardous weather conditions including, but not limited to: windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms or ice storms.
Special baggage item	Collectibles, jewellery, watches, gems, pearls, beauty and body care items, furs, cameras (including video cameras) and related equipment and excludes digital cameras which are defined as ***gadget(s)*** and not as ***special baggage item***, musical instruments, professional audio equipment (excluding headphones, earphones, earbuds, Bluetooth headsets and Bluetooth speakers), binoculars, telescopes, ***sporting equipment***,(excluding ***winter sports equipment***) non-motorised watercraft, radios, drones, robots and other electronics, including parts and accessories for the aforementioned items but excluding any items listed within the definition of ***gadget(s)***.
Sporting equipment	Equipment or goods (excluding ***winter sports equipment***) that are designed for and enable ***you*** to participate in a specific sport.
Terrorist event	An act by any person or group(s) of people, whether acting alone or on behalf of or in connection with any organisation(s), which constitutes terrorism as recognised by the government authority in, or under the laws of ***your country of residence***. It is committed for political, religious, ethnic and/or ideological purposes, or to influence any government and/or to put the public, or any section of the public, in fear. It does not include any ***political risk***, ***war***, or ***act of war***.
Third party	A natural or legal person other than ***you***, ***your family member*** or a ***travelling companion***.
Traffic accident	An unexpected and unintended traffic-related event, other than ***mechanical breakdown***, that causes ***injury***, property damage or both.
Transit country	Any country where ***you*** have a transport connection but have not planned to stay while travelling to get to ***your destination***.

Travel carrier A company licensed to commercially transport passengers between destinations for a fee by land, air or water. It does not include:

1. Rental vehicle companies;
2. Private or non-commercial transportation carriers;
3. Chartered transportation, except for group transportation chartered by ***your*** tour operator; or
4. ***Local public transportation.***

Travel supplier A travel agent, tour operator, airline, cruise line, hotel, railway company, rental vehicle company or other travel service provider.

Travelling companion A person or ***service animal*** travelling with ***you*** or travelling to accompany ***you*** on ***your trip***. A group or tour leader is not considered a ***travelling companion*** unless ***you*** are sharing the same room with the group or tour leader.

Trip ***Your*** travel originally scheduled to begin on ***your departure date*** and end on ***your return date*** to, within and/or from a location:

1. at least 70 miles away from ***your primary residence;*** or
2. abroad; and
3. outside ***your*** city/town of residence, provided that ***your*** travel includes a stay of two consecutive nights or more.

It cannot include travel with the intent to receive health care or medical treatment of any kind or moving or commuting to and from work.

Uninhabitable A ***natural disaster***, fire, flood, burglary or vandalism that has caused enough damage (including extended loss of power, gas or water) to make a reasonable person find their ***primary residence***, ***destination*****,** or ***accommodation*** at their ***destination*** inaccessible or unfit for use.

United Kingdom (UK)	England, Scotland, Wales, Northern Ireland.
Vandalism	Any ***illegal act*** that intentionally causes damage to or destruction of public or private tangible property. This does not include damage or destruction of public or private tangible property by ***terrorist acts***, ***war***, ***acts of war***, ***political risk*** or ***civil disorder***.
War	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organised political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
We, Us or Our	Allianz Assistance, acting on behalf of the insurer - AWP P&C S.A.
Winter sports	Athletic activities performed on snow or ice.
Winter sports equipment	Skis (including bindings), ski boots, ski poles, snowboards (including bindings), ice skates and essential clothes which ***you*** own or hire.
Work strike	An organised and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region or nation. This also does not include any strike that rises to the level of or is connected with any ***civil disorder*** or ***political risk***.
You or Your	Any one or more of the persons listed as being insured on the ***policy*** schedule.

Health declaration and Health exclusions

It is very important that ***you*** read the following and declare any ***pre-existing medical condition(s)*** to ***us***.

Your policy does not automatically include cover for ***pre-existing medical condition(s)***.

Please take a good look at the medical screening questions below. To make sure ***your policy*** is not affected for ***your trip***, ***you*** must declare all ***pre-existing medical condition(s)***:

1. On the date ***your policy*** was purchased or ***your trip*** was booked (whichever is later);
2. If any changes in ***your*** health happen between booking ***your trip*** or making ***your*** declaration (whichever is later) and starting ***your trip***;
3. If ***you*** have an annual multi-trip ***policy*** and there are any changes in ***your*** health, or prescribed medication between making ***your*** declaration and booking a ***trip***.

You must also tell ***us*** about any ***pre-existing medical condition(s)*** affecting the health of all people insured on this ***policy***.

Medical screening questions

You must provide ***us*** with further details about ***your pre-existing medical condition(s)***, if ***you*** answer yes to any of the following medical screening questions:

In the last 5 years have ***you*** or any person to be insured on this ***policy***:

1. Had symptoms or suffered from; or
2. Received medical advice or treatment for (this includes surgery, tests, investigations by ***your doctor*** / consultant / specialist); or
3. Been prescribed drugs or medication (including repeat prescriptions) for:
    a. Heart or respiratory condition (for example Heart attack, heart failure, angina or chest pains, Asthma or COPD),
    b. Circulatory condition (problems with blood flow, including strokes, mini strokes (TIA), high blood pressure, and high cholesterol),
    c. Liver condition,
    d. Cancerous condition,

e. Any mental health condition such as stress, anxiety, depression or eating disorders.

Or in the last 24 months have/are ***you*** or any person to be insured on this ***policy***:

1. Been prescribed medication (including repeat prescriptions)?
2. Received treatment for or consulted a ***doctor*** about any medical condition?
3. Attended a hospital or clinic as an out-patient or in-patient for any reason?

We may be able to include cover for ***your pre-existing medical condition(s)***, however an extra premium may be required. We have the right to exclude cover.

Health exclusions

In all instances, ***you*** will not be covered for:

1. Any ***pre-existing medical condition*** that ***you*** are aware of and have sought, but not received, a diagnosis.
2. Any ***pre-existing medical condition you*** have in respect of which a ***doctor*** has advised ***you*** not to travel or would have done so had ***you*** sought their advice.
3. Any ***pre-existing medical condition you*** have and for which ***you*** are not taking the recommended treatment or prescribed medication as directed by a ***doctor***.
4. Any ***pre-existing medical condition you*** have and for which ***you*** are travelling intending to obtain treatment outside ***your*** country of residence.
5. ***You*** travelling against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.

Medical screening service

If ***you*** have not already done so, ***you*** should contact the Customer Services team on **0330 175 8283** as soon as possible after taking out this insurance ***policy*** or booking ***your trip*** to declare a ***pre-existing medical condition***.

Based on the medical information ***you*** provide, ***we*** will confirm if cover can be offered for ***your*** declared ***pre-existing medical condition(s)***, and if an extra premium needs to be paid.

Occasionally, ***we*** may need ***you*** to get extra medical information (at ***your*** cost) from ***your doctor*** to enable ***us*** to make a decision.

If an extra premium is required, cover will not start until this has been paid in full and ***we*** have issued written confirmation.

If ***we*** are unable to cover the ***pre-existing medical condition(s)*** this will mean that ***you*** and any other person insured by ***us*** will not be covered for any directly or indirectly related claims arising from the ***pre-existing medical condition(s)***. This applies even if the person with the medical condition (or conditions) decides to buy cover from another provider.

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

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

Changes in your health

You must call the Customer Services team on **0330 175 8283** if, after buying ***your policy***, before booking a ***trip*** or starting a ***trip*** any of the following happen:

1. ***You*** are diagnosed with a new medical condition;
2. ***You*** experience new or recurring symptoms or have an undiagnosed condition;
3. ***Your*** doctor or other medical professional make any changes to ***your*** prescribed medication including the dosage;
4. ***You*** receive in-patient medical treatment;
5. ***You*** are awaiting medical tests, investigation or medical treatment; or
6. ***You*** are awaiting the results of medical test or investigations.

When ***you*** call, ***we*** will ask ***you*** specific questions about ***your*** medical condition(s). This may result in:

1. ***You*** needing to pay an additional premium to allow cover to continue for ***your pre-existing medical condition(s)*** and associated conditions; or
2. ***Us*** asking ***you*** to cancel ***your trip*** and make a claim under **Section - 'A. Trip cancellation'**, for ***your*** costs which cannot be recovered elsewhere, for ***trips*** booked before ***your*** change in health.

If ***we*** cannot cover ***your*** new or ***pre-existing medical condition(s)***, or ***you*** do not want to pay the extra premium, one of the following will apply:

1. ***You*** will be entitled to cancel ***your policy***, in which case ***we*** will refund

a proportion of ***your*** premium, providing ***you*** have not made a claim or intend to make a claim; or

2. If ***you*** find alternative insurance to cover ***your trip***, ***we*** will contribute towards the premium up to the maximum ***we*** would have paid if ***you*** had cancelled ***your trip***. The cover under ***your policy*** with ***us*** would then end.
3. ***You*** can continue with cover under this ***policy***, but without cover for any of ***your*** new and/or previously declared and accepted ***pre-existing medical condition(s)***.

Upgrades and endorsements

To ensure ***you*** have the cover ***you*** need for ***your trip***, ***we*** offer the following upgrades and endorsements ***you*** can choose to purchase from ***us*** (an additional premium may apply):

1. Medical endorsement: if any insured person has a ***pre-existing medical condition***, ***you*** must declare these to ***us***. ***You*** may then have to pay an additional premium to cover those medical conditions. For some conditions, cover may not be available, but **we** will advise **you** of this when the declaration is made and ***we*** will confirm this to ***you*** in writing.
2. Winter sports cover: if ***you*** wish to take part in any activities shown as being included under Winter Sports Activities within the **'Sports and activities'** section. ***You*** will also then have cover under the **'Winter sports cover'** section.
3. Cruise cover: ***you*** are already covered for cruises on the ***policy***, but ***you*** can choose this option if ***you*** want to upgrade ***your policy*** to include the additional cover shown within this section.
4. Rental vehicle excess waiver cover: if ***you*** want to upgrade ***your policy*** to include the additional cover shown within this section.
5. Gadget cover: if ***you*** want to upgrade ***your policy*** to include the additional cover shown within this section.

The additional cover provided by purchasing an upgrade will only be valid for ***trips*** starting on or after the date ***you*** buy the upgrade and only for events that happen after the upgrade has been purchased.

All upgrades must be purchased before ***you*** leave ***your*** home to start ***your trip***.

When your cover begins and ends

For single-trip policies

Your policy cover start date and cover end date are indicated in ***your policy*** schedule. The purchase must be made, and the full premium be paid on or before the ***departure date***. In all cases this must be before ***you*** leave ***your primary residence*** to start ***your trip***.

Cover is only provided for losses that occur while ***your policy*** is in effect.

All cover, except under **Section - 'A. Trip cancellation'**, starts at the time ***you*** leave ***your primary residence*** to begin ***your trip*** on ***your departure date*** and is effective until ***your policy*** ends.

Cover under **Section - 'A. Trip cancellation'** ends when ***you*** leave ***your primary residence*** to start ***your trip***, or until ***your policy*** ends (whichever comes first).

Your policy ends on the cover end date listed in ***your policy*** schedule. However, there are situations where ***your policy*** may end on a different date. ***Your policy*** will end on the earliest of:

1. The cover end date shown in ***your policy*** schedule;
2. When ***you*** cancel ***your policy***;
3. When ***you*** cancel ***your trip;***
4. When ***your trip*** ends;
5. When ***you*** arrive at a medical facility in ***your country of residence*** for further care if ***you*** end ***your trip*** due to a medical reason; or
6. At the end of the 90th day of the ***trip***.

However, if ***your*** return travel is delayed beyond the end of ***your policy*** due to a reason covered under this ***policy***, ***we*** will extend ***your*** cover period until the earliest of when ***you***:

1. Are able to reach ***your*** point of origin or ***primary residence***;
2. Decline to continue on to ***your*** point of origin or ***primary residence*** once ***you*** are able to;
3. Decline medical repatriation after ***your*** treating ***doctor*** and ***we*** confirm ***you*** are medically stable to travel; or
4. Arrive at a medical facility in ***your country of residence*** for further care following a medical evacuation or medical repatriation.

Note:
This ***policy*** applies for a specific ***trip*** and cannot be renewed.

For annual multi-trip policies

Your policy will start and end according to the dates shown on ***your policy*** schedule.

Cover is only provided for losses that occur while ***your policy*** is in effect.

The cover for each ***trip*** during the ***policy*** year begins and ends as follows:

Cover under **Section - 'A. Trip cancellation'** begins from the start date shown on the ***policy*** schedule or the date ***you*** booked ***your trip*** (whichever is later) and ends when ***you*** leave ***your primary residence*** to start ***your trip*** or until ***your policy*** ends (whichever is sooner).

The cover for each ***trip*** on all other cover sections begins when ***you*** leave ***your primary residence*** to start that ***trip*** and ends on the earliest of:

1. The cover end date shown in ***your policy*** schedule;
2. When ***you*** cancel ***your policy***;
3. When ***you*** cancel ***your trip;***
4. When ***your trip*** ends;
5. When ***you*** arrive at a medical facility in ***your country of residence*** for further care if ***you*** end ***your trip*** due to a medical reason; or
6. At the end of the:
   a. 31st day of the ***trip*** for Economy and Standard policies,
   b. 45th day for Premium policies.

However, if ***your*** return travel is delayed beyond the end of ***your return date*** due to a reason covered under this ***policy***, ***we*** will extend ***your*** cover period until the earliest of when ***you***:

1. Are able to reach ***your*** point of origin or ***primary residence***;
2. Decline to continue on to ***your*** point of origin or ***primary residence*** once ***you*** are able to;
3. Decline medical repatriation after ***your*** treating ***doctor*** and ***we*** confirm ***you*** are medically stable to travel; or
4. Arrive at a medical facility in ***your country of residence*** for further care following a medical evacuation or medical repatriation.

Note:
There is no cover for persons aged 81 or over.

