

# TRAVEL INSURANCE POLICY

Comprehensive – Single Trip

Cover is for residents of the UK, the Channel Islands or the Isle of Man only.

This *policy* has restrictions relating to *pre-existing medical conditions*.

## CONTENTS

DEMANDS AND NEEDS STATEMENT	3
ABOUT US AND OUR INSURANCE SERVICES	3
RECIPROCAL HEALTH ARRANGEMENTS	6
COVER SUMMARY	7
DEFINITIONS	8
HEALTH DECLARATION AND HEALTH EXCLUSIONS	13
WHEN YOUR COVER BEGINS AND ENDS	14
AREA OF VALIDITY	14
DESCRIPTION OF COVER	15
A. TRIP CANCELLATION	15
B. TRIP INTERRUPTION	18
C. TRAVEL DELAY	21
D. BAGGAGE	22
E. EMERGENCY MEDICAL/DENTAL COVER ABROAD	23
F. EMERGENCY TRANSPORTATION	24
G. TRAVEL SERVICES DURING YOUR TRIP	26
GENERAL EXCLUSIONS	27
GENERAL CONDITIONS	29
24-HOUR EMERGENCY MEDICAL ASSISTANCE INFORMATION	30
CLAIMS INFORMATION	31
COMPLAINTS INFORMATION	33
PRIVACY NOTICE	34
IMPORTANT CONTACT DETAILS	36

## DEMANDS AND NEEDS STATEMENT

Eurostar Travel Insurance is typically suitable for travel customers who wish to insure themselves for medical emergencies, delayed or missed departures, trip cancellations or interruptions, and baggage which is lost or stolen during a *trip*.

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 document 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

### 1 Whose insurance products are offered

This insurance is underwritten by AWP P&C S.A., a French company authorised in France acting through its UK Branch.

### 2 The services provided

*You* will not receive any personal advice or a recommendation from *your* issuing agent for travel insurance. *Your* issuing agent may ask some questions to narrow down the products that *your issuing agent* will give *you* details of. *You* will then need to make *your* own choice about how to proceed.

### 3 What you will pay for this service

*You* will only pay *your* issuing agent the premium for *your policy*. *You* will not pay a fee for them arranging the *policy* on *your* behalf. AWP P&C S.A. pays *your* issuing agent for these services. The payment is a mixture of commission and other fees based on *our* costs for managing *your policy*.

### 4 Who regulates us

Eurostar International Limited is an appointed representative of AWP Assistance UK Ltd (trading as Allianz Partners). AWP Assistance UK Ltd is registered in England under registration no. 1710361 registered office: 102 George Street, Croydon CR9 6HD. AWP Assistance UK Ltd is authorised and regulated by the Financial Conduct Authority (FCA) register no 311909. AWP Assistance UK Ltd has been appointed by the insurer AWP P&C S.A. to act as its agent and claims administrator.

AWP P&C S.A. is a company registered in France with ID No 519490080 RCS Paris. Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France, acting through its UK Branch, AWP P&C (UK Branch), registered in the United Kingdom. Registered Branch No. BR015275. Registered Office: 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 (PRA). Subject to regulation by the FCA under register number 534384 and limited regulation by the PRA.

The FCA is the independent watchdog that regulates financial services. **You** can check the regulatory status of AWP P&C S.A. and AWP Assistance UK Ltd by visiting the FCA's website [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting the FCA on **0800 111 6768**.

## 5 What to do if you have a complaint

For all complaints, please see the 'Complaints information' section of this *policy*.

## 6 Cover under the Financial Services Compensation Scheme (FSCS)

For **your** added protection, **we** are covered by the FSCS. **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations to **you**, such as not being able to pay a claim.

The scheme covers 90% of any claim to do with **us** arranging this *policy*, with no upper limit. **You** can get more information about the compensation scheme from the FSCS by phoning **0800 678 1100** or **020 7741 4100**, or by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk).

## 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, just visit **us** online or give **us** a call using the information shown under 'Important contact details' at the end of this *policy*. If **your** travel arrangements change, please be sure to let **us** know so **we** can make any necessary updates to **your policy**.

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.

## 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 document, and only under the conditions described. Please review this *policy* wording carefully.

