

EUROSTAR STAFF ANNUAL TRAVEL INSURANCE POLICY

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**.

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DEMANDS AND NEEDS STATEMENT

Eurostar Staff Annual Travel Insurance is typically suitable for travel customers who wish to insure themselves for medical emergencies, delayed or missed departures, cancellation, interruptions, lost, stolen or delayed possessions, personal accident and personal liability.

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

Who we are

1. Whose products we offer

We offer products from a single insurance company, AWP P&C SA. This is a French company properly authorised in France. **We** act on their behalf.

2. The services we will provide you with

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

3. What you will pay us for this service?

You will only pay us the premium for **your policy**, and **you** will not pay **us** a fee for arranging the **policy** on **your** behalf. AWP P&C SA pay **us** for **our** services to **you**. The payment is a mixture of commission and other fees based on **our** costs for administering **your policy**.

4. Who regulates us?

Eurostar International Limited is an appointed representative of AWP Assistance UK Ltd (trading as Allianz Assistance) 102 George Street, Croydon CR9 6HD. **We** are authorised and regulated by the Financial Conduct Authority (FCA). The FCA is the independent watchdog that regulates financial services.

Our Financial Services Register number is 311909. **Our** regulated business includes arranging travel insurance. **You** can check this by visiting the FCA's website www.fca.org.uk/register or by contacting the FCA on **0800 111 6768**.

5. What to do if you have a complaint

If **you** want to make a complaint, please contact **us**:

- Write to: Customer Service, Allianz Assistance, 102 George Street, Croydon, CR9 6HD.
- Phone: **020 8603 9853**
- Email: customersupport@allianz-assistance.co.uk

If **we** cannot settle **your** complaint, **you** may be entitled to refer it to the Financial Ombudsman Service for independent arbitration. **You** can do this as follows:

- 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

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** advising on and arranging the **policy**, with no upper limit. **You** can get more information about the compensation scheme arrangement is available from the FSCS, by phoning **0800 678 1100** or **020 7741 4100**, or by visiting their website at 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 **policy** confirmation document or schedule, 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, English law 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 English courts 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 and return all **your** documents for a refund of **your** premium.

You should contact Allianz Assistance by email insurance@allianz-assistance.co.uk or call **0371 200 2457**.

If during this 14 day period **you** have travelled, made a claim or intend to make a claim then **we** can recover all costs that **you** have used for those services.

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 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	Excess
A - Trip cancellation	£2,500 / person MAXIMUM £7,500 FOR ALL PERSONS INSURED	£30
B - Trip interruption	£2,500 (But no more than £100 / person / night for extra accommodation expenses)	Nil
C - Travel delay (after a minimum delay of 3 complete hours)	£150	Nil
D - Baggage	£1,000 (But no more than £500 for High value items)	£30
E - Baggage delay (after a minimum delay of 12 complete hours)	£150	Nil
F - Emergency medical/dental cover abroad	£1 million (But no more than £200 in total for dental care)	Nil
G - Emergency transport	No limit (reasonable costs) (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.)	Nil
H - Travel services during your trip	Included	Nil

DEFINITIONS

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

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*.

Climbing sports

An activity using harnesses, ropes, belays, crampons or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.

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 computer, hardware, software, communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, micro controller or similar system, including any associated input, output, data storage device, networking equipment or backup facility.

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.

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;
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.

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.

High value items

Collectibles, jewellery, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, *sporting equipment*, mobile devices, smartphones, computers, radios, drones, robots and other electronics, including parts and accessories for the aforementioned items.

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 law where it is committed.

Injury

Physical bodily harm.

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 150 kilometres.

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

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.

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.

Policy

The travel insurance cover purchased.

Political risk

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:

- Nationalisation;
- Confiscation;
- Expropriation (including Compulsory Purchase Orders, Selective Discrimination and Forced Abandonment);
- Deprivation;
- Requisition;
- Revolution;
- Rebellion;
- Insurrection;
- Civil commotion assuming to proportion of or amounting to an uprising;
- 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 12 months before purchasing this **policy you** have:

1. Had symptoms;
2. Consulted a **doctor** or other professional medical practitioner; or
3. Received treatment (including being prescribed regular medication);

Please refer to the 'Health Declaration and Health Exclusions' section for further details.

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.

Return date

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

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.

Sporting equipment

Equipment or goods used to participate in a sport.

Terrorist event

An act carried out by an organised terrorist group, which has been recognised as terrorism by the government authority in **your country of residence**, that injures people or damages property to achieve a political, ethnic or religious result. It does not include general civil protest, unrest, rioting or acts of war.

Traffic accident

An unexpected and unintended traffic-related event, other than **mechanical breakdown**, that causes **injury**, property damage or both.

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 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 during the period of the **policy** originally scheduled to begin on **your departure date** and end on **your return date** to, within and/or from a location:

- at least 100 kilometres away from **your primary residence**; or
- abroad; and
- outside **your** city/town of residence, provided that **your** travel includes an overnight stay.