Renewing your policy

Where ***you*** have chosen a continuous payment method and for ***your policy*** to automatically renew, Virgin Money will send ***you your*** renewal invitation for ***your*** annual multi-trip ***policy*** 21 days before ***your*** renewal which will include ***your*** premium for the next year, unless ***you*** no longer meet the eligibility criteria. In which case Virgin Money will send ***you*** a reminder of when ***your*** cover will end.

If ***you*** renew on a continuous payment method and ***your policy*** meets the automatic renewal criteria, ***we*** will automatically renew ***your policy*** each year using the payment details ***you*** have given ***us***. Please contact ***us*** prior to ***your*** renewal date if ***you*** wish to renew using a different payment method.

If ***you*** opted out of continuous payment method, then ***you*** will need to contact Customer Services team to make the payment or ***your policy*** will not renew.

You are able to opt out of the continuous payment method at any time by contacting the Customer Services team on **0330 175 8283** or emailing **service@travel-insurance.virginmoney.com**.

You are also able to opt out of continuous payment method in the customer portal at **https://customerportal.travel-insurance.virginmoney.com/**.

Note:
Annual multi-trip policy renewals
At the expiry of ***your policy***, the terms of ***your*** cover and the premium rates may be varied by ***us***. This means ***we*** cannot guarantee that ***we*** will be able to provide the same terms of cover on ***your*** renewed ***policy*** or even renew it at all.

If ***you*** book a ***trip*** that does not start until after the expiry date of ***your policy***, ***you*** may find that the cover provided for that ***trip*** will change when the ***policy*** renews.

Area of validity

Provided ***you*** follow any travel advice issued by the government in ***your country of residence*** and in any country ***you*** are travelling from, to or through, ***you*** will be covered in the area shown on ***your policy*** schedule.

Sports and activities

The following activities have been categorised according to the premium required to cover ***you*** while taking part in those activities.

There is no cover under **Section - 'H. Personal liability'** or **Section - 'I. Travel accident'**, for activities marked with an asterisk (*).

There is also no cover for:
1. Taking part in an activity where the organisers' guidelines have not been followed;
2. Any professional or semi-professional activity; or
3. Any kind of racing or competition.

We may be able to cover ***you*** for other activities that are not listed. Please contact ***us*** to make sure ***you*** are covered. ***You*** may need to pay an extra premium.

Included as standard

- Abseiling/ Rap jumping (indoor/outdoor climbing wall up to 25m)
- Aerobics
- Airsoft (wearing protective gear)*
- Animal interaction and riding experiences (booked with a UK-based company)*
- Archery*
- Assault course (professionally organised)
- Athletics
- Ball sports (including basketball/ football/ korfball/ netball/ soccer/ volleyball)
- Bamboo rafting (professionally organised and with a guide)
- Banana boating (as a passenger)
- Barre
- Bat sports (including Baseball/ Cricket/ Rounders/ Softball/ Stoolball)
- Battle re-enactment*
- Bocce
- Body/boogie boarding
- Boules/ Pétanque
- Bowling
- Bowls
- Bridge / gorge swinging (professionally organised)

- Bridge walking (professionally organised)
- Bungee jumping (with a licensed operator)
- Camel trekking (booked in the UK with a licenced operator)*
- Canoeing/ Kayaking (up to grade 3 rivers, including white water, but not sea)*
- Cheerleading (no stunting or competitions)*
- Clay pigeon shooting (wearing eye and ear protection, with a licenced operator)*
- Climbing (indoor/outdoor climbing wall up to 25m)
- Croquet
- Cue sports (including billiards, pool and snooker)
- Curling
- Cycling (for leisure or on an organised road tour. Not BMX or mountain biking)
- Darts*
- Diving (indoor pools up to 5m)
- Dune bashing / Wadi bashing (professionally organised and as passenger only)
- Fencing (wearing protective gear)*
- Fishing/angling (course/fly/deep-sea)
- Flag football
- Football / soccer (for leisure or a 'kickaround')
- Frisbee (including Ultimate frisbee and Disc golf)*
- Glacier walking (professionally organised and with a guide)
- Golf
- Gymnastics (no stunting or competitions)*
- Handball/Fives
- Heptathlon (no competitions)
- Helicopter rides (with a licenced carrier and as passenger only)
- Hiking/ Rambling/ Trekking/ Walking (up to 2,000 metres)
- Horse riding/ pony trekking (professionally organised and wearing a safety helmet, but excluding competitions/ racing/ jumping/ hunting/ eventing/ polo/ rodeo)*
- Hot air ballooning (with a licenced carrier and as passenger only)
- Ice skating (for leisure on a supervised designated rink)
- Jet skiing (no acrobatics)*
- Kite flying*
- Laser tag*
- Low rope activities
- Motorcycling/ moped/ scooter riding - on road (only as a mode of transport, rider must have a valid full motorcycle licence for the appropriate engine size/ max power output. Must be wearing a crash

helmet)*
- Mountain biking - (on designated green or blue grade trails only up to 1,000 metres. Wearing helmet. Excluding cycle parks and downhill mountain biking)
- Non-manual work (including bar work)
- Orienteering
- Paintballing (wearing protective gear)*
- Parapenting/parasailing -over water (professionally organised)*
- Peteca
- Pilates
- Powerboating (including Jet boating and speed boating when professionally organised with a licenced operator and as passenger only)*
- Racket sports (including Badminton/ racket ball/ racquetball/ rackets/ squash/ padel/ pickleball/ table tennis and tennis)
- Rafting (professionally organised - up to grade 3 rivers only, including white water)*
- RC Model flying/ driving/ sailing*
- Rowing
- Running/ Cross country (excluding marathons)
- Safari travel (in a vehicle or on foot, with a licensed operator)
- Safari/gorilla trekking (with a licensed operator)
- Sailboarding/ Windsurfing*
- Sailing (territorial waters only)*
- Scuba diving (up to 10 metres in depth)
- Slacklining (no higher than 2 metres above the ground/ water)
- Stand up paddle boarding (inland waters or within 500 metres of land when in open water, the sea or fjords)
- Submarine excursions (when professionally organised with a licenced operator and as passenger only. Up to 30 metres in depth)*
- Surfing
- Swimming/ Snorkelling (including the use of diving boards up to 5m, swimming with dolphins, whales and whale sharks, but excluding swimming/ snorkelling more than 1,000 metres in open water)
- Trampolining
- Tug of war
- Wadi bashing / Dune bashing (passenger only, with a licenced operator)
- Water polo
- Water skiing/ wake boarding*
- Zip lining (with a licenced operator)
- Zorbing

Note:
For the purposes of this ***policy***, 'territorial waters' means within 12 nautical miles from shore.

Winter sports activities

(the following winter sports activities are covered when the appropriate premium has been paid and cover is shown in ***your policy*** schedule)

- Airboarding* (professionally organised)
- Dogsledding
- Off-piste skiing/ snowboarding (within ski area boundaries of a recognised ski resort and when following ski patrol or resort management guidelines)
- Skiing (including alpine, big-foot, cross-country, mono, glacier, Nordic, dry-slope and indoor)
- Sledging/ tobogganing
- Sleigh riding (pulled by dogs, horse or reindeer, as a passenger only)
- Snowboarding (including dry-slope and indoor)
- Snowblading
- Snowmobiling/ Skidooing*
- Snow shoe walking
- Snow tubing

Note:
There is no cover for:

1. Any winter sports activities participated in against local authority advice; and
2. Participation in ski-racing, ski-jumping, ice hockey, freestyle winter sports or the use of bob sleighs or skeletons.

Description of cover

In this section, ***we*** will describe the many different types of cover which is included in ***your policy***. ***We*** explain each type of cover and the specific conditions that must be met for the cover to apply.

Note:
Exclusions may apply.

A. Trip cancellation

If ***your trip*** is cancelled or rescheduled for a ***covered reason*** listed below, ***we*** will reimburse ***you*** for ***your*** non-refundable ***trip*** payments, deposits, cancellation fees and change fees (less any available ***refunds*** and the appropriate excess), up to the maximum benefit for 'Trip cancellation' shown in the **'Cover summary'**.

Note:
This benefit only applies before ***you*** have left ***your primary residence*** to start ***your trip.***

Also, if ***you*** pre-paid for shared ***accommodation*** and ***your travelling companion*** cancels their ***trip*** due to one or more of the ***covered reasons*** listed below***, we*** will reimburse any additional ***accommodation*** fees ***you*** are required to pay.

Important:
You must notify all of ***your travel suppliers*** as soon as ***you*** know that ***you*** will need to cancel ***your trip*** (this includes being advised to cancel ***your trip*** by a ***doctor***). If ***you*** delay notifying any ***travel suppliers*** and get a smaller ***refund*** as a result, ***we*** will not cover the difference. If a ***serious illness***, ***injury*** or medical condition prevents ***you*** from being able to notify ***your travel suppliers*** as soon as ***you*** know ***you*** need to cancel, ***you*** must notify them as soon as ***you*** are able.

Covered reasons:

1. ***You*** or a ***travelling companion*** becomes ill or ***injured***, or develops a medical condition disabling enough to make ***you*** cancel ***your trip*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).
   The following condition applies:
   a. A ***doctor*** advises ***you*** or a ***travelling companion*** to cancel ***your trip*** before ***you*** cancel it.
2. A ***family member*** who is not travelling with ***you*** becomes ill or ***injured***, or develops a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

The following conditions apply:

a. The illness, ***injury***, or medical condition must be considered life threatening by a ***doctor*** or require hospitalisation; or
b. The illness, ***injury***, or medical condition requires ***you*** to provide day-to-day care and assistance to the ***family member*** during the originally scheduled ***trip*** dates.

3. ***You,*** a ***travelling companion, family member*** or ***your service animal*** dies on or after the date ***your policy*** was issued***.***
4. ***You*** or a ***travelling companion*** is specifically and individually designated by name in an order or directive to be placed in ***quarantine*** due an exposure to a contagious disease (including an ***epidemic*** or ***pandemic*** disease such as COVID-19).

   Specific exclusion:

   This does not include a ***quarantine*** that applies generally or broadly:

   a. To a segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction); or
   b. Based on the location ***you*** or the ***travelling companion*** is travelling to, from or through, even if ***you*** or the ***travelling companion*** is specifically named in such general or broad ***quarantine*** order or directive.
5. ***You*** or a ***travelling companion*** is in a ***traffic accident*** on the ***departure date***.

   The following conditions apply:

   a. ***You*** or a ***travelling companion*** need medical attention; or
   b. ***Your*** or a ***travelling companion's*** vehicle needs to be repaired because it is not safe to operate.
6. ***You*** or a ***travelling companion*** are legally required to attend a legal proceeding during ***your trip***.

   The following condition applies:

   a. The attendance is not in the course of ***your*** or the ***travelling companion's*** occupation (for example, if ***you*** are attending in ***your*** capacity as a solicitor, barrister, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).
7. ***You*** or a ***travelling companion's primary residence*** becomes ***uninhabitable***.
8. ***Your travel carrier*** cannot get ***you*** to ***your*** original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:

   a. A ***natural disaster***;

b. ***Severe weather***;
However, if ***you*** can get to ***your*** original destination another way, ***we*** will reimburse ***you*** for the following, up to maximum benefit for 'Trip cancellation' shown in the **'Cover summary'**:
- The necessary cost of the alternative transportation, less available ***refunds***; and
- The cost of any lost pre-paid ***accommodation*** caused by ***your*** delayed arrival, less available ***refunds***.

The following condition applies:

a. Alternative transportation arrangements must be in a similar or lower class of service as ***you*** were originally booked with ***your travel carrier***.

9. ***You*** or a ***travelling companion's*** employment is terminated or laid off by a current employer after ***your trip*** booking date or ***policy*** purchase date (whichever is later).

The following conditions apply:

a. The termination or layoff is not due to a fault on the part of ***you*** or ***your travelling companion***.
b. The employment must have been permanent (not temporary or fixed term contract).
c. The employment must have been active for at least 12 continuous months.

10. ***You*** or a ***travelling companion*** secures new permanent, paid employment, after ***your trip*** booking date or ***policy*** purchase date (whichever is later), that requires presence at work during the originally scheduled ***trip*** dates.
11. ***Your*** or a ***travelling companion's primary residence*** is permanently relocated by at least 100 miles due to a transfer by ***your*** or a ***travelling companion's*** current employer. This cover also includes relocation due to transfer by ***your spouse's*** current employer.
12. ***You*** or a ***travelling companion*** serving as a ***first responder*** is called in for duty due to an ***accident*** or emergency (including a ***natural disaster***) to provide aid or relief during the originally scheduled ***trip*** dates.
13. ***You*** or ***a travelling companion*** receive a legal notice to attend an ***adoption proceeding*** during ***your trip***.
14. ***You***, a ***travelling companion*** or ***your family member*** serving in the armed forces is reassigned or has personal leave status changed, except because of ***war*** or disciplinary action.
15. ***You*** or a ***travelling companion*** become medically unable to receive an immunisation required for entry into a ***destination*** or a ***transit country***.

16. ***Your*** or a ***travelling companion's*** travel documents required for the ***trip*** are stolen.

    The following condition applies:

    a. ***You*** must make diligent efforts and provide documentation of ***your*** efforts to obtain replacement documents that would allow ***you*** to keep the originally scheduled ***trip*** dates.

17. ***You*** or a ***travelling companion*** become ill or ***injured***, or develop a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19) disabling enough to prevent ***you*** or the ***travelling companion*** from participating in the activity that is the main purpose of ***your trip***.

    The following condition applies:

    a. A ***doctor*** must have advised ***you*** or the ***travelling companion*** not to participate in the activity before ***your departure date***.

Note:
You are not eligible for reimbursement under covered event 17 if ***you*** have not purchased the Winter sports cover.

B. Trip interruption

Note:
We will not pay or reimburse ***you*** for a ***travel carrier*** ticket(s) for ***your*** return travel to ***your primary residence*** under this section of cover if:

1. ***We*** reimburse ***you*** for the unused non-refundable portion of ***your*** original return ticket under Trip Curtailment cover; or
2. ***You*** cannot provide evidence that ***you*** had pre-booked arrangements for return travel before ***your departure date***.