**Your policy** consists of two parts:

1. The certificate of insurance, which shows who is insured under **your policy**.
2. This *policy* wording document, 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* document 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 us within 14 days of receiving *your* insurance confirmation for a refund of *your* premium.

If *you* purchased *your* insurance at the same time as *your* Eurostar™ ticket *you* should call Eurostar™ on **03432 186 186** otherwise *you* can call Allianz Partners on **0371 200 2457**.

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

### Note:

*Your* cancellation rights are no longer valid after this initial 14 day period.

## 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

### EUROPEAN / GLOBAL HEALTH INSURANCE CARD (EHIC AND GHIC)

- If *you* already have a valid EHIC, it will continue to entitle *you* to reduced-cost, sometimes free, medical treatment that becomes necessary while *you* are in a European Economic Area (EEA) country or Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway. Cover will end on the expiry date of *your* EHIC.
- If *you* do not have a valid EHIC or it is due to expire before *you* travel, *you* can apply for a GHIC. This entitles *you* to reduced-cost, sometimes free, medical treatment that becomes necessary while *you* are in a European Union (EU) country.
- These cards give access to state-provided medical treatment only. Remember, this might not cover all the things *you* would expect to get free of charge from the NHS in the UK. *You* may have to make a contribution to the cost of *your* care.
- *You* may apply for an GHIC online at [www.ghic.org.uk](http://www.ghic.org.uk) or by calling 0300 330 1350.

#### Note:

The EHIC/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.

## COVER SUMMARY

COVER SECTION	LIMIT
<b>A - Trip cancellation</b>	<b>£1,500 / person</b>
<b>B - Trip interruption</b>	<b>£1,500</b> (But no more than £100 / person / night for extra <i>accommodation</i> expenses)
<b>C - Travel delay</b> (Under section benefit 1. a minimum delay period of 3 complete hours applies)	<b>£200</b>
<b>D - Baggage</b>	<b>£1,000</b> (But no more than £500 for <i>High value items</i> )
<b>E - Emergency medical/dental cover abroad</b>	<b>£1 million</b> (But no more than £200 in total for dental care)
<b>F - Emergency transport</b>	<b>No limit (reasonable costs)</b> (But no more than: - £1,000 in total for medical repatriation; - £1,500 in total for funeral expenses abroad; - £2,000 in total for search and rescue.)
<b>G - Travel services during your trip</b>	Included

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

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

## DEFINITIONS

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

<b><i>Accident</i></b>	An unexpected and unintended event that causes <b><i>injury</i></b> , property damage or both.
<b><i>Accommodation</i></b>	A hotel or any other kind of lodging for which <b><i>you</i></b> make a reservation or where <b><i>you</i></b> stay and incur an expense.
<b><i>Act of war</i></b>	Any act which is associated with and occurring in the course of <b><i>war</i></b> or directly triggering it.
<b><i>Adoption proceeding</i></b>	A mandatory formal proceeding or other meeting required by law to be attended by <b><i>you</i></b> as a prospective adoptive parent(s) in order to legally adopt a minor child.
<b><i>Baggage</i></b>	Personal property <b><i>you</i></b> take with <b><i>you</i></b> or buy on <b><i>your trip</i></b> .
<b><i>Civil disorder</i></b>	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 <b><i>political risk, terrorist event, war, or act of war</i></b> .
<b><i>Climbing sports</i></b>	An activity using harnesses, ropes, belays, crampons or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<b><i>Cohabitant</i></b>	A person <b><i>you</i></b> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<b><i>Computer system</i></b>	Any computer, hardware, software, communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller or similar system, including any associated input, output, data storage device, networking equipment or backup facility.
<b><i>Country of residence</i></b>	The country where <b><i>you</i></b> have <b><i>your primary residence</i></b> .
<b><i>Covered reasons</i></b>	The specifically named situations or events for which <b><i>you</i></b> are covered under this <b><i>policy</i></b> .
<b><i>Cyber risk</i></b>	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: <ol style="list-style-type: none"> <li>1. Any unauthorised, malicious or <b><i>illegal act</i></b>, or the threat of such act(s), involving access to or the processing, use or operation of any <b><i>computer system</i></b>;</li> <li>2. Any error or omission involving access to or the processing, use or operation of any <b><i>computer system</i></b>;</li> <li>3. Any partial or total unavailability or failure to access, process, use or operate any <b><i>computer system</i></b>; or</li> <li>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.</li> </ol>
<b><i>Departure date</i></b>	The date on which <b><i>you</i></b> are originally scheduled to begin <b><i>your</i></b> travel, as shown on <b><i>your</i></b> travel itinerary.