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 and no **trip** can last longer than 31 days.

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 home or destination inaccessible or unfit for use.

We, Us or Our

Allianz Assistance, acting on behalf of the insurer - AWP P&C SA.

You or Your

All persons listed as being insured on the **policy** confirmation document or schedule. At least one of the people listed must be employed by Eurostar™.

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:

- a. **you** were fit to travel;
- b. **your** condition(s) were stable and there was no sign they would get worse;
- c. **you** were not waiting for treatment as a **hospital** in-patient or out-patient;
- d. **you** were not having or waiting for tests, investigations or results to establish the underlying cause of any undiagnosed symptoms;
- e. **you** did not know that **you** would need medical treatment or consultation at any medical facility during **your trip**;
- f. **you** were not travelling specifically for the purpose of obtaining and/or receiving any elective surgery, procedure or **hospital** treatment;
- g. **your** medical condition had not been diagnosed as being terminal; and
- h. **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**.

Changes in health

If **your** health changes after taking out this **policy** and the change means that **your doctor** would no longer be able to confirm all the points above, **you** can:

- a. make a cancellation claim for any **trips** booked before the change in health, or
- b. still travel on any pre-booked **trips** or new **trip** bookings, but this **policy** would not cover **you** for any claims that are directly or indirectly related to any of **your pre-existing medical conditions**, or
- c. cancel the **policy** and receive a proportionate refund so long as **you** have not made a claim or intend to make one.

Policy renewals

At the expiry of **your policy** cover period, 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 **your policy** expires, **you** may find that the cover provided for that **trip** will change when the **policy** renews.

WHEN COVER BEGINS AND ENDS

Your policy will start and end according to the dates shown on the **policy** confirmation document or schedule.

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** confirmation document or schedule or the date **you** booked **your trip** (whichever is later) and ends when **you** start **your trip**;

The cover on all other sections begins when **you** start that **trip** and ends on the earliest of the below events:

1. At 23:59 on the day **you** cancel **your policy**;
2. At 23:59 on the day **you** cancel that **trip** or file a trip cancellation claim with **us** (whichever is earlier);
3. At 23:59 on the day **you** end that **trip**, even if **you** end that **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 that **trip** due to a medical reason; or
5. At 23:59 on the 31st day of the **trip**.

NOTE:

There is no cover for persons aged 65 or over.

The cover for all sections ends on the cover end date listed in **your policy** confirmation or schedule.

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.

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** confirmation or schedule.

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 excesses), 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 practicable once **you** know that **you** will need to cancel **your trip** (this includes being advised to cancel **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** 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).

A. TRIP CANCELLATION (CONTINUED)

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** is terminated or laid off by a current employer after **your trip** booking date.

The following condition applies:

- a. The termination or layoff is not **your** or **your travelling companion's** fault.
- b. The employment must have been permanent (not temporary or contract).
- c. The employment must have been 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 150 kilometres due to a transfer by **your** 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. **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.

B. TRIP INTERRUPTION

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, up to the maximum benefit for 'Trip interruption' shown in the 'Cover summary', (additional **accommodation** fees are subject to the maximum sublimit listed) for:

1. The pro-rata portion of **your** unused non-refundable **trip** payments and deposits.
2. Additional **accommodation** fees **you** are required to pay, if **you** prepaid for shared **accommodation** and **your travelling companion** has to interrupt their **trip**.
3. Necessary transportation expenses **you** incur to continue **your trip** or return to **your primary residence**.
 - **We** will reimburse **you** either for the return **travel carrier** ticket to **your country of residence** or for the non-refundable portion of **your** original return ticket, but not both.
4. Additional **accommodation** and transportation expenses if the interruption causes **you** to stay at **your** destination (or the location of the interruption) longer than originally planned. There is a maximum cover of **£100** in total for all persons insured under this **policy** per day for 5 days.

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.

Covered reasons:

1. **You** or a **travelling companion** becomes ill or **injured**, or develops a medical condition 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** advises **you** or a **travelling companion** to cancel **your trip** before **you** make a decision to interrupt the **trip**.
- b. **You** must not have travelled against the advice of the government in **your country of residence** or against local authority advice at **your trip** destination.

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 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** need 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**.

B. TRIP INTERRUPTION (CONTINUED)

8. **You** *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 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** 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**, miss at least 50% of the length 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.
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.

The delay must be for at least the 'Minimum required delay' shown in the 'Cover summary' and due to one of the following **covered reasons**.

Covered reasons:

1. A **travel carrier** delay (this does not include a **travel carrier's** cancellation prior to **your departure date**).
 2. A 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.
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** and the excess, 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 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.
- e. **You** must report theft or loss of a mobile phone to **your** network provider and ask them to block the device.

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. BAGGAGE DELAY

If **your baggage** is delayed by a **travel supplier** during **your trip**, **we** will reimburse **you** for expenses **you** incur for 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' (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 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 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.
5. **You** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which **you** are travelling on **your trip**.