Trip curtailment

If ***you*** have to interrupt ***your trip*** or end it early due to one or more of the ***covered reasons*** listed below, ***we*** will reimburse ***you***, less available **refunds** and appropriate excess, up to the maximum benefit for 'Trip Curtailment' shown in the **'Cover summary'**, for the pro-rated portion of ***your*** insured unused non-refundable ***trip*** payments and deposits.

Important:
You must notify all of ***your travel suppliers*** as soon as practicable once ***you*** know that ***you*** will need to interrupt ***your trip*** (this includes being advised to interrupt ***your trip*** by a ***doctor***). If ***you*** notify any ***travel suppliers*** later than that and get a smaller ***refund*** as a result, ***we*** will not cover the difference. If a ***serious illness, injury***, or medical condition prevents ***you*** from being able to notify ***your travel suppliers*** at the time ***you*** discover ***you*** need to interrupt ***your trip, you*** must notify them as soon as ***you*** are able.

Early/delayed return

If ***you*** have to return earlier or later than ***your*** original ***return date*** due to one or more of the ***covered reasons*** listed below, ***we*** will reimburse ***you***, less available refunds and the appropriate excess, for a ***travel carrier*** ticket(s) for ***your*** return travel to ***your primary residence*** in the same class of service that ***you*** originally booked, up to the maximum benefit for 'Early/Delayed Return' shown in the **'Cover summary'**.

Note:
We will not pay or reimburse ***you*** for a ***travel carrier*** ticket(s) for ***your*** return travel to ***your primary residence*** under 'Early/Delayed Return' cover if:

1. ***We*** have reimbursed ***you*** for the unused non-refundable portion of ***your*** original return ticket under Trip Curtailment cover; or
2. ***You*** cannot provide evidence that ***you*** had pre-booked arrangements for return travel before ***your departure date***.

Trip continuation

If ***you*** have to interrupt ***your trip*** due to one or more of the ***covered reasons*** listed below, ***we*** will:

1. Pay or reimburse ***you***, less available refunds and the appropriate excess, for the necessary transportation expenses ***you*** incur to continue ***your trip***, up to the maximum benefit for 'Trip Continuation' shown in the **'Cover summary'**; or
2. Reimburse ***you*** for additional ***accommodation*** fees ***you*** are required to pay, less available refunds and the appropriate excess, up to the maximum benefit for 'Trip Continuation' shown in the **'Cover summary'**, if ***you*** pre-paid for shared ***accommodation*** and ***your travelling companion*** has to end their ***trip*** early.

Extended stay

If ***you*** have to interrupt ***your trip*** due to one or more of the ***covered reasons*** listed below and the interruption causes ***you*** to stay at ***your*** destination (or the location of the interruption) longer than originally planned, ***we*** will reimburse ***you***, less available refunds and the appropriate excess, up to the maximum benefit for 'Extended Stay' shown in the **'Cover summary'**, for additional ***accommodation*** and ***local public transportation*** expenses.

Covered reasons applicable to trip interruption:

1. ***You*** or a ***travelling companion*** becomes ill or ***injured***, or develops a medical condition that is disabling enough to make ***you*** interrupt ***your trip*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

   The following condition applies:

   a. A ***doctor*** must either examine or consult with ***you*** or the ***travelling***

companion before ***you*** make a decision to interrupt the ***trip***.

b. The illness, ***injury*** or medical condition requires ***you*** to provide day-to-day care and assistance to the ***travelling companion*** during the originally scheduled ***trip*** dates.

2. A ***family member*** who is not travelling with ***you*** becomes ill or ***injured***, or develops a medical condition (including being diagnosed with an ***epidemic*** or a ***pandemic*** disease such as COVID-19).

   The following condition applies:

   a. The illness, ***injury*** or medical condition must be considered life threatening by a ***doctor*** or require hospitalisation.

3. ***You***, a ***travelling companion***, ***family member*** or ***your service animal*** dies during ***your trip***.

4. ***You*** or a ***travelling companion*** is specifically and individually designated by name in an order or directive to be placed in ***quarantine*** due an exposure to a contagious disease (including an ***epidemic*** or ***pandemic*** disease such as COVID-19).

   Specific exclusion:

   This does not include a ***quarantine*** that applies generally or broadly:

   a. To a segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction); or

   b. Based on the location ***you*** or the ***travelling companion*** is travelling to, from or through, even if ***you*** or the ***travelling companion*** is specifically named in such general or broad ***quarantine*** order or directive.

5. ***You*** or a ***travelling companion*** is in a ***traffic accident*** during ***your trip***.

   The following conditions apply:

   a. ***You*** or a ***travelling companion*** needs medical attention; or

   b. The vehicle needs to be repaired because it is not safe to operate.

6. ***You*** or a ***travelling companion*** are legally required to attend a legal proceeding during ***your trip***.

   The following condition applies:

   a. The attendance is not in the course of ***your*** or the ***travelling companion's*** occupation (for example, if ***you*** are attending in ***your*** capacity as a solicitor, barrister, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. ***Your*** or a ***travelling companion's primary residence*** becomes ***uninhabitable***.

8. ***Your travel carrier*** cannot get ***you*** to ***your*** original itinerary's

destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:

a. A ***natural disaster***;
b. ***Severe weather;***
   However, if ***you*** can get to ***your*** original destination another way, ***we*** will reimburse ***you*** for the following, up to maximum benefit for 'Trip interruption' shown in the **'Cover summary'**:
   - The necessary cost of alternative transportation, less available ***refunds*** and the appropriate excess; and
   - The cost of any lost pre-paid ***accommodation*** caused by ***your*** delayed arrival, less available ***refunds***.

   The following condition applies:

   a. Alternative transportation arrangements must be in a similar or lower class of service as ***you*** were originally booked with ***your travel carrier***.

9. ***You*** or a ***travelling companion*** serving as a ***first responder*** is called in for duty due to an ***accident*** or emergency (including a ***natural disaster***) to provide aid or relief during the originally scheduled ***trip*** dates.
10. ***You*** or a ***travelling companion*** is a traveller on a hijacked aircraft, train, vehicle, or vessel.
11. ***You***, a ***travelling companion*** or a ***family member*** serving in the armed forces is reassigned or has personal leave status changed, except because of ***war*** or disciplinary action.
12. ***You*** are delayed ***leaving your country of residence*** for at least 24 hours on the outbound part of ***your trip*** due to one of the following:
    a. A ***travel carrier*** delay (this does not include a ***travel carrier's*** cancellation prior to ***your departure date***);
    b. A strike or industrial action, unless threatened or announced prior to the date ***your trip*** was booked;
    c. A ***natural disaster***;
    d. Roads are closed or impassable due to ***severe weather***;
    e. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of ***your trip***;

    Note:
    You must make diligent efforts and provide documentation of ***your*** efforts to obtain replacement documents.

    f. ***Civil disorder***, unless it rises to the level of ***political risk***.
13. A ***travel carrier*** denies ***you*** or a ***travelling companion*** boarding

based on a suspicion that ***you*** or a ***travelling companion*** has a contagious medical condition (including an ***epidemic*** or ***pandemic*** disease such as COVID-19). This does not include being denied boarding due to ***your*** refusal or failure to comply with rules or requirements to travel or of entry to ***your*** destination or a ***transit country***.

C. Travel delay

Note:
This cover does not apply to delays caused as a result of a ***travel carrier*** or ***travel supplier's*** change of schedule or cancellation of a service prior to ***your departure date***.

General delays

If ***your*** travel during ***your trip*** is delayed for at least the minimum time shown in the **'Cover summary'**, for one of the ***covered reasons*** listed below, ***we*** will reimburse ***you*** for the following expenses, less available ***refunds***, up to the maximum benefit for 'Travel delay' shown in the **'Cover summary'**:

1. ***Your*** lost pre-paid ***trip*** expenses and additional expenses ***you*** incur while and where ***you*** are delayed for meals, ***accommodation***, communication and ***local public transportation***, subject to a daily (24 hours) limit shown in the **'Cover summary'**, as follows:
    a. If ***you*** provide receipts, the 'With receipts Daily Limit' applies; or
    b. If ***you*** do not provide receipts or did not incur additional costs, the 'Without receipts Daily Limit' applies.

Missed departures & connections

If ***you*** miss the departure of ***your*** insured pre-booked transport (as shown on ***your*** original itinerary), including a tour or cruise, due to a ***local public transportation*** delay on ***your*** way to the departure point or a ***covered reason*** listed below, ***we*** will reimburse ***you***, less available ***refunds***, up to the maximum benefit for 'Missed Departures & Connections' shown in the **'Cover summary'**, for necessary additional transportation and ***accommodation*** expenses for ***you*** to reach ***your destination*** or return to ***your primary residence***.

Covered reasons:

1. A delay caused by a ***travel carrier***.
2. A ***work strike***, unless threatened or announced prior to date of booking ***your trip***.
3. ***You*** or a ***travelling companion*** are specifically and individually

designated by name in an order or directive to be placed in ***quarantine*** due an exposure to a contagious disease (including an ***epidemic*** or ***pandemic*** disease such as COVID-19).

Specific exclusion:

This does not include a ***quarantine*** that applies generally or broadly:

a. To a segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction); or
b. Based on the location ***you*** or the ***travelling companion*** is travelling to, from or through, even if ***you*** or the ***travelling companion*** is specifically named in such general or broad ***quarantine*** order or directive.

4. A ***natural disaster***.
5. Lost or stolen travel documents.
6. Hijacking, except when it is a ***terrorist event***.
7. ***Civil disorder***.
8. A ***traffic accident***.
9. A ***travel carrier*** denies ***you*** or a ***travelling companion*** boarding based on a suspicion that ***you*** or a ***travelling companion*** has a contagious medical condition (including an ***epidemic*** or ***pandemic*** disease such as COVID-19). This does not include being denied boarding due to ***your*** or the ***travelling companion's*** refusal or failure to comply with rules or requirements to travel or of entry to ***your destination*** or a ***transit country***.
10. ***Your travelling companion's trip*** being delayed due to one of the ***covered reasons*** listed above.

D. Baggage

If ***your baggage*** is lost, damaged or stolen while ***you*** are on ***your trip***, ***we*** will pay ***you***, less available ***refunds*** and the appropriate excess, the lesser of the following, up to the maximum benefit for 'Baggage' and/or ***Special baggage items*** shown in the **'Cover summary'**:

1. Cost to repair the damaged ***baggage***; or
2. Cost to replace the lost, damaged or stolen ***baggage*** with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

1. ***You*** must file a loss or damage report (and retain a copy) with the appropriate local authorities, ***travel carrier*** or ***travel supplier*** within 24 hours of discovery of the damage or loss. If there is no appropriate local authority, ***travel carrier*** or ***travel supplier*** to notify of the lost or damaged ***baggage***, ***you*** must notify ***us*** within 14 days of ***your*** return from ***your trip***;
2. ***You*** must file and retain a copy of a police report in the case of theft of any items;
3. ***You*** must have taken necessary steps to keep ***your baggage*** safe and intact and to recover it;
4. ***You*** must provide original receipts or another proof of purchase for each lost, damaged or stolen item. **For items without an original receipt or a proof of purchase, *we* will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item.**

The following specific exclusions apply:

1. Animals, including remains of animals.
2. Cars, motorcycles, motors, aircraft (except hobby drones), motorised watercraft and other motorised vehicles and related accessories and equipment.
3. ***Winter sports equipment***.
4. Bicycles, electric bicycles, (except while they are checked with a ***travel carrier***).
5. Hearing aids, prescription eyewear and contact lenses.
6. Artificial teeth and orthopaedic devices.
7. Consumables (except cosmetics), medicines, medical equipment/ supplies and perishables.
8. Tickets, passports, deeds, blueprints, stamps and other documents.

9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travellers' cheques, securities, bullion and keys.
10. Rugs and carpets.
11. Antiques and art objects.
12. Fragile or brittle items.
13. Firearms and other weapons, including ammunition.
14. Intangible property, including software and electronic data.
15. Property for business or trade.
16. Property ***you*** do not own.
17. ***Special baggage items*** stolen from a vehicle, locked or unlocked.
18. ***Baggage*** while it is:
    a. Shipped, unless with ***your travel carrier***;
    b. In or on a car trailer;
    c. Unattended in an unlocked motor vehicle; or
    d. Unattended in a locked motor vehicle, unless ***baggage*** cannot be seen from the outside.
19. ***Gadget(s)*** (please see the **'Gadget cover'** section).

E. Baggage delay

If ***your baggage*** is delayed by a ***travel supplier*** during ***your trip***, ***we*** will reimburse ***you*** for expenses ***you*** incur for purchasing the essential items ***you*** need until ***your baggage*** arrives, up to the maximum benefit for 'Baggage delay' shown in the **'Cover summary'**.

The following conditions apply:

1. ***Your baggage*** must be delayed for at least the 'Minimum required delay' listed under 'Baggage delay' as shown in the **'Cover summary'**.
2. ***You*** must provide purchase receipts for all essential items claimed. Cover will not be provided for items if ***you*** cannot produce the receipt.
3. Only available for ***your*** outbound travel (not ***your*** return travel).

F. Emergency medical/dental cover abroad

If ***you*** receive emergency medical or dental care while ***you*** are on ***your trip*** abroad for one of the following ***covered reasons***, ***we*** will reimburse the ***reasonable and customary costs*** of that care for which ***you*** are responsible, up to the maximum benefit for 'Emergency medical/dental cover abroad' shown in the **'Cover summary'** less the appropriate excess (dental care is subject to the maximum sub-limit listed for 'Dental care'):

1. While on ***your trip*** abroad, ***you*** have a sudden, unexpected illness, ***injury*** or medical condition that could cause ***serious harm*** if it is not treated before ***your*** return home (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).
2. While on ***your trip*** abroad, ***you*** have a dental ***injury*** or infection, a lost filling or a broken tooth that requires immediate treatment.