<b>Doctor</b>	Someone who is legally authorised to practise medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <b>travelling companion</b> , <b>your family member</b> , a <b>travelling companion's family member</b> , the sick or <b>injured</b> person or that person's <b>family member</b> .
<b>Epidemic</b>	A contagious disease recognised or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
<b>Family member</b>	<p><b>Your.</b></p> <ol style="list-style-type: none"> <li>1. Spouse (by marriage, domestic partnership or civil union);</li> <li>2. <b>Cohabitants</b>;</li> <li>3. Parents and stepparents;</li> <li>4. Children, stepchildren, foster children, adopted children or children currently in the adoption process;</li> <li>5. Siblings;</li> <li>6. Grandparents and grandchildren;</li> <li>7. The following in-laws: mother, father, son, daughter, brother, sister and grandparent;</li> <li>8. Aunts, uncles, nieces and nephews;</li> <li>9. Legal guardians and wards; and</li> <li>10. Paid, live-in caregivers.</li> </ol>
<b>First responder</b>	Emergency personnel (such as a police officer, paramedic or firefighter) who are among those responsible for going immediately to the scene of an <b>accident</b> or emergency to provide aid and relief.
<b>High-altitude activity</b>	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.
<b>High value items</b>	Collectibles, jewellery, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <b>sporting equipment</b> , mobile devices, smartphones, computers, radios, drones, robots and other electronics, including parts and accessories for the aforementioned items.
<b>Hospital</b>	<p>An acute care facility that has a primary function of diagnosing and treating sick and <b>injured</b> people under the supervision of <b>doctors</b>. It must:</p> <ol style="list-style-type: none"> <li>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;</li> <li>2. Have organised departments of medicine and major surgery; and</li> <li>3. Be licensed where required.</li> </ol>
<b>Illegal act</b>	An act that violates law where it is committed.
<b>Injury</b>	Physical bodily harm.
<b>Local public transportation</b>	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 <i>you</i> or a <b>travelling companion</b> less than 100 miles.
<b>Mechanical breakdown</b>	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tyre or running out of fluids (except fuel).

<b>Medical escort</b>	A professional person contracted by <b>our</b> medical team to accompany an ill or <b>injured</b> person while they are being transported. A <b>medical escort</b> is trained to provide medical care to the person being transported. This cannot be a friend, <b>travelling companion</b> or <b>family member</b> .
<b>Medically necessary</b>	Treatment that is required for <b>your</b> illness, <b>injury</b> or medical condition, consistent with <b>your</b> symptoms and can safely be provided to <b>you</b> . Such treatment must meet the standards of good medical practice and is not for <b>your</b> or the provider's convenience.
<b>Natural disaster</b>	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane or volcanic eruption.
<b>Pandemic</b>	An <b>epidemic</b> that is recognised or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
<b>Personal Money</b>	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, travel tickets, coupons, gift cards or vouchers which have a monetary value.
<b>Policy</b>	The travel insurance cover purchased, which includes this policy wording document and <b>your</b> certificate of insurance.
<b>Political risk</b>	Any kind of events, organised resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: <ul style="list-style-type: none"> <li>• Nationalisation;</li> <li>• Confiscation;</li> <li>• Expropriation (including Compulsory Purchase Orders, Selective Discrimination and Forced Abandonment);</li> <li>• Deprivation;</li> <li>• Requisition;</li> <li>• Revolution;</li> <li>• Rebellion;</li> <li>• Insurrection;</li> <li>• Civil commotion assuming to proportion of or amounting to an uprising;</li> <li>• Military and usurped power.</li> </ul>
<b>Primary residence</b>	<b>Your</b> permanent home address for legal and tax purposes.
<b>Pre-existing medical condition</b>	Any medical condition for which in the 12 months before purchasing this <b>policy</b> <b>you</b> have: <ol style="list-style-type: none"> <li>1. Had symptoms;</li> <li>2. Consulted a <b>doctor</b> or other professional medical practitioner; or</li> <li>3. Received treatment (including being prescribed regular medication);</li> </ol> Please refer to the 'Health Declaration and Health Exclusions' section for further details.