G. EMERGENCY TRANSPORTATION

IMPORTANT:

- If **you** 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:

- 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.
- e. **You** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which **you** are travelling on **your trip**.

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 arrange and pay up to the maximum benefit for 'Medical repatriation' shown in the 'Cover summary' for:

1. **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. 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.
- f. **You** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which **you** are travelling on **your trip**.

G. EMERGENCY TRANSPORTATION (CONTINUED)

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 7 days 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** for one friend or **family member** to stay with **you**.

The following conditions apply:

- 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.
- b. **You** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which **you** are travelling on **your trip**.

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.
- c. **You** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which **you** are travelling on **your trip**.

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' 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.

H. 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 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.
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, except when normal, complication-free pregnancy or childbirth is expressly referenced in and covered under the 'Trip cancellation' or 'Trip interruption' sections.
5. Fertility treatments.
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a **doctor** and 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. BASE jumping, hang gliding or parachuting;
 - b. Caving, rappelling or spelunking;
 - c. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
 - d. **Climbing sports** or free climbing;
 - e. Any **high-altitude activity**;
 - f. Personal combat or fighting sports;
 - g. Racing or practising to race any motorised vehicle or watercraft;
 - h. Free diving; or
 - i. Scuba diving at a depth greater than 30 metres or without a dive instructor.
12. An **illegal act**, except when **you**, a **travelling companion**, a **family member** or **your service animal** is the victim of such an act.

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

- Arranged as part of **your trip**;
- Provided by a company that is regulated or licensed where required; and
- 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.

GENERAL EXCLUSIONS (CONTINUED)

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' sections.
 14. **Natural disaster**, except when and to the extent that a **natural disaster** is expressly referenced in and covered under the 'Trip cancellation' or '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 (declared or undeclared) 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 or unrest, except when expressly referenced in and covered under the 'Trip interruption' or 'Travel delay' sections.
 22. **Terrorist events**, except when expressly referenced in and covered under the 'Trip cancellation' or 'Trip interruption' or 'Travel delay' 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.
- 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.
- IMPORTANT: You** are not eligible for reimbursement under this **policy** if:
1. **Your travel carrier** tickets do not show travel date(s);
 2. **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 three months abroad during the 12 months before this **policy** was issued or **your trip** was booked (whichever is later); and
 - c. have at least one current Eurostar™ employee named on the **policy** confirmation document or schedule.
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** confirmation document or 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 65 on the date **your policy** was issued.

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.

9. 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**.
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 and 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**
- Fax: **UK +44 (0)20 8603 0204**
- Email: **medical@allianz-assistance.co.uk**

Please give **us your** age and **your** insurance confirmation number. Say that **you** are insured with Eurostar Staff Annual 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

To make a claim, please visit the website at **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 get a claim form by:

- phoning: **UK +44 (0)20 8603 9643**
- sending an email to: **travel.claims@allianz-assistance.co.uk**; or
- writing to: Eurostar Staff Annual Travel Insurance Claims, Allianz Assistance, PO Box 451, Feltham, TW13 9EE.

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

You will need to obtain some information to support **your** claim. 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.

CLAIMS INFORMATION (CONTINUED)

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 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.
- 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.

Baggage delay

- 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.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

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 Assistance, 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**
- 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 Assistance protects **your** privacy and uses **your** personal data. **Our** full privacy notice is here:

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:

- Data that **you** provide to **us**; 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 in order 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 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 **your** personal data for a maximum of seven years from the date the insurance relationship between **us** ends. If **we** are able to 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 Assistance, 102 George Street, Croydon, CR9 6HD

By telephone: **020 8603 9853**

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

IMPORTANT CONTACT DETAILS

Premium refund requests: (within 14 day cancellation period)	0371 200 2457
Customer services: (Monday to Friday – 9am to 5pm)	0371 200 2457
24-hr Emergency medical assistance: (for medical emergency or trip interruption requests)	UK +44 (0)20 8603 9644
Claims: (Monday to Friday – 8am to 6pm)	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.

This insurance is underwritten by AWP P&C SA and is administered in the UK by Allianz Assistance,
a trading name of AWP Assistance UK Ltd Registered in England. Registration No. 1710361.
AWP Assistance UK Ltd, PO Box 74005, 60 Gracechurch Street. London, EC3P 3DS.

AWP Assistance UK Ltd is authorised and regulated by the Financial Conduct Authority.

AWP P&C SA is authorised and regulated by L'Autorité de Contrôle Prudentiel et de Résolution in France.
Deemed authorised by the Prudential Regulation Authority (PRA). Subject to regulation by
the Financial Conduct Authority (FCA) and limited regulation by the PRA. Details of
the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for
a limited period while seeking full authorisation, are available on the FCA's website.

Allianz Assistance as an agent for AWP P&C SA for the receipt of customer money, settling claims
and handling premium refunds.