If ***you*** need to be admitted to a ***hospital*** as an inpatient, ***we*** may be able to guarantee or advance payments, where accepted, up to the limit of the **'Emergency medical/dental cover abroad'** section.

We will also pay the daily limit shown for 'Hospital In-patient benefit' in the **'Cover summary'** for each complete period of 24 hours ***you*** are an inpatient, up to the maximum sub-limit shown.

If ***you*** unexpectedly give birth before the start of the 37th week of pregnancy during ***your trip*** abroad, ***your*** newborn child is eligible for 'Emergency medical/dental cover abroad', as described here, and will share the birthing parent's benefit limit, up to the maximum benefit for 'Emergency medical/dental cover abroad' shown in the **'Cover summary'**.

The following conditions apply:

1. The care must be ***medically necessary*** to treat an emergency condition.
2. The care must be provided by a ***doctor***, dentist, ***hospital*** or other provider authorised to practice medicine or dentistry.

In addition to the exclusions listed in the General Exclusions section of this policy, this coverage will not pay for:

1. Any care provided after ***your trip*** ends.
2. Any non-emergency care or services.

3. The following care and services:
    a. Elective cosmetic surgery or care;
    b. Annual or routine examinations or consultations;
    c. Long-term care;
    d. Allergy treatments that are not necessary to treat a life-threatening allergic reaction;
    e. Examinations, consultations or care related to or loss of/damage to hearing aids, dentures, spectacles and contact lenses;
    f. Physiotherapy, rehabilitation or palliative care that is not necessary to stabilise ***you*** ahead of transportation; and
    g. Experimental treatment.

G. Emergency transportation

Important:
1. If ***your*** emergency is immediate or life threatening, seek local emergency care immediately.
2. ***We*** are not and shall not be deemed to be a provider of medical or emergency services, nor are ***we*** a substitute for such providers.
3. Neither ***we*** nor ***our*** affiliates or agents are responsible for the acts or omissions of any ***third party*** providing services to ***you***. ***Our*** services may be subject to approvals by appropriate local authorities and active travel and legal or regulatory restrictions.
4. The maximum amount payable/reimbursable under this cover is the maximum benefit for 'Emergency transportation' shown in the **'Cover summary'**, less the appropriate excess**,** including all applicable sub-limits.

Note:
If ***you*** unexpectedly give birth before the start of the 37th week of pregnancy during ***your trip*** abroad, ***your*** newborn child is eligible for the 'Emergency transportation', as described here, and will share the birthing parent's benefit limit, up to the maximum benefit for 'Emergency transportation' shown in the **'Cover summary'**.

Emergency evacuation
(Transporting ***you*** to the nearest appropriate medical facility for ***your*** condition)

If ***you*** become ***seriously ill*** or ***injured*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19) while on ***your trip, we*** will pay for local emergency transportation from the location of the initial incident to a local ***doctor*** or local medical facility.

Additionally, if ***we*** determine that the local medical facilities are unable to provide appropriate medical care for ***your*** condition:
1. ***Our*** medical team will consult with the local ***doctor*** about ***your*** overall medical condition;
2. ***We*** will identify the closest appropriate available ***hospital*** or other appropriate available facility, make arrangements to transport ***you*** there and pay for that transport; and

3. ***We*** will arrange and pay for a ***medical escort*** if ***we*** determine one is necessary.

The following conditions apply when it becomes necessary to transport *you* to another medical facility because the local medical facilities are unable to provide appropriate medical care:

a. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transportation arrangements in advance. If ***we*** did not authorise and arrange the transportation, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements.
b. One or more emergency transportation providers must be willing and able to transport ***you*** from ***your*** current location to the identified ***hospital*** or facility.

Medical repatriation
(Getting ***you*** home after ***you*** receive care)

If ***you*** become ***seriously ill*** or ***injured*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19) while on ***your trip*** and ***our*** medical team confirms with the treating ***doctor*** that ***you*** are medically stable to travel, ***we*** will**:**

1. Arrange and pay for ***you*** to be transported via regularly scheduled services by a non-emergency, non-specialised ***travel carrier*** in the same class of service that ***you*** originally booked (unless a different class of service or a different type of carrier is otherwise ***medically necessary***), for the return leg of ***your trip***, less available ***refunds*** for unused tickets. The transport will be to one of the following:
   a. ***Your primary residence***;
   b. A location of ***your*** choice in ***your country of residence***; or
   c. A medical facility near ***your primary residence*** or in a location of ***your*** choice ***in your country of residence***. In either case, the medical facility must be willing and able to accept ***you*** as a patient and must be approved by ***our*** medical team as medically appropriate for ***your*** continued care.
2. Arrange and pay for a ***medical escort*** if ***our*** medical team determines that one is necessary.

The following conditions apply:

a. Special requirements must be ***medically necessary*** for ***your*** transport (for example, if more than one seat is ***medically necessary*** for ***you*** to travel).
b. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make

all transport arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements.

c. One or more suitable transportation providers must be willing and able to transport ***you*** from ***your*** current location to ***your*** chosen destination.

Transport to bedside
(Bringing a friend or ***your*** relative to ***you***)

If ***you*** are told by the treating ***doctor*** that ***you*** will be hospitalised for more than 72 hours during ***your trip*** or that ***your*** condition is immediately life-threatening, ***we*** will arrange and pay for transportation (if necessary) and accommodation expenses for one friend or relative to stay with ***you*** while ***you*** are hospitalised. Any transportation required will be for a round-trip in economy class on a ***travel carrier*** to the location of ***your*** hospitalisation.

The following condition applies:

a. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transportation arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements.

Return of dependents
(Getting minors and ***dependents*** home)

If ***you*** die or are told by the treating ***doctor you*** will be hospitalised for more than 24 hours during ***your trip***, ***we*** will arrange and pay to transport ***your travelling companions*** who are under the age of 18 or are ***dependents*** to one of the following:

1. ***Your primary residence***; or
2. A location of ***your*** choice in ***your country of residence***.

We will assist ***you*** in securing and will pay for transport and accommodation for an adult ***family member*** to accompany ***your travelling companions*** who are under the age of 18 or are ***dependents***, if ***we*** determine that it is necessary.

Transport will be on a ***travel carrier*** in the same class of service that was originally booked. Available ***refunds*** for unused tickets will be deducted from the total amount payable.

The following conditions apply:

a. This benefit is only available while ***you*** are hospitalised or if ***you*** die and if ***you*** do not have an adult ***family member*** travelling with ***you*** that is capable of caring for the ***travelling companions*** under the age of 18 or ***dependents***.
b. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transport arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements.

Repatriation of remains
(Getting ***your*** remains home)

If ***you*** die while on ***your trip***, ***we*** will arrange and pay for the reasonable and necessary services and supplies to transport ***your*** remains to one of the following:

1. A funeral home near ***your primary residence***; or
2. A funeral home located in ***your country of residence.***

The following condition applies:

a. Someone on ***your*** behalf must contact ***us*** and ***we*** must make all transportation arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements.

If ***your family member*** decides to make funeral, burial or cremation arrangements for ***you*** at the location of ***your*** death, ***we*** will reimburse that ***family member*** the necessary expenses up to the up to the amount it would have cost ***us*** to transport ***your*** remains to a funeral home near ***your primary residence.***

We will also assist in securing and paying for the transportation and ***accommodation*** expenses of one of ***your family members*** who travels to the location of ***your*** death to make necessary arrangements.

Search and rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit for 'Search and rescue' shown in the **'Cover summary'**, if ***you*** are reported missing during ***your trip*** or have to be rescued from a physical emergency. This does not include the cost of ***your*** medical treatment or emergency transportation from the location of the rescue activities to a medical facility.

H. Personal liability

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

If ***you*** are legally liable for something ***you*** do that results in one of the following during ***your trip***, ***we*** will pay up to the maximum benefit for 'Personal liability' shown in the **'Cover summary'** less the appropriate excess, plus any other costs ***we*** agree to in writing:

1. Bodily injury to any person, except ***you***, a ***family member*** or a ***travelling companion***.
2. Loss of or damage to property which ***you*** do not own and which ***you*** or a ***family member*** have not hired, loaned or borrowed.
3. Loss of or damage to the ***accommodation you*** are using on ***your trip*** that does not belong to ***you*** or a ***family member***.

The following exclusions apply:

1. Any liability for something which:
    a. Is suffered by anyone employed by ***you*** or a ***family member*** and is caused by the work they are employed to do;
    b. Is caused by something ***you*** deliberately did;
    c. Is caused by something ***you*** deliberately did not do, but should have;
    d. Is caused by ***your*** employment or the employment of a ***family member***;
    e. Is caused by ***you*** using any firearm or weapon;
    f. Is caused by any animal ***you*** own, look after or control; or
    g. ***You*** agree to take responsibility for, if ***you*** would not have otherwise been held responsible for it.
2. Any contractual liabilities.
3. Any liability for bodily injury suffered by ***you***, a ***family member*** or a ***travelling companion***.
4. Compensation or other costs caused by accidents arising from ***you*** owning, hiring or using:
    a. Any land or building (except for ***you*** staying in the ***accommodation you*** are using on ***your trip***);
    b. Motorised or mechanical vehicles and any trailers attached to

them; or

c. Aircraft, motorised watercraft or sailing vessels.

The following conditions apply:

1. ***You*** must give ***us*** a detailed account of the circumstances surrounding the claim, including photographs and video evidence (if appropriate).
2. ***You*** must give ***us*** any writ, summons or other correspondence ***you*** receive from a ***third party***.
3. ***You*** must not admit liability, offer to make any payment or correspond with any ***third party*** without ***our*** permission in writing.
4. ***You*** must give ***us*** full details of any witnesses and any written statements, if possible.

I. Travel accident

If ***you*** have an ***accident*** during ***your trip*** that causes physical bodily injury to ***you***, ***we*** will pay ***you*** or ***your*** personal representatives up to the amount for 'Travel accident' shown in the **'Cover summary'** less the appropriate excess, if the ***accident*** results in one of the following:

1. ***Your*** death within a year of the ***accident***; or
2. ***Your*** permanent disability (including permanent loss of ***your*** sight or loss of use of a hand or foot) within three months of the ***accident***.

Important:
Compensation under this cover will not be paid to a personal representative who either caused the ***accident*** or is convicted in court for ***your*** murder, manslaughter or for causing ***your*** permanent disability.

The following exclusions apply:
In addition to the general exclusions that apply to all cover, this ***policy*** will not provide cover for ***accidents*** directly or indirectly caused by the following:

1. Operating motorcycles with 125cc or larger engine capacity;
2. Performing manual labour as a part of ***your*** occupation; or
3. Participation in military exercises.

J. Travel services during your trip

If ***you*** need medical information or consultation services during ***your trip***, ***our*** 24-hour Medical Emergency Assistance team is available. With ***our*** global reach and multi-lingual staff, ***we*** are here to help ***you***.

Access to medical advice

If ***you*** need advice during ***your trip*** on minor emergency medical conditions or injuries where ***you*** need to seek medical help, ***we*** can assist by providing a consultation with an English-speaking ***doctor***. This consultation may be by telephone, video call or in-person, depending on ***your*** individual circumstances and location.

Important:
If ***you*** use ***our*** recommended consultation service, ***you*** will not need to pay for the first appointment for each individual medical event, and ***we*** will not deduct an excess from any associated claim.

Finding a local doctor or medical facility

If ***you*** need care from a ***doctor*** or medical facility while ***you*** are travelling, ***we*** can assist ***you*** in finding one.

Important:
Assistance is provided on a strictly non-advised basis using public information available for ***your*** location. ***We*** will not provide recommendations for specific providers, and it remains ***your*** choice whether or not to use the information provided.

K. Loss of travel documents

If ***your*** passport or visa is lost, stolen or destroyed while ***you*** are on ***your trip***, ***we*** will reimburse ***you***, up to the maximum benefit for 'Loss of travel documents' shown in the **'Cover summary'** for the following:

1. The cost of ***your*** necessary extra travel and accommodation expenses as well as administration costs for the issuing of the emergency passport and/or visa ***you*** need to continue ***your trip*** or return to ***your primary residence***; and
2. The equivalent cost (based on the current standard replacement costs) of the period remaining on ***your*** passport that is lost or has been stolen or destroyed.

The following conditions apply:

You must:

1. Have taken necessary steps to keep ***your*** passport and/or visa safe and to recover it, where possible;
2. File and retain a copy of a police report in the case of theft as soon as reasonably possible;
3. Have filed and retained a copy of a loss report from the consulate or embassy ***you*** reported it to; and
4. Provide receipts for all expenses, including from the consulate or embassy confirming the cost of the replacement or emergency passport or visa.

The following exclusions apply:

1. Reimbursement, unless ***you*** can provide receipts for the expenses claimed.
2. Losses caused by differences in exchange rates.
3. Passports or visas left unattended in a motor vehicle or a public area.
4. Foreign currency transaction fees imposed by ***your*** bank or credit card issuer.
5. The cost of any upgrades, pre-checking services or postage fees.

L. Personal money

If ***your personal money*** is lost or stolen while ***you*** are on ***your trip, we*** will reimburse ***you***, up to the maximum benefit for 'Personal money' shown in the **'Cover summary'** less the appropriate excess.

The following conditions apply:

You must:

1. Have taken necessary steps to keep ***your personal money*** safe and to recover it;
2. File and retain a copy of a police report in the case of theft as soon as reasonably possible;
3. Have filed and retained a copy of a report giving the details of the ***personal money*** and its value with the appropriate local authorities, ***travel carrier***, hotel or tour operator within 24 hours of discovery of a loss; and
4. Provide documentary evidence of the value of the lost or stolen ***personal money*** as well as the original source for cash.