<b><i>Quarantine</i></b>	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 <b><i>you</i></b> are booked to travel during <b><i>your trip</i></b> , which is intended to stop the spread of a contagious disease to which <b><i>you</i></b> or a <b><i>travelling companion</i></b> have been exposed.
<b><i>Reasonable and customary costs</i></b>	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.
<b><i>Refund</i></b>	Cash, credit or a voucher for future travel that <b><i>you</i></b> are eligible to receive from a <b><i>travel supplier</i></b> , or any credit, recovery or reimbursement <b><i>you</i></b> are eligible to receive from <b><i>your</i></b> employer, another insurance company, a credit card issuer or any other entity.
<b><i>Return date</i></b>	The date on which <b><i>you</i></b> are originally scheduled to end <b><i>your</i></b> travel, as shown on <b><i>your</i></b> travel itinerary.
<b><i>Service animal</i></b>	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.
<b><i>Severe weather</i></b>	Hazardous weather conditions including, but not limited to: windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms or ice storms.
<b><i>Sporting equipment</i></b>	Equipment or goods used to participate in a sport.
<b><i>Terrorist event</i></b>	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), which constitutes terrorism as recognised by the government of the United Kingdom. The act is committed for political, religious, ethnic, ideological or similar purposes, including but not limited to the intention to influence any government and/or to put the public or any section of the public, in fear. It does not include general civil disorder or unrest, protest, rioting, <b><i>political risk</i></b> or <b><i>acts of war</i></b> .
<b><i>Traffic accident</i></b>	An unexpected and unintended traffic-related event, other than <b><i>mechanical breakdown</i></b> , that causes <b><i>injury</i></b> , property damage or both.
<b><i>Travel carrier</i></b>	A company licensed to commercially transport passengers between destinations for a fee by land, air or water. It does not include: <ol style="list-style-type: none"> <li>1. Rental vehicle companies;</li> <li>2. Private or non-commercial transportation carriers;</li> <li>3. Chartered transportation, except for group transportation chartered by <b><i>your</i></b> tour operator; or</li> <li>4. <b><i>Local public transportation</i></b>.</li> </ol>
<b><i>Travel supplier</i></b>	A travel agent, tour operator, airline, cruise line, hotel, railway company or other travel service provider.

<b>Travelling companion</b>	A person or <b>service animal</b> travelling with <b>you</b> or travelling to accompany <b>you</b> on <b>your trip</b> . A group or tour leader is not considered a <b>travelling companion</b> unless <b>you</b> are sharing the same room with the group or tour leader.
<b>Trip</b>	<p><b>Your</b> travel originally scheduled to begin on <b>your departure date</b> and end on <b>your return date</b> (for one-way trips at 23:59 on the day after <b>your departure date</b>) to, within and/or from a location:</p> <ul style="list-style-type: none"> <li>• at least 70 miles away from <b>your primary residence</b>; or</li> <li>• abroad; and</li> <li>• outside <b>your</b> city/town of residence, provided that <b>your</b> travel includes an overnight stay.</li> </ul> <p>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. Each <b>trip</b> cannot last longer than 90 days.</p>
<b>Uninhabitable</b>	A <b>natural disaster</b> , 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 home or destination inaccessible or unfit for use.
<b>Vandalism</b>	Any <b>illegal act</b> 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 <b>terrorist acts, war, acts of war, political risk</b> or <b>civil disorder</b> .
<b>War</b>	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.
<b>We, Us or Our</b>	Allianz Partners, acting on behalf of the insurer - AWP P&C S.A.
<b>Work strike</b>	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 <b>civil disorder</b> or <b>political risk</b> .
<b>You or Your</b>	All persons listed as being insured on the certificate of insurance.