The following exclusions apply:

1. This ***policy*** will not pay for ***personal money*** if one of the following apply:
   a. It is not being carried by ***you***;
   b. It is not locked in the secure private accommodation ***you*** are using on ***your trip***; or
   c. It is not locked in a safe or security deposit box.
2. Reimbursement, unless ***you*** can provide evidence of the amount of currency ***you*** had, from the place where ***you*** got the currency.
3. Losses caused by a drop in exchange rates or any shortage caused by mistakes made when exchanging currency.
4. ***Personal money*** left in a motor vehicle or a public area.
5. Loss or theft of ***personal money*** if the issuing agent can provide replacements or reimburses ***you***.

M. Legal expenses

You can call ***our*** 24-hour legal helpline for advice on travel-related legal problems to do with ***your trip***. The advice ***you*** get will always be according to the laws of England and Wales. ***We*** may record the calls for ***your*** and ***our*** mutual protection and ***our*** training purposes.

Phone: **+44 (0) 20 8603 9804**

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

1. Nominate an appointed adviser to act for ***you***. This could be a solicitor or a suitably qualified person or company (including ***us***). If ***you*** and ***we*** cannot agree on an appointed adviser, the matter can be referred to an alternative resolution facility.
2. Pay legal costs of up to the amount shown in the **'Cover summary'** for ***you*** (but not more than twice this amount in total for all people insured under this ***policy***) for each event giving rise to a claim.

The following conditions apply:

1. ***You*** must:
   a. Conduct ***your*** claim in the way specified by the appointed adviser; and
   b. Keep ***us*** and the appointed adviser fully aware of all facts and correspondence, including any offers ***you*** receive to settle the claim.
2. ***We*** will not be bound by any promises ***you*** give to the appointed adviser, or which ***you*** give to any person about payment of fees or expenses, unless ***we*** have given ***our*** permission.
3. ***We*** can withdraw cover, after ***we*** have agreed to the claim, if ***we*** think a reasonable settlement is unlikely or that the cost of the legal action could be more than the settlement.
4. If ***you*** do not accept a reasonable settlement, ***we*** will not cover ***your*** claim. In this situation ***you*** should use alternative resolution facilities such as mediation.
5. If ***you*** withdraw from a claim without ***our*** agreement, ***you*** must pay ***our*** legal costs. ***You*** will become responsible for all legal costs.
6. ***We*** may include a claim for ***our*** legal costs and other related expenses including any claims ***we*** have paid under this ***policy***.

The following exclusions apply:

1. Any claim:
   a. Not reported to ***us*** within 90 days of the event giving rise to the claim;
   b. If ***we*** think ***we*** are unlikely to get a reasonable settlement;
   c. If ***we*** think the cost of the legal action could be more than the settlement ***we*** could get;
   d. Involving a dispute between ***you*** and someone else living at **your primary residence**, a ***family member***, a ***travelling companion***, or one of ***your*** employees;
   e. If another insurer or service provider has refused ***your*** claim, or there is a shortfall in the cover they provide; or
   f. Against a ***travel supplier, travel carrier***, ***us***, AWP P&C S.A., another person insured under this ***policy***, or ***our*** agent.
2. Costs for legal action that ***we*** have not agreed to.
3. Costs awarded as a penalty against ***you*** or the appointed adviser personally (for example, for not following court rules and protocols).
4. Costs for legal action taken in more than one country for the same event.

N. Winter sports cover - optional

Important:
The cover provided under this section is only applicable if ***you*** have paid the appropriate premium and Winter sports cover is shown as being included on ***your policy*** schedule.

Note:
1. There is no cover for:
   a. Taking part in an activity where the organisers' guidelines have not been followed;
   b. Any professional or semi-professional activity; or
   c. Any kind of racing or competition.

Missed activity

If ***you*** cannot participate in one or more of ***your*** pre-paid activities during ***your trip*** for a ***covered reason*** listed below, ***we*** will reimburse ***you*** for ***your*** non-refundable costs that ***you*** paid for the activities, less available ***refunds*** and the appropriate excess, up to the maximum benefit for 'Missed Activity' shown in the **'Cover summary'**. Please note that this cover only applies before the start of the activity.

Covered reasons:

1. ***You***, a ***travelling companion*** or a ***family member*** who is participating in the activity becomes ill or ***injured***, or develops a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).
   The following conditions apply:
   a. The illness, ***injury*** or medical condition must be disabling enough to make a reasonable person not participate in the activity; and
   b. A ***doctor*** advises ***you*** or a ***travelling companion*** not to participate in the activity before the activity takes place. If that isn't possible, a ***doctor*** must either examine or consult with ***you*** or the ***travelling companion*** within 48 hours of the activity or as soon as reasonably possible, to confirm the decision not to attend.
2. ***Your family member*** who is not participating in the activity becomes ill or ***injured***, or develops a medical condition (including being

diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

The following condition applies:

a. The illness, ***injury*** or medical condition must be considered life threatening by a ***doctor***, require ***hospitalisation*** or require ***your*** care.

3. ***Your*** or a ***travelling companion***'s death.
4. The death of ***your family member*** or ***your service animal*** on or within 30 days prior to the scheduled start date of the activity.
5. ***Your*** pre-paid activity is cancelled by the supplier of the activity due to ***severe weather***.
6. ***Your*** ski resort closes 75% or more of its ski trails due to lack or excess of snow.

The following condition applies:

a. The closure is for at least 50% of the normal operating hours on the calendar day ***you*** intend to use the lift tickets.

Winter sports equipment cover

If ***your winter sports equipment*** is lost or damaged by a ***travel supplier*** or is stolen while ***you*** are on ***your trip***, ***we*** will pay ***you***, less available ***refunds*** and the appropriate excess, the lowest of the following, up to the maximum benefit listed for ***winter sports equipment*** damage, loss, or theft in the **'Cover summary'**:

1. The cost to repair the damaged ***winter sports equipment***; or
2. The cost to replace the lost, damaged or stolen ***winter sports equipment*** with the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

1. ***You*** must have taken all necessary steps to keep ***your winter sports equipment*** safe and intact and to recover it;
2. ***You*** must have reported the incident and have a copy of a written report giving a description of the property and its value from the appropriate local authorities, ***travel carrier***, hotel or tour operator within 24 hours of discovery of the loss; and
3. ***You*** must provide original receipts or another proof of purchase for the lost items**. For items without an original receipt or a proof of purchase, *we* will provide cover based on up to 50% of the cost to replace the lost, damaged or stolen item with the same or similar item.**

The following are not covered:

1. Items other than ***winter sports equipment***;
2. Animals, including remains of animals;
3. Cars, motorcycles, motors, drones, aircraft, watercraft and other vehicles as well as related accessories and equipment;
4. Hearing aids, prescription eyewear and contact lenses, unless specifically designed for use in a particular sport;
5. Prosthetics and orthopaedic devices, unless specifically designed for use in a particular sport;
6. Wheelchairs and other mobility devices, unless specifically designed for use in a particular sport;
7. Non-physical property, including software and electronic data;
8. Property used for business or trade;
9. Property ***you*** do not own;
10. Gross negligence or malicious conduct leading to loss, theft or damage of ***your winter sports equipment***; and
11. ***Winter sports equipment*** while it is:
    a. Being used;
    b. Being shipped, unless with ***your travel carrier***;
    c. In or on a car trailer; or
    d. Unattended in an unlocked motor vehicle.

Winter sports equipment rental cover

If ***your winter sports equipment*** is lost or delayed by a ***travel supplier*** during ***your*** outbound travel for more than 12 hours or is damaged or stolen while on ***your trip***, ***we*** will reimburse the necessary costs for renting replacement ***winter sports equipment*** to use during ***your trip***, up to the maximum benefit listed for '***Winter Sports equipment*** rental cover' in the **'Cover summary'**. This cover does not include motorised equipment or vehicles.

The following condition applies:

1. ***You*** must have made a report giving a description of the property with the appropriate local authorities, ***travel supplier***, hotel or tour operator within 24 hours of discovery of the loss.

Piste closure

If ***you*** cannot use any of the ski runs in the resort ***you*** have a valid prepaid ski or lift pass for during ***your trip*** for a continuous period of 12 hours or more due to covered reason listed below, ***we*** will reimburse ***you*** for the following expenses, less available refunds, up to the maximum benefit for

'Piste Closure' shown in the **'Cover summary'**.

1. Transportation costs to travel to an alternative resort or site; or
2. If there was no alternative resort or site available, the Daily Limit will apply.

Covered reasons:

1. Lack of snow.
2. Excessive snow.
3. Closure due to an avalanche warning.
4. ***Severe weather***.

The following conditions apply:

1. ***You*** must have a report from the resort management or ***travel supplier*** confirming the number of days the skiing facilities were closed in ***your*** resort and the reason for the closure.
2. The reason for the closure must not have been expected or known by ***you*** before the date ***you*** purchased ***your policy*** or booked ***your trip*** (whichever is later).

Loss or theft of ski pass

If ***your*** ski pass is lost or stolen while ***you*** are on ***your trip***, ***we*** will reimburse ***you***, up to the maximum benefit for 'Loss of Theft of Ski Pass' shown in the **'Cover summary'**, less available ***refunds*** and the appropriate excess, for the unrecoverable value of the unused complete days remaining on the ski pass if it cannot be reissued or replaced.

The following conditions apply:

You must**:**

1. Have taken necessary steps to keep ***your*** ski pass safe and to recover it;
2. File and retain a copy of a police report in the case of theft;
3. Have reported the loss or theft to the ski pass issuer and attempted to have the pass reissued or replaced;
4. Have filed and retained a copy of a report giving the details of the ski pass and its value with the appropriate local authorities, ***travel carrier***, hotel or tour operator within 24 hours of discovery of a loss; and
5. Provide documentary evidence of the value of the lost or stolen ski pass.

The following exclusions apply:

1. This ***policy*** will not pay for ***your*** ski pass if one of the following apply:
   a. It is not being carried by ***you***;
   b. It is not locked in the secure private accommodation ***you*** are using on ***your trip***; or
   c. It is not locked in a safe or security deposit box.
2. Reimbursement, unless ***you*** can provide evidence from the ski pass issuer that they cannot reissue or replace the lost or stolen ski pass.

Search and rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit for 'Search and rescue' shown in the **'Cover summary'**, if ***you*** are reported missing during ***your trip*** or have to be rescued from a physical emergency. The maximum benefit listed for this cover is in addition to any other search and rescue benefit that this ***policy*** provides.

O. Cruise cover - optional

Important:
The cover provided under this section is only applicable if ***you*** have paid the appropriate premium and Cruise cover is shown as being included on ***your policy*** schedule.

Missed port of call

If ***you*** are on a cruise that misses a scheduled port of call indicated on ***your*** original itinerary or replaces it with another port of call, ***we*** will pay ***you*** the per port amount listed in the **'Cover summary'** for each port ***you*** missed, up to the maximum benefit listed for 'Missed Port of Call' cover.

Low/high water

We will pay ***you*** the per occurrence amount listed in the **'Cover summary'**, up to the maximum limit listed for 'Low/High Water' cover, for each cruise interruption of ***your*** river cruise caused by insufficient or excess water levels, where the ***travel supplier*** provides only land-based alternative accommodation or require that ***you*** change ships.

We will not pay for covered losses caused by the same event under more than one of: 'Low/High Water' cover, 'Missed Port of Call' cover, or **'Travel delay'** cover.

Cabin confinement

We will pay ***you*** the amount listed in the **'Cover summary'** if a ***doctor*** on board ***your*** cruise ship advises ***you***, individually and personally, not to leave ***your*** cabin because of an ***injury*** or illness during ***your trip***.

We will not pay for covered losses caused by the same event under more than one of: 'Cabin Confinement' cover, **'Travel delay'** cover, or **'Trip interruption'** cover. There is also no cover where confinement applies broadly to all guests on the vessel rather than just to ***you*** individually.

Missed shore excursions

We will reimburse ***you***, less available ***refunds*** and the appropriate excess, up to the amount listed in the **'Cover summary'** for the cost of excursions ***you*** have pre-paid but cannot go on during ***your trip*** because:

1. A ***doctor*** on board ***your*** cruise ship has advised ***you*** not to go on the excursion because of ***your*** illness, ***injury***, or a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19) during ***your trip***; or
2. ***Your*** cruise ship cannot make a scheduled stop at a port because of bad weather or other restrictions;

We will not pay for covered losses caused by the same event under more than one of: 'Missed Port of Call' cover, **'Trip interruption'** cover, **'Travel delay'** cover or 'Missed Shore Excursions' cover.

Denied boarding

We will pay ***you*** the amount listed in the **'Cover summary'** for meals, communication expenses and ***local transportation***, if ***you*** are denied boarding the cruise ship that ***you*** are scheduled to travel on for ***your trip***, based on a suspicion that ***you*** have a contagious medical condition (including an ***epidemic*** or ***pandemic*** disease such as COVID-19). This does not include being denied boarding due to ***your*** refusal or failure to comply with rules or requirements to travel or of entry to ***your*** destination.

We will not pay for covered losses caused by the same event under more than one of: 'Denied Boarding' cover or **'Travel delay'** cover.

P. Rental vehicle excess waiver cover - optional

Important:
The cover provided under this section is only applicable if ***you*** have paid the appropriate premium and Rental vehicle excess waiver cover is shown as being included on ***your policy*** schedule.

Important:
This cover does not replace any vehicle coverage mandated by law, does not provide bodily injury and property damage liability insurance and does not comply with any financial responsibility law or any other law mandating motor vehicle cover.

If ***your rental car*** is stolen or damaged during the scheduled rental period and while on ***your trip, we*** will pay ***you*** up to the maximum benefit for 'Rental Vehicle Excess Waiver' shown in the **'Cover summary'** for the specified excess, deductible or damage liability fee ***you*** are liable to pay under the collision damage waiver or equivalent insurance taken out as part of ***your rental car agreement***.

The following conditions apply:

1. If the ***rental car*** is damaged while being operated, the driver at the time the damage occurs must be listed on the ***rental car agreement*** as well as being insured under this ***policy***;
2. ***You*** must report the loss or damage to the rental car company, either within 24 hours of the loss or damage or when ***you*** return the ***rental car*** (whichever comes first); and
3. If the ***rental car*** is stolen, ***you*** must promptly notify the police.
4. ***Rental cars*** do not include:
    a. Vehicles used for peer-to-peer car sharing.
    b. Trucks or moving vans.
    c. Campers, trailers or recreational vehicles.
    d. Motorcycles, motorbikes, snowmobiles, kit-cars or all-terrain vehicles.
    e. Vehicles when used off-road.
    f. Vehicles that are more than 10 years old.
    g. Vehicles that seat more than nine persons, including the driver.
    h. Vehicles that do not have to be licensed or are not legal where

used.

i. Vehicles that are rented for commercial or for-hire purposes, including limousines.
j. Vehicles that have a manufacturer's suggested retail price of more than £70,000.

The following exclusions apply:

You are not covered for any loss that results directly or indirectly from any of the following specific exclusions:

1. Any obligation ***you*** assume under any agreement if ***you*** decline to take out any collision damage waiver or equivalent insurance available from the car rental agency.
2. Violating the ***rental car agreement***.
3. Leases or rentals for 30 consecutive days or longer.
4. ***Rental car's*** loss of value.
5. Mechanical breakdown or ordinary wear and tear.

Q. Gadget cover - optional

Important:
The limits under the Gadget cover in the **'Cover summary'** only apply if the appropriate additional premium has been paid and Gadget cover is shown as being included on ***your policy*** schedule.

The **'Gadget cover'** section is arranged, and claims are administered by Taurus Insurance Services Limited (Claims Administrator) which is an insurance intermediary authorised and regulated in Gibraltar by the Financial Services Commission under Permission Number 5566 and authorised by the Financial Conduct Authority in the UK under registration number 444830. The insurer is AmTrust Specialty Limited (AmTrust) whose registered office is Exchequer Court, 33 St Mary Axe, London EC3A 8AA, United Kingdom and it is registered in England number 01229676. AmTrust Specialty Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 202189.

Gadget Insurance provides cover for **your gadget(s)** against **theft**, **loss**, **accidental damage** and **malicious damage** when **you** are on a trip. The **gadget(s)** must be in good condition and full working order at the start of **your** trip. The excess under this section is payable per person per incident.

DEFINITIONS - Meanings of words found in the **'Gadget cover'** section
There are words and phrases shown below in this Gadget cover which are highlighted in bold.

Accidental Damage/ Accidentally Damaged	means unexpected damage to **your gadget** which means it cannot be used or is unsafe to use. The damage must be sudden and unintentional. This includes damage to screens and damage resulting from sudden and unexpected damage caused by liquid.
Beyond Economical Repair	means that repair costs are higher than the value of the **gadget** because of spare parts not being available or for technical reasons.
Business	means a company where **you** are an owner, director or employee of that company.
Claims Administrator	means Taurus Insurance Services Limited.
Custom built	means a complete computer or laptop made from components supplied and assembled by qualified engineers at a UK VAT-registered company (or, if bought overseas, a company with the equivalent tax registration).
Gadget/ Gadget(s)	means the electronic device(s) which belongs to: 1. **You**, or 2. A **business** where **you** have the relevant authority and responsibility to use and insure the **gadget(s)** owned by the **business**. Confirmation of this will be needed in the event of a claim. For the purpose of this policy **we** will only cover the following items: Mobile Phones, Smart Phones, Laptops (including custom built), Tablets, Digital Cameras, Games Consoles, Video Cameras, Camera Lenses, Bluetooth Headsets, Bluetooth Speakers, Satellite Navigation Devices, E-Readers, Head/Ear Phones, Smart Watches or a wrist worn Health and Fitness Tracker.

Gadget/ Gadget(s) ***(continued)***	**Please note**: Accessories are not covered under this policy. **We** can only cover **gadget(s)** that are: 1. Bought new or refurbished from a UK VAT-registered company (or, if bought overseas, a company with the equivalent tax registration) and supplied with a **proof of purchase**, or 2. Bought second hand or gifted to **you**, provided that **you** have the original **proof of purchase** and a signed letter from the original owner confirming that **you** own the **gadget(s)**. The original **proof of purchase** or letter must include the following details of **your gadget(s)**: a. Either the IMEI or serial number (whichever is applicable); b. The make and model; c. The sale price (**your purchase price**); d. Confirmation that the **gadget(s)** was/were in full working order at the time of sale.
Gadget Cover Insurer	means AmTrust Specialty Limited whose registered office is at Exchequer Court, 33 St Mary Axe, London EC3A 8AA, United Kingdom (01229676). AmTrust Specialty Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, financial services number 202189. These details can be checked on the Financial Services Register by visiting: **www.fca.org.uk**.
Loss	means that the **gadget** has been accidentally left somewhere by **you** and **you** are permanently prevented from using it.
Malicious Damage/ Maliciously Damaged	means an intentional or deliberate act by a person (who is not insured under this policy) that causes damage to **your gadget** which means it cannot be used or is unsafe to use.
Manufacturer Security	means the inbuilt security features of **your gadget**. For example, Apple 'Find My' or Google 'Find my Device'.

Proof of purchase	means the original printed receipt, or a similar electronic record, that can be sent to **us** or shown in its original format (not handwritten), provided at the original point of sale that gives details of the **gadget(s)** bought and helps prove that **you** are the legal owner the **gadget(s)** and the age of the **gadget(s).** The document should show the date the item was bought and the price paid, IMEI or serial number of the **gadget(s)**, and show the UK VAT registration number of the company **you** purchased the item from. (or if the **gadget** was bought overseas, the equivalent tax registration). For **gadget(s)** that are gifted or given to **you** - **we** will need the original purchase receipt, as shown above, along with a signed letter from the original owner confirming that **you** own the **gadget(s)**. For second-hand **gadget(s)** - **we** will require the original purchase receipt, which was given to the original owner, as detailed above, along with evidence of resale. A printed receipt or electronic record provided by a retailer or person selling the second-hand **gadget(s)** is not acceptable as **proof of purchase**. Where the original **proof of purchase** is not available **we** might consider alternative proof of ownership.
Proof of usage	means proof that **your gadget** has been in use before the event which leads to the claim.
Purchase price	means the price shown on the **proof of purchase**.

Taurus Warranty	the period where the **claims administrator** will sort out any defects in materials and workmanship when they repair or replace **your gadget** in the event of a claim, when **your gadget** is used normally in line with manufacturer's guidelines. For repairs, the **Taurus warranty** is 3 months and for a replacement, the **Taurus warranty** is 12 months. This warranty will also include the costs associated with delivering the device to and from **our** repair centre. The **Taurus warranty** does not cover wear and tear, damage by computer viruses, normal maintenance, **accidental damage** or any **loss** which is not the normal result of what has happened to the **gadget**.
Theft	means the **gadget** has been taken by force, threat or violence by a third party or by a pickpocket with the intention of preventing **you** from having it.
Unattended	means that the **gadget** has not been locked away or secured and is not within **your** sight or arm's length reach.
Water-based activities	means activities and sports that take place on or in water, for example, swimming, diving, boat-rides, jet skiing.
We, Us, Our	within this **'Gadget cover'** section, the **gadget** cover insurer is AmTrust Specialty Limited.
You/Your/ Yourself	mean the policyholder and person(s) shown on the policy schedule.

It is important that **you** understand:

1. Where only a part (or parts) of **your gadget** has been damaged, **we** will only replace that part or parts. Accessories are not covered.
2. The **gadget** must be repaired by the **claims administrator** or their approved repairer. Do not attempt to repair it **yourself**.
3. The most **we** will pay for any claim is the limit shown in the **'Cover summary'**. This amount will not be more than the replacement cost of

each **gadget** being claimed for. The claim payment will not be more than:
   a. The original **purchase price** or
   b. The current market value of each **gadget**,
   whichever is the lowest amount.
4. **Your gadget(s)** will not be covered if **you** travel outside the area that **you** have chosen for **your** travel insurance. The area **you** have chosen will be shown on **your** insurance certificate.
5. **Your gadget(s)** will not be covered if **you** travel to a country or region where the Foreign, Commonwealth and Development Office has advised against all travel or against all but essential travel. For further details, visit **gov.uk/foreign-travel-advice**.

Accidental Damage

What we will cover if your claim is accepted

1. **We** will repair or replace **your gadget** if it is **accidentally damaged**.
2. **We** will repair or replace **your gadget** if it is damaged because it accidentally come into contact with any liquid.

What we will not cover

1. **Accidental damage** caused by any person not named on **your** policy schedule.
2. Liquid damage which happens when **you** are taking part in **water-based activities**.
3. **Accidental damage** if the **gadget** is stored anywhere out of **your** immediate control. This includes checked-in baggage or in a bus, coach or train luggage compartment or where it is stored in overhead storage on a plane.
4. Cosmetic damage to the **gadget** that does not stop the **gadget** working properly. (for example, marring, scratching or denting).

Loss

What we will cover if your claim is accepted

1. If **you** lose **your gadget**, **we** will replace it.

What we will not cover

1. **Loss** of **your gadget** which has not been reported to the appropriate local police authorities and, if necessary, **your** network provider within 24 hours of discovering the **loss**.
2. Any claim if **you** leave **your gadget** somewhere **not attended**. For example - where **your gadget** is left in a coach or bus while **you** are

sightseeing or at the side of a pool.
3. Any **loss** if **your gadget** is stored as checked-in baggage or in a bus, coach or train luggage compartment or where it is stored in the overhead storage on a plane.
4. The **loss** of **your gadget** if the **manufacturer security** is not switched on throughout the insured trip including at the time of the **loss**. The **manufacturer security** must remain switched on, and **your gadget** must remain linked to **your manufacturer security** account, throughout the claims process

Malicious Damage

What we will cover if your claim is accepted
1. If **your gadget** is **maliciously damaged**, **we** will repair or replace it.

What we will not cover
1. If the **gadget** is **maliciously damaged** by **you**.
2. The **malicious damage** of **your gadget** if it has not been reported to the appropriate local police authorities within 24 hours of discovering **the malicious damage**.

Theft

What we will cover if your claim is accepted
1. If **your gadget** is stolen, **we** will replace it.

What we will not cover
1. The **theft** of **your gadget** if it has not been reported to the appropriate local police authorities and, if necessary, **your** network provider within 24 hours of discovering the **theft**.
2. Any claim if **you** leave **your gadget not attended** for example - where **your gadget** is left in a coach or bus while **you** are sightseeing or at the side of a pool.
3. Any claim if **your gadget** is stored as checked-in baggage or in a bus, coach or train luggage compartment or where it is stored in the overhead storage on a plane.
4. Any claim if the circumstances of the **theft** cannot be clearly identified, for example where **you** are unable to confirm the time and place of the **theft**.
5. The **theft** of **your gadget** if the **manufacturer security** is not switched on throughout the insured trip, including at the time of the **theft**. The **manufacturer security** must remain switch on, and **your gadget** must be linked to **your manufacturer security** account, throughout the

claims process.

6. **Theft** from any motor vehicle if **you** (or someone acting on **your** behalf) is not in the vehicle, unless the **gadget** has been concealed in a locked boot, closed glove compartment or other closed internal compartment and all the vehicle's windows and doors closed and locked and all security systems have been switched on. A copy of the repairer's account of the damage, or any other evidence must be supplied with any claim.
7. **Theft** from any building or premises (including **your** holiday accommodation) unless the **theft** involves force in gaining entry to or exit from the building or premises, which results in damage to the building or premises. A copy of the repairer's account of the damage, or other evidence must be supplied with any claim.

What we will not cover

General Exclusions

We will not pay for:

1. Any claim if the premium has not been paid.
2. The excess.
3. Any claim for a device which is not shown in the definition of **gadget** above.
4. Accessories.
5. Any claim if **you** have committed fraud or provided misleading information or are unable to give **us** complete details about the circumstances of the claim.
6. Any claim if **you** cannot provide **proof of purchase**.
7. Any claim if **proof of usage** cannot be given (this applies if the **gadget** is a SIM enabled device or a laptop/tablet where user history is available).
8. Any claim if the **manufacturer security** is not switched on at the time of **theft** or **loss** or where it has been switched off before the claims process has completed.
9. Any **loss**, **theft** or **accidental damage** as a result of confiscation or detention by customs, other officials or authorities.
10. Any claim if the **gadget** was not in good condition and in full working order at the time **you** started **your** trip.
11. Any claim if **you** have not taken precautions to prevent **accidental damage**, **theft** or **loss**, for example:
    a. If **you** do not follow the manufacturer's instructions when **you** set up or use the **gadget**;
    b. If **you** leave **your gadget not attended** or with someone **you** do not

know.

12. Any claim if the IMEI/Serial number cannot be identified from **your gadget**.
13. Any claim which is only for parts of **your gadget** that are considered 'a consumable' (e.g. batteries.).
14. Any claim if there is evidence that the **accidental damage**, **theft** or **loss** happened before **your** trip started.
15. Breakdown which is caused by any internal failure or burning out of any part of **your gadget**.
16. **Loss**, damage, destruction, distortion, erasure, corruption or alteration of electronic data from any computer virus or similar mechanism or as a result of any failure of the internet, or loss of use, reduction in functionality, cost, expense of any nature which results from it, regardless of any other cause or event which contributed to it.
17. Any claim resulting from an unlawful act. For example:
    a. Any unlawful act deliberately or intentionally committed by an insured person; or
    b. Civil or criminal proceedings against anyone on who **your** insured journey depends.
18. Any modifications that have been made from the original specifications of the **gadget**. This would include things like adding gems, precious metals or unlocking **your gadget** from a network.
19. **Loss** of any software or firmware failures.
20. Any expenses which are the result of **you** not being able to use the **gadget**, or any loss other than the repair or replacement costs of the **gadget(s)**.
21. Anything under this policy if doing so would expose **us** to any sanction, prohibition or restriction under any United Nations resolutions, or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
22. Anything directly or indirectly caused by, or contributed to, or arising from, the use or operation, as a means for inflicting harm, of any computer, computer system, computer software programme malicious code, computer virus or process or any other electronic system.