## HEALTH DECLARATION AND HEALTH EXCLUSIONS

It is very important that **you** read the following.

If at the time of purchasing this insurance or booking **your trip** (whichever is later) **you** have any existing medical condition, **you** must discuss **your** travel plans with **your doctor**.

**You** will not be covered for any claims arising as a direct or indirect result of a **pre-existing medical condition**, unless **your doctor** can confirm in writing that at the time of purchasing the insurance or booking **your trip** (whichever is later) that:

1. **you** were fit to travel;
2. **your** condition(s) were stable and there was no sign they would get worse;
3. **you** were not waiting for treatment as a **hospital** in-patient or out-patient;
4. **you** were not having or waiting for tests, investigations or results to establish the underlying cause of any undiagnosed symptoms;
5. **you** did not know that **you** would need medical treatment or consultation at any medical facility during **your trip**;
6. **you** were not travelling specifically for the purpose of obtaining and/or receiving any elective surgery, procedure or **hospital** treatment;
7. **your** medical condition had not been diagnosed as being terminal; and
8. **you** were not travelling against the advice of a **doctor** or where **you** would have been advised not to travel if **you** had asked for their advice before beginning **your trip**.

This also means that any other person insured by **us** will not be covered for any directly or indirectly related claims arising from the **pre-existing medical condition** (or conditions). 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 accident or unexpected illness occurring abroad during **your trip**.

## WHEN YOUR COVER BEGINS AND ENDS

The *policy* is effective the day the insurance is purchased and the full premium is paid. 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.

The *departure date* and *return date* that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

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

1. At 23:59 on the day *you* cancel *your policy*;
2. At 23:59 on the day *you* cancel *your trip* or file a *trip* cancellation claim with *us* (whichever is earlier)
3. At 23:59 on the day *you* end *your trip*, even if *you* end *your trip* early;
4. At 23:59 on the day *you* arrive at a medical facility in *your country of residence* for further care if *you* end *your trip* due to a medical reason;
5. At 23:59 on the 90<sup>th</sup> day of the *trip*; or
6. For one-way trips, at 23:59 on the day after *your departure date*.

However, if *your* return travel is delayed due to a covered reason, *we* will extend *your* cover period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or *trip* interruption.

### Note:

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

## 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* certificate of insurance.

## 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**), up to the maximum benefit for 'Trip cancellation' shown in the 'Cover summary'.

**Note:**

This benefit only applies before **you** have left for **your trip**.

Also, if **you** prepaid 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** within that period, **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 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 on or after the date **your policy** was issued.

4. **You** or a **travelling companion** is **quarantined** before **your trip** due to having been exposed to:

- a. A contagious disease other than an **epidemic** or **pandemic**, or
- b. An **epidemic** or **pandemic** (such as COVID-19), but only when the following conditions are met:

- i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
- ii. The *quarantine* does not apply generally or broadly:
  - to some 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
  - based on to, from or through where the person is travelling.This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.

5. *You* or a *travelling companion* is in a *traffic accident* on the *departure date*.

**One of the following conditions must 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* 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* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. *Your 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*, or
- 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':

- i. The necessary cost of the alternative transportation, less available *refunds*; and
- ii. The cost of any lost prepaid *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.

**The following conditions apply:**

- a. The termination or layoff is not *your* or *your travelling companion's* fault.
- 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, that requires presence at work during the originally scheduled *trip* dates.
11. *You* or a *travelling companion's primary residence* is permanently relocated by at least 100 miles due to a transfer by *you* or a *travelling companion's* current employer. This cover 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 formal notice to attend an *adoption proceeding* during *your trip*.
14. *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.
15. *You* or a *travelling companion* is medically unable to receive an immunisation required for entry into a destination.
16. *You* 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.

## B. TRIP INTERRUPTION

If **you** have to interrupt **your trip** in one of the ways listed below, **we** will reimburse **you** up to the maximum benefit for the 'Trip interruption' section of cover listed in the Cover Summary (additional **accommodation** fees are subject to the maximum sublimit listed).

### 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, for the prorated 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.

#### Note:

**We** will not reimburse **you** for the unused non-refundable portion of **your** original return ticket under Trip Curtailment cover if **we** have paid or reimbursed **you** for a **travel carrier** ticket(s) for **your** return travel to **your primary residence** under Early/Delayed Return cover.