Claims procedure

Please read **our** Claims Guide and complete the Claim Form, found at **https://tiga.taurus.claims** or contact the **claims administrator** on **0330 175 7850** or **virgin.tiga@taurus.gi**.

Giving us all the important information

When **you** submit a claim, **we** will rely on the information **you** give. **You** must take reasonable care to provide complete and accurate answers to the questions asked. If the information provided by **you** is not complete and accurate the extent of cover may be affected.

If **you** become aware that information **you** have given **us** is incomplete or inaccurate, **you** must inform the **claims administrator**.

You must follow the process set out below or **your** claim may not be paid

1. Report the **theft** or **loss** of **your gadget** to **your** network provider within 24 hours of discovery so they can blacklist **your** handset/item (where this is applicable).
2. Report the **theft**, **loss** or **malicious damage** of **your gadget** to the police, local to where the **theft** or **loss** happened, within 24 hours of discovering the **theft** or **loss** and get a crime reference number and a copy of the police report.
3. Give the **claims administrator** the **proof of purchase** for the **gadget you** are claiming for. This **proof of purchase** must show that **you** own that particular **gadget**, which may include the IMEI number or serial number (where applicable in respect of mobile phones and laptops) and other identifying details where appropriate.
4. Give the **claims administrator** the **proof of usage** (in respect SIM enabled devices) from **your** network provider that confirms the mobile phone has been in use since the start of **your** trip and up to the time of the **theft** or **loss**.
5. Complete and return any claim form or documents asked for by the **claims administrator** as soon as possible and send any other requested documents to support **your** claim. For example, photo ID and proof of address.
6. Not attempt to repair the item **yourself** or use an unauthorised repairer as this will not be covered.
7. Not format **your gadget(s)** in a way that makes it impossible to get the date it was last used.
8. Pay the excess asked for by the **claims administrator**.
9. Give details of any other contract, guarantee, warranty or insurance that may apply to the **gadget** including, for example, household insurance. (Where it is appropriate, a portion of the claim may be recovered direct from these Insurers).

Repair and Replacement Equipment

Please note: This is not a 'new for old' insurance policy. Where **we** replace the **gadget(s)**, the replacements will be pre-owned, refurbished or remanufactured (not brand new). It might not be possible to replace **your gadget** with the same colour or finish, where this is not possible an alternative colour or finish will be provided.

1. If **your** claim is agreed and **your gadget** is beyond economical repair, **we** will try to replace it with a **gadget** of the same specification or the equivalent value taking into account the age and condition of the **gadget**.
2. For **theft** and **loss** claims - if the claim is agreed and **your gadget** must be replaced, **we** will try to replace it with a **gadget** of the same specification or the equivalent value taking into account the age and condition of the **gadget**.
3. Repairs or replacements will only be made in the United Kingdom.
4. Where the original **gadget** is replaced, the original **gadget** becomes **our** property and must be returned to the **claims administrator** immediately. Please call the **claims administrator** on **0330 175 7850** and they will provide details for its return.
5. All repairs to **gadgets** are issued with a 3-month warranty (the **gadget** must be returned to the **claims administrator** if **you** make a claim under the **Taurus warranty**).
6. All replacement items are issued with a 12-month warranty (the item must be returned to the **claims administrator** if **you** make a claim under the **Taurus warranty**).
7. If **your** existing accessories do not work with the replacement item provided, **we** will cover the cost of the accessories, if **you** supply a **proof of purchase** for any replacements.
8. **Taurus warranty** claims for **gadget(s)** damaged in transit will only be paid where they are reported to the **claims administrator** on **0330 175 7850** within 48 hours of delivery and the packaging is retained to allow an investigation to be carried out.

Fraud

If any claim made by **you** or anyone acting on **your** behalf under this insurance is fraudulent, deliberately exaggerated or intended to mislead, **we** might:

1. Not pay **your** claim; and
2. Recover (from **you**) any payments **we** have already made in respect of that claim; and
3. Request that AWP P&C S.A. cancels **your** insurance from the time of the

fraudulent act; and
4. Inform the police of the fraudulent act.

If **your** insurance is cancelled from the time of the fraudulent act, **we** will not pay any claim for any incident which happens after that time and may not return any of the premium already paid.

Information Disclosure

Throughout the claim process **you** are required to always be open and honest when providing answers. Failure to do so may result in **your** claim being declined.

Where **you** have been asked for additional information in respect of **your** claim and it has been identified that there are inconsistencies in the circumstances of **your** claim, this may result in **your** claim being declined. This would include where **you** have failed to provide details of any other insurance policy that covers **your gadget(s)**.

General exclusions

This section describes the general exclusions applicable to all cover under this ***policy***. An 'exclusion' is something that is not covered and therefore no payment or service would be available.

This ***policy*** does not provide any cover, benefit or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

This ***policy*** does not provide cover for any loss that results directly or indirectly from any of the following general exclusions if they affect ***you*****, a *travelling companion*** or a ***family member***:

1. Any loss, condition or event that was known, foreseeable, intended or expected when ***your trip*** was booked or this ***policy*** was purchased, whichever is later.
2. ***Pre-existing medical conditions*** unless declared and accepted by ***us*** and the appropriate additional premium has been paid.
3. ***Your*** intentional self-harm or if ***you*** attempt or commit suicide.
4. Normal, complication-free pregnancy or childbirth.
5. Fertility treatments.
6. The abuse of alcohol or the use and abuse of drugs, including any related physical effects. This does not apply to drugs prescribed by a ***doctor*** when used as prescribed.
7. Acts committed with the intent to cause loss or damage.
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft.
9. Participating in or training for any ***professional or semi-professional sporting competition*** or event.
10. Participating in or training for any amateur sporting competition while on ***your trip***. This does not include participating in informal recreational sporting competitions and tournaments organised by hotels, resorts or cruise lines to entertain their guests.
11. Participating in sports and leisure activities other than those listed as covered under the **'Sports and activities'** section. Cover for ***Winter Sports*** will only apply if ***you*** have selected and paid the appropriate additional premium for this cover and it is shown on ***your policy*** schedule.

    In all cases, for ***your*** sporting activities to be covered, they must be:

a. Arranged as part of ***your trip***;
b. Provided by a company that is regulated or licensed where required; and
c. Not otherwise prohibited by law.

You must wear all recommended safety equipment while participating in ***your*** sporting activities in order to be eligible for cover.

12. An ***illegal act***, except when ***you***, a ***travelling companion***, a ***family member*** or ***your service animal*** is the victim of such an act.
13. An ***epidemic*** or ***pandemic***, except when an ***epidemic*** or ***pandemic*** is expressly referenced in and covered under the **'Trip cancellation'**, **'Trip interruption'**, **'Travel delay'**, **'Emergency medical/dental cover abroad'** or **'Emergency transportation'** sections.
14. ***Natural disaster***, except when and to the extent that a ***natural disaster*** is expressly referenced in and covered under the **'Trip cancellation'**, **'Trip interruption'** or **'Travel delay'** sections.
15. Air, water or other pollution, or the threat of a pollutant release, including thermal, biological and chemical pollution or contamination.
16. Nuclear reaction, radiation or radioactive contamination.
17. ***War*** or ***acts of war***.
18. Military duty, except when expressly referenced and covered under the **'Trip cancellation'** or **'Trip interruption'** sections.
19. ***Political risk***.
20. ***Cyber risk***.
21. ***Civil disorder***, except when expressly referenced in and covered under the **'Trip interruption'** or **'Travel delay'** sections.
22. ***Terrorist events*** except under the **'Emergency medical/dental cover abroad'** and **'Emergency transportation'** sections or when expressly referenced in and covered under the **'Travel delay'** section.
23. Acts, travel alerts/bulletins or prohibitions by any government or public authority, except when expressly referenced in and covered under the **'Trip cancellation'** or **'Trip interruption'** sections.
24. Any ***travel supplier's*** complete cessation of operations due to financial reasons, with or without involving insolvency or bankruptcy.
25. A ***travel supplier's*** restrictions on any ***baggage***, including medical supplies or equipment.
26. Ordinary wear and tear or defective materials or workmanship.
27. An act of gross negligence by ***you*** or a ***travelling companion***.
28. Travel against the orders or advice of any government or other public authority.

Important:
You are not eligible for reimbursement under this ***policy*** if:

1. ***Your travel carrier*** ticket or booking confirmation does not show ***your*** travel date(s);
2. The cover start and end date as shown on the ***policy*** schedule do not match ***your trip's*** actual ***departure date*** and ***return date***; or
3. ***You*** intend to receive health care or medical treatment of any kind while on ***your trip.***

General conditions

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

1. ***You*** must:
   a. Have ***your primary residence*** in and be registered with a ***doctor*** in the ***UK***; and
   b. Not have spent more than 183 days abroad during the 12 months before this ***policy*** was issued or ***your trip*** was booked (whichever is later);
2. ***You*** must take reasonable care to protect yourself and ***your*** property against accident, ***injury***, loss and damage, as if ***you*** were not insured, and to keep any potential claim to a minimum.
3. ***You*** must have a valid insurance ***policy*** schedule.
4. ***You*** must contact ***us*** as soon as possible with full details of anything which may result in a claim, and give ***us*** all the information and documentation ***we*** ask for throughout the claims process. Please see **'Claims information'** below for more information.
5. ***You*** accept that the terms and conditions of the ***policy*** cannot be changed by ***you*** unless ***we*** agree to the change in writing.
6. ***You*** must not be older than 75 on the date ***your policy*** starts for annual multi-trip policies and not older than 85 on the date ***your policy*** starts for single trip policies.

We have the right to do the following:

1. Cancel the ***policy*** if ***you*** tell ***us*** something that is not true and this influences ***our*** decision to provide cover.
2. Cancel the ***policy*** and make no payment if ***you*** or anyone acting for ***you***:
   a. Make a claim that is dishonest, intentionally exaggerated or fraudulent in any way; or
   b. Provide any false or misleading information when supporting a claim.
   In these circumstances ***we*** may report the matter to the police or any other establishment.
3. Only cover ***you*** for the whole ***trip*** and not provide cover if ***you*** have started ***your trip*** before ***your policy*** was issued.
4. Only provide cover if ***your trip*** starts and ends in ***your country of residence***.

5. Take over and deal with, in ***your*** name, any claim ***you*** make under this ***policy***.
6. Take legal action in ***your*** name (but at ***our*** expense) and ask ***you*** to give ***us*** any details ***we*** need, and to fill in any necessary forms, which will help ***us*** to recover any payment ***we*** have made under this ***policy.***
7. With ***your*** or ***your*** personal representative's permission, get information from ***your*** medical records to help ***us*** or ***our*** representatives deal with any claim. This could involve ***you*** being medically examined or having a post-mortem after ***your*** death. ***We*** will not give personal information about ***you*** to any other organisation without ***your*** permission.
8. Return ***you*** to ***your country of residence*** at any time during ***your trip*** if ***you*** are taken ill or injured. ***We*** will only do this if the ***doctor*** treating ***you*** and ***our*** medical advisers agree. If there is a dispute, ***we*** will ask for an independent medical opinion.
9. Not accept liability for the costs of repatriation or treatment if ***you*** refuse to follow advice from the ***doctor*** treating ***you*** and ***our*** medical advisers.
10. Refuse to pay any claim under this ***policy*** for any amounts covered by another insurance or by anyone or anywhere else (for example, any amounts ***you*** can get back from private health insurance, any reciprocal health agreement, ***travel suppliers***, home contents insurers or any other claim amount that can be recovered by ***you***). In these circumstances ***we*** will only pay ***our*** share of the claim.
11. Ask ***you*** to pay ***us*** back any amounts that ***we*** have paid which are not covered under this ***policy***.
12. If ***you*** cancel ***your trip*** or cut it short for any reason other than those specified as being covered under the **'Trip cancellation'** or **'Trip interruption'** sections, ***we*** will cancel all cover provided by ***your policy*** for that ***trip***, without refunding ***your*** premium.

24-hour emergency medical assistance information

Please tell ***us*** immediately about any serious illness or accident abroad where ***you*** have to go into ***hospital*** or ***you*** may have to return home early or extend ***your*** stay because of any illness or ***injury***. If ***you*** are unable to do this because the condition is life, limb, sight or organ threatening, ***you*** should contact ***us*** as soon as ***you*** can. ***You*** can call 24 hours a day 365 days a year, or email.

- Phone: **UK +44 (0) 20 8603 9157**
- Email: **medical@allianz-assistance.co.uk**

Please give ***us your*** age and ***your policy*** number. Say that ***you*** are insured with Virgin Money Travel Insurance.

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

For minor emergency medical conditions or injuries where ***you*** need to seek medical help, ***we*** can assist by providing access to a consultation with a ***doctor*** or other suitable medical professional.

Please call the 24-hr emergency assistance telephone number and ***we*** will help, where possible, by directing ***you*** to the most appropriate medical treatment, this could be:

1. A video or telephone consultation with a ***doctor***, or
2. An in person visit by a ***doctor*** to ***your*** holiday accommodation, or
3. Details of a suitable local medical facility/ walk-in centre/ doctor's surgery
4. Arrangement of medical treatment services.

Should ***you*** require further out-patient medical treatment following ***your*** initial medical consultation, this will be managed for ***you*** by ***our*** 24-hr emergency assistance team.

Important:
If ***you*** use ***our*** recommended consultation service, ***you*** will not need to pay for the first appointment for each individual medical event, and ***we*** will not deduct an excess from any associated claim.

Claims information

For all sections other than **'Gadget cover'**, ***you*** can make a claim by:

- Phone: **+44 (0) 20 8603 9141**

To make a claim under **'Gadget cover'**, as soon as reasonably possible:

- Phone: **0330 175 7850**
- Email: **virgin.tiga@taurus.gi**
- Submit a claim online 24 hours a day by visiting: **https://tiga.taurus.claims**

You should provide ***us*** with all the information and documents ***we*** ask for as soon as possible. ***You*** must give ***us*** as much detail as possible so ***we*** can handle ***your*** claim quickly. Please keep copies of all the documentation ***you*** send ***us***.

You will need to obtain some information and documentation to support ***your*** claim, which may include doing so during ***your trip***, where appropriate. Below is a list of actions ***you*** will need to take and documents ***we*** will need in order to deal with ***your*** claim. Further information and/or evidence may be required by ***us*** after ***your*** claim has been submitted. If this is the case, ***we*** will inform ***you*** as quickly as possible.

For all claims

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

Trip cancellation

1. Original cancellation invoice(s) detailing all cancellation charges incurred.
2. For claims relating to illness or ***injury*** a medical certificate will need to be completed by the treating ***doctor***. A certified copy of the death certificate is required in the event of death.
3. If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Trip interruption

If ***you*** need to cut short ***your trip***, please call **UK +44 (0) 20 8603 9157** as soon as possible to get ***our*** prior agreement.

1. ***Your*** original booking invoice(s) showing ***your*** revised time and ***date of departure*** and detailing whether any ***refunds*** can be provided.
2. For claims relating to illness or ***injury*** a medical certificate will need to be completed by the treating ***doctor***. A copy of the death certificate is required in the event of death.
3. If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Travel delay

1. Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.
2. Detailed account of the circumstances causing ***you*** to miss ***your*** departure together with supporting evidence from the public transport provider or ***accident*** / breakdown authority attending the private vehicle ***you*** were travelling in.
3. If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage and Personal money

1. Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
2. If applicable, ***you*** should also report the theft, damage or loss to ***your travel carrier***, tour operator, handling agent or ***accommodation*** manager and ask for a written report.
3. For delays losses and damage whilst in the care of a ***travel carrier,*** report this as soon as possible and obtain a written report from them. For airlines specifically, ***you*** must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. ***You*** then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
4. Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged ***baggage***.
5. Keep any damaged items as ***we*** may need to inspect them. If ***we*** make a payment or ***we*** replace an item, the item will then belong to ***us***.
6. Obtain an estimate for repair for all damaged items.
7. Documentary evidence of the value of the lost or stolen ***personal money*** as well as the original source for cash.

Baggage delay

1. Report the loss to the ***travel carrier*** and obtain a written report from them. For airlines, ***you*** must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. ***You*** then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
2. Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

Loss of travel documents

1. A receipt from the consulate or embassy confirming the cost of the emergency replacement passport or visa and a written report from the police if ***your*** passport or visa is stolen.

Emergency medical/dental benefits abroad and Emergency transportation

1. Always contact ***our*** 24-hour emergency medical service when ***you*** are ***hospitalised***, require repatriation or where medical fees are likely to exceed **£1,000**.
2. Medical evidence from the treating ***doctor*** to confirm the illness or ***injury*** and treatment given, including ***hospital*** admission and discharge dates, if this applies.

Personal liability

1. A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).
2. Any writ, summons or other correspondence received from any ***third party***.

> **Note:**
> ***You*** should not admit liability, offer to make any payment or correspond with any ***third party*** without ***our*** written consent.

3. Full details of any witnesses, providing written statements where available.

Travel accident

1. A detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
2. Medical evidence from the treating ***doctor*** to confirm the extent of the ***injury*** and treatment given including ***hospital*** admission / discharge.
3. Full details of any witnesses, providing written statements where

available.
4. A certified copy of the death certificate, if this applies.

Legal expenses

1. A detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
2. Any writ, summons or other correspondence ***you*** receive from any ***third party*** in connection with ***your*** claim. ***You*** should not reply to any correspondence without ***our*** permission in writing.
3. The full details of any witnesses and any available written statements from them.

Winter sports cover

(This section is optional. If you have purchased this cover it will be shown on ***your policy*** schedule).

Missed Activity

1. For claims relating to illness or ***injury***, ***we*** will need:
   a. Medical evidence from the treating ***doctor*** to confirm the illness or ***injury*** and treatment given including ***hospital*** admission / discharge, if this applies.
   b. A copy of the death certificate in the event of a death.
   c. A medical certificate from a ***doctor*** at ***your*** resort confirming that ***you*** cannot take part in ***your*** pre-booked sports activities because of medical reasons.
2. Written confirmation from ***your travel supplier***, the local piste authority or ski lift operator confirming the reason for the closure and the duration.

Winter Sports Equipment

1. All appropriate evidence requested under the heading 'Baggage and Personal money' or 'Baggage delay' in this section.
2. All hire receipts and luggage labels / tags.
3. A written report from ***your travel carrier*** if ***your winter sports equipment*** is delayed or misdirected.
4. If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Cruise cover

(This section is optional. If you have purchased this cover it will be shown on ***your policy*** schedule).

1. Medical evidence from the treating ***doctor*** to confirm the illness or ***injury*** and treatment given, including dates of cabin confinement if this applies.

2. If ***you*** are advised by an on-board ***doctor*** that ***you*** cannot take part in ***your*** pre-booked excursions because of medical reasons, ***you*** should obtain a medical certificate from them confirming this.
3. A letter from the ***travel supplier*** confirming the reason and dates the cruise ship was unable to dock.
4. Written confirmation from ***your travel supplier*** of whether any ***refunds*** can or have been made.

Rental vehicle excess waiver cover

(This section is optional. If you have purchased this cover it will be shown on ***your policy*** schedule).

1. A detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
2. Full details of any witnesses, providing written statements where available.
3. A police report, where appropriate.

Gadget cover

(This section is optional. If you have purchased this cover it will be shown on ***your policy*** schedule).

To make a claim under this section of **your** policy, **you** must provide Taurus Insurance Services Limited with:

1. **Proof of Purchase** - the purchase receipt provided at the point of sale that gives details of the **gadget(s)** purchased or similar documents that provide proof that **you** own the **gadget(s).** The receipt should include confirmation of the IMEI or serial number of the **gadget(s)**. Delivery notes are not an acceptable form of **proof of purchase**.
2. **Proof of Usage** - Evidence that shows the **gadget(s)** has been in use since policy inception and up to the event giving rise to the claim. Where the **gadget(s)** is a mobile phone, this evidence can be obtained from **your** network provider. For other **gadget(s)**, such as laptops, in the event of an **accidental damage** claim this may be determined through inspection by **our** repairer.
3. Police report - In the event that the **gadget(s)** has sustained **malicious damage** by a third party or has been lost or stolen.
4. Photographic ID.
5. Proof of Address.
6. Proof of Travel.

Complaints information

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

Step 1

For complaints relating to the sale and administration of *your policy*
Write to: Virgin Money Travel Insurance Complaints Team, Hood Travel Ltd, 2nd Floor Dencora Court, Tylers Avenue, Southend-on-Sea, Essex, SS1 2BB.
Phone: **0330 175 8283**
Email: **service@travel-insurance.virginmoney.com**

For complaints relating to claims under the 'Gadget cover' section
Write to: Customer Relations Officer, Taurus Insurance Services Limited, Suite 2209-2217 Eurotowers, Europort Road, Gibraltar.
Phone: **0330 880 1753**
Email: **gadget.complaints@taurus.gi**

For complaints relating to claims under all other sections
Write to: Customer Service, Allianz Assistance, 102 George Street, Croydon, CR9 6HD
Phone: **+44 (0) 20 8603 9853**
Email**: travelcomplaintsuk@allianz.com**

When ***you*** contact ***us***, please provide:

1. ***Your*** name, address and postcode, telephone number and email address (if ***you*** have one).
2. ***Your policy*** number and / or claim number and the type of policy ***you*** have.
3. The reason for ***your*** complaint.
4. Any letters or emails should have the heading 'COMPLAINT' and ***you*** can include copies of supporting or extra information.

Step 2

If ***you*** are not satisfied with ***our*** final response or if more than eight weeks have passed since ***we*** received ***your*** original complaint, ***you*** can refer the matter to the UK Financial Ombudsman Service for independent arbitration. ***You*** must approach the Financial Ombudsman Service within

six months of getting ***our*** final response to ***your*** complaint. ***We*** will remind ***you*** of the time limits in the final response.

Visit: **www.financial-ombudsman.org.uk**
Write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR
Phone: 0800 023 4567 or 0300 123 9 123
Email: **complaint.info@financial-ombudsman.org.uk**

We must accept the Ombudsman's final decision, but ***you*** do not have to and can take further action if ***you*** want to. ***You*** do not need to use ***our*** complaints procedure to take legal action. However, the Financial Ombudsman Service may not make a decision on any cases where ***you*** have started legal action against ***us***.

Privacy notice

We care about ***your*** personal data.

This summary and ***our*** full privacy notice explain how AWP P&C S.A. and Allianz Assistance protects ***your*** privacy and uses ***your*** personal data. ***Our*** full privacy notice is available at **www.allianz-assistance.co.uk/privacy-notice/**.

If a printed version is required, please write to Customer Service (Data Protection), Allianz Assistance, 102 George Street, Croydon CR9 6HD.

How will we obtain and use your personal data?

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

1. Data that ***you*** or other people named on the ***policy*** or ***your*** representative(s) provide to ***us***;
2. Data from ***your*** insurance arranger or partners such as brokers, other insurers or other companies who act as insurance distributors including the provider of goods and services associated with this insurance;
3. Data that may be provided about ***you*** from certain third parties, such as ***your doctor*** in the event of a claim; and
4. Data collected through initial voice tool (Voicebot or equivalent) and call recordings (such as phone conversations with ***us***) may be recorded. Additional information may be relayed to ***you*** as to how data is processed when ***you*** phone **us.**

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

1. Entering into or administering contracts with ***you***;
2. To demonstrate compliance with ***our*** legal and/or regulatory obligations;
3. Informing ***you*** of products and services which may be of interest to ***you***.

Who will have access to your personal data?

We may share ***your*** personal data:

1. With public authorities, other Allianz Group companies, industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting and fraud prevention purposes;
2. With ***your*** insurance arranger or partners such as brokers, other insurers or other companies who act as insurance distributors including

the provider of goods and services associated with this insurance for contractual, regulatory and legal obligations including for the performance of ***our*** services;
3. With other service providers who perform business operations on ***our*** behalf;
4. Organisations who ***we*** deal with which provide part of the service to ***you*** such as in the event of a claim;
5. To meet ***our*** legal and/or regulatory obligations including providing information to the relevant ombudsman or regulator if ***you*** make a complaint about the product or service that ***we*** have provided to ***you***.

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

How long do we keep your personal data?

We will retain voice recordings for a minimum of two years (up to a maximum retention period of 10 years) and ***your*** other personal data for a maximum of 10 years from the date the insurance relationship between ***us*** ends. If ***we*** can do so, ***we*** will delete or anonymise certain areas of ***your*** personal data as soon as that information is no longer required for the purposes for which it was obtained.

Where will your personal data be processed?

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

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

What are your rights in respect of your personal data?

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

1. Request access to it and learn more about how it is processed and shared;
2. Request that ***we*** restrict any processing concerning ***you***, or withdraw ***your*** consent where ***you*** previously provided this;
3. Request that ***we*** stop processing it, including for direct marketing purposes;
4. Request that ***we*** update it or delete it from ***our*** records (where ***we*** are able to delete call recordings, ***we*** may still make and/or retain notes of the conversation);

5. Request that ***we*** provide it to ***you*** or a new insurer; and
6. File a complaint.

Automated decision making, including profiling

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

How can you contact us?

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

By post:
Customer Service (Data Protection),
Allianz Assistance,
102 George Street,
Croydon,
CR9 6HD

By email: **AzPUKDP@allianz.com**

There are other organisations involved, each with their own separate privacy policies, which are included below. These organisations take ***your*** privacy very seriously.

- **Hood Travel Ltd**, which sell and administer **your *policy*** and provides customer services facilities. Their privacy policy can be found here: **https://travel-insurance.virginmoney.com/PrivacyPolicy**.
- **Taurus Insurance Services Limited**, which provides the ***gadget*** cover and is responsible for ***gadget*** claims handling. Their privacy policy can be found here: **https://www.taurusgadgetinsurance.com/privacy-policy**.
- **AmTrust Specialty Limited**, which underwrites the ***gadget*** cover. Their privacy policy can be found here: **https://www.amtrustinternational.com/legal/privacy-and-cookies/**.
- **CYB Intermediaries Ltd,** a subsidiary of **Nationwide Building Society** which trades as Virgin Money. **CYB Intermediaries Ltd** and **Nationwide Building Society** use ***your*** personal data to communicate with ***you*** during the lifetime of the ***policy*** for their own legitimate purposes. Their privacy policy can be found here: **https://uk.virginmoney.com/security/**.

Virgin Money Travel Insurance is promoted by CYB Intermediaries Ltd, registered at Jubilee House, Gosforth, NE3 4PL (Company No: 04056283) who is authorised and regulated by the Financial Conduct Authority under Financial Services Register no. 305065 and administered by Hood Travel Ltd, registered in England and Wales No. 08318836 at 2nd Floor, Dencora Court, Tylers Avenue, Southend-on-Sea, Essex SS1 2BB. Hood Travel Ltd is authorised and regulated by the Financial Conduct Authority under Financial Services Register no. 597211.

The core elements of Virgin Money Travel Insurance are underwritten by AWP P&C S.A., while the gadget cover is underwritten by AmTrust Specialty Limited.

This policy (except for the 'Gadget cover' section) is underwritten by AWP P&C S.A., a company registered in France with ID No 519490080 RCS Bobigny. Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch, AWP P&C, registered in the United Kingdom with company number FC030280. Registered office is 102 George Street, Croydon CR9 6HD. Authorised and regulated by L'Autorité de Contrôle Prudentiel et de Résolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority under FRN 534384 and limited regulation by the Prudential Regulation Authority. Details about the extent of regulation by the Prudential Regulation Authority are available from us on request.

The 'Gadget cover' section is underwritten by AmTrust Specialty Limited (AmTrust), whose registered office is Exchequer Court, 33 St Mary Axe, London EC3A 8AA, United Kingdom and it is registered in England number 01229676. AmTrust Specialty Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 202189.

You can check this on the Financial Services register by visiting the Financial Conduct Authority's website www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

Hood Travel Ltd acts as agent for the insurer for the receipt of customer money and handling premium refunds.

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