### 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, for a **travel carrier** ticket(s) for **your** return travel to **your primary residence** in the same class of service that **you** originally booked.

#### 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 **we** have reimbursed **you** for the unused non-refundable portion of **your** original return ticket under Trip Curtailment cover.

### TRIP CONTINUATION

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

- a. pay or reimburse **you**, less available refunds, for the necessary transportation expenses **you** incur to continue **your trip**; or
- b. reimburse **you** for additional **accommodation** fees **you** are required to pay, less available refunds, if **you** prepaid for shared **accommodation** and **your travelling companion** has to end their **trip**.

### 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, for additional **accommodation** and **local public transportation** expenses.

## COVERED REASONS:

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*.
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 *quarantined* during *your trip* due to having been exposed to:
    - a. A contagious disease other than an *epidemic* or *pandemic*, or
    - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
      - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*, and
      - ii. The *quarantine* does not apply generally or broadly:
        - to some 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
        - based on to, from or through where the person is travelling.

This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.
  5. *You* or a *travelling companion* is in a *traffic accident*.

### One of the following conditions must 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* 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* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).
7. *Your 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*, or

**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':

- i. The necessary cost of alternative transportation, less available **refunds**, and
- ii. The cost of any lost prepaid **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.

## C. TRAVEL DELAY

If *you* or a *travelling companion's trip* is delayed 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 prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication and transportation. The delay must be for at least the minimum delay period shown in the 'Cover summary'.
2. If the delay causes *you* to miss the departure of *your* cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.
3. If the delay causes *you* to miss the departure of *your* flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

### COVERED REASONS:

1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*).
2. A *work strike*, unless threatened or announced prior to date of booking *your trip*.
3. *Quarantine* during *your trip* due to having been exposed to:
  - a. A contagious disease other than an *epidemic* or *pandemic*; or
  - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
    - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
    - ii. The *quarantine* does not apply generally or broadly:
      - to some 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
      - based on to, from or through where the person is travelling.This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.
4. A *natural disaster*.
5. Lost or stolen travel documents.
6. Hijacking, except when it is a *terrorist event*.
7. *Civil disorder*, unless it rises to the level of *political risk*.
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* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

## D. BAGGAGE

If *your baggage* is lost, damaged or stolen while *you* are on *your trip*, *we* will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit for 'Baggage' as shown in the 'Cover summary' (*high value items* are subject to the overall maximum sublimit listed):

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:

- a. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it;
- b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel or tour operator within 24 hours of discovery of the loss;
- c. *You* must file and retain a copy of a police report in the case of theft of any items;
- d. *You* must report theft or loss of a mobile phone to *your* network provider and ask them to block the device; and
- e. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item.

#### Note:

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 items are not covered:

1. Animals, including remains of animals.
2. Cars, motorcycles, motors, aircraft, watercraft and other vehicles and related accessories and equipment.
3. Bicycles, skis and snowboards (except while they are checked with a *travel carrier*).
4. Hearing aids, prescription eyewear and contact lenses.
5. Artificial teeth, prosthetics and orthopaedic devices.
6. Wheelchairs and other mobility devices.
7. Consumables, 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. *High value 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.

## E. 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' (dental care is subject to the maximum sublimit 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.

### The following conditions and additional exclusions apply:

1. The care must be **medically necessary** to treat an emergency condition and such care must be provided by a **doctor**, dentist, **hospital** or other provider authorised to practice medicine or dentistry.
2. **We** will not pay for any care provided after **your trip** ends.
3. **We** will not pay for any care for any illness, **injury** or medical condition that did not originate during **your trip** abroad.
4. **We** will not pay for any non-emergency care or services in general and the following care and services in particular:
  - a. Elective cosmetic surgery or care;
  - b. Annual or routine examinations or consultations;
  - c. Long-term care;
  - d. Allergy treatments (unless the allergic reaction is life threatening);
  - e. Examinations, consultations or care related to or loss of/damage to hearing aids, dentures, eyeglasses and contact lenses;
  - f. Physiotherapy, rehabilitation or palliative care (except as necessary to stabilise **you**);
  - g. Experimental treatment; and
  - h. Any other non-emergency medical or dental care.

## F. EMERGENCY TRANSPORTATION

### Important:

- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- *We* are not and shall not be deemed to be a provider of medical or emergency services.
- *We* act in compliance with all national and international laws and regulations. *Our* services are subject to approval by appropriate local authorities as well as active travel and regulatory restrictions.

### EMERGENCY EVACUATION (Transporting *you* to the nearest appropriate medical facility)

If *you* become seriously ill or *injured* or develop a medical condition (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. If *we* determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *our* medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions regarding *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 to items 1 and 2 above:

- 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. *We* will not assume any responsibility for any transport arrangements that *we* did not authorise or arrange.
- b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice.
- c. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions and *we* reserve the right to not provide cover.
- d. 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* or develop a medical condition (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 service on a common carrier in the same class of service that *you* originally booked (unless 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. *We* will not assume any responsibility for any transport arrangements that *we* did not authorise or arrange.
- c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice.
- d. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions and *we* reserve the right to not provide cover.
- e. One or more emergency 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 family member 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 round-trip transport in economy class on a *travel carrier* and necessary accommodation for one friend or *family member* to stay with *you*.

**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 requiring *your* full-time supervision and care to one of the following:

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

*We* will arrange and pay for an adult *family member* to accompany *your travelling companions* who are under the age of 18 or are dependents requiring *your* full-time supervision and care, 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)

**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 conditions apply:

- 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; and
- b. The death must occur while on *your trip*.

If a *family member* decides to make funeral, burial or cremation arrangements for *you* at the location of *your* death, **we** will reimburse the necessary expenses up to the maximum benefit for 'Funeral expenses abroad' shown in the 'Cover summary'.

## 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.

## G. TRAVEL SERVICES DURING YOUR TRIP

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

## FINDING A 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.

## 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 they meet the conditions outlined under the 'Health declaration and health exclusions' section.
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 extreme, high-risk sports and activities in general and the following activities in particular:
  - a. Skydiving, BASE jumping, hang gliding, or parachuting;
  - b. Bungee jumping;
  - c. Caving, rappelling, or spelunking;
  - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
  - e. Climbing sports or free climbing;
  - f. Any ***high-altitude*** activity;
  - g. Personal combat or fighting sports;
  - h. Racing or practicing to race any motorised vehicle or watercraft;
  - i. Free diving; or
  - j. Scuba diving at a depth greater than 20 meters or without a dive master.

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

For extreme, high-risk sports and activities that are not expressly excluded to be covered, they must be:

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

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' or '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.
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:

- *Your travel carrier* ticket or booking confirmation does not show *your* travel date(s);
- 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
- *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, the Channel Islands or the Isle of Man;
  - b. have not spent more than 183 days abroad during the 12 months before this *policy* was issued or *your trip* was booked (whichever is later); and
  - c. have booked at least part of *your trip* with Eurostar™.
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 certificate of insurance.
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 80 on the date *your policy* starts or *your trip* was booked (whichever is later).

*We* have the right to do the following:

7. Cancel the *policy* if *you* tell *us* something that is not true and this influences *our* decision to provide cover.
8. 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.
9. Only cover *you* for the whole *trip* and not provide cover if *you* have started *your trip* before *your policy* was issued.
10. Only provide cover if *your trip* starts and ends in *your country of residence*. One-way *trips* must start in *your country of residence* and cover will end at 23:59 on the day after *your departure date*.
11. Take over and deal with, in *your* name, any claim *you* make under this *policy*.
12. 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*.
13. 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.
14. 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.
15. 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.

16. 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.
17. Ask *you* to pay *us* back any amounts that *we* have paid which are not covered under this *policy*.
18. 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 9644**
- Email: **medical@allianz-assistance.co.uk**

Please give *us your* age and *your* insurance confirmation number. Say that *you* are insured with Allianz Partners 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.

## CLAIMS INFORMATION

The quickest and easiest way to make a claim is to visit the website: [www.allianz-protection.com](http://www.allianz-protection.com)

This will lead *you* to *our* online claims notification service where *you* can fill in an online claim form.

*You* can also make a claim by:

- phoning: **+44 (0)20 8603 9643**; or
- writing to: Eurostar Travel Insurance Claims, Allianz Partners, PO Box 7807, Bilston, WV1 9QS.

*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

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

### Trip cancellation

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

### Trip interruption

- If *you* need to cut short *your trip*, please call **UK +44 (0)20 8603 9644** as soon as possible to get *our* prior agreement.
- *Your* original booking invoice(s) showing *your* revised time and *date of departure* and detailing whether any *refunds* can be provided.
- 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.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

### Travel delay

- 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.
- 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.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

### Baggage

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- 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.
- For 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 loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged *baggage*.
- Keep any damaged items as *we* may need to inspect them. If *we* make a payment or *we* replace an item, the item will then belong to *us*.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with *your* network provider and obtain written confirmation of this action from them.

### Emergency medical/dental benefits abroad and Emergency transportation

- Always contact *our* 24-hour emergency medical service when *you* are *hospitalised*, require repatriation or where medical fees are likely to exceed **£500**.
- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.



## 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

Write to: Customer Service, Allianz Partners, 102 George Street, Croydon, CR9 6HD

Phone: **020 8603 9853**

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

### Step 2

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

Visit: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR

Phone: **0800 023 4567** or **0300 123 9 123** or

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

## PRIVACY NOTICE

*We* care about *your* personal data.

This summary and *our* full privacy notice explain how Allianz Partners protects *your* privacy and uses *your* personal data. *Our* full privacy notice is available at [www.allianz-assistance.co.uk/privacy-notice/](http://www.allianz-assistance.co.uk/privacy-notice/). If a printed version is required, please write to Customer Service (Data Protection), Allianz Partners, 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:

- Data that *you* or other people named on the *policy* or *your* representative(s) provide to *us*;
- 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; and
- Data that may be provided about *you* from certain third parties, such as *your doctor* in the event of a claim.

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

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

- **Who will have access to *your* personal data?**

*We* may share *your* personal data:

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

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

- **How long do *we* keep *your* personal data?**

*We* will retain voice recordings for a maximum of two 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:

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

- **Automated decision making, including profiling**

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

- **How can *you* contact *us*?**

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

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

By email: [AzPUKDP@allianz.com](mailto:AzPUKDP@allianz.com)

## IMPORTANT CONTACT DETAILS

**Premium refund requests:**

(within 14 day cancellation period)

**03432 186 186**

(policies bought with a Eurostar™ ticket)

**0371 200 2457**

(policies bought separately)

**Customer services:**

(Monday to Friday – 9am to 5pm)

**0371 200 2457**

**24-hr Emergency medical assistance:**

(for medical emergency assistance or *trip* interruption requests)

**UK +44 (0)20 8603 9644**

**Claims:**

(submit online 24 hours a day)

(call Monday to Friday – 9am to 5pm)

[www.allianz-protection.com](http://www.allianz-protection.com)

**UK +44 (0)20 8603 9643**

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

Please contact: **0371 200 2457**

and *we* will be pleased to organise an  
alternative version for *you*.

Eurostar International Limited, Registered address Times House, Bravingtons Walk, London, N1 9AW, Registered No. 2462001 is an Appointed Representative of AWP Assistance UK Ltd under Financial Conduct Authority (FCA) register number 492543.

This insurance is underwritten by AWP P&C S.A., registered in France, acting through its UK Branch, AWP P&C (UK Branch), registered in the United Kingdom. Registered Branch No. BR015275. Registered Office: 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 (PRA). Subject to regulation by the Financial Conduct Authority (FCA) under registration no. 534384 and limited regulation by the PRA. Details about the extent of our regulation by the PRA are available from us on request.

This insurance is arranged and administered by AWP Assistance UK Ltd Registered in England, registration No. 1710361, registered office: 102 George Street, Croydon CR9 6HD. AWP Assistance UK Ltd is authorised and regulated by the FCA under registration no. 311909. AWP Assistance UK Ltd trades as Allianz Partners and acts as an agent for AWP P&C for the receipt of customer money, handling premium refunds and the handling of claims and complaints under this insurance.