southdowns

Your Southdowns
SILVER SELECT GADGET PLUS
Travel Insurance Policy

Cover is for residents of the ***UK*** (England, Scotland, Wales and Northern Ireland).

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

Allianz

Important contact details

24-hour emergency medical assistance

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 8666 9210**
- Email: medical@allianz-assistance.co.uk

Please give ***us your*** age and ***your*** insurance ***policy*** number. Say that ***you*** are insured with Southdowns.

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.

To make a claim

You can submit a claim for all covered events, except under 'Gadget Cover', by calling ***our*** Travel Claims team on UK **+44 (0)20 8666 9214** during the normal office opening hours of 9am to 5pm on Monday to Friday.

To make a claim under 'Gadget Cover', please visit the dedicated online portal at: www.southdowns.bolttech.uk

For further guidance on how to submit a claim, please refer to the 'Claims Information' section of this ***policy***.

Sales and service

To speak to an agent about any of the following, ***you*** can call the Southdowns Sales and Service team on **01903 255 659** during the normal office opening hours of 9am to 6pm on Monday to Friday and 9am to 2pm on Saturday.

Changes to health

If someone named on ***your policy*** has experienced a change in health since the purchase of this insurance, please call the Southdowns Sales and Service team as soon as possible to discuss how this may affect ***your*** cover.

Policy administration

If ***your*** circumstances have changed, ***you*** can also visit contact-us.southdownsinsurance.co.uk to request amendments to ***your*** cover. Please note that ***you*** may be asked to call Southdowns to make certain changes.

General support

If ***you*** have a query about ***your*** cover, please visit the list of FAQs at www.southdownsinsurance.co.uk/travel-insurance/FAQS/FrequentlyAskedQuestions.aspx

You can also call Southdowns or use the online contact form at contact-us.southdownsinsurance.co.uk

If you require additional support in accessing or understanding your policy documents, please contact us and we will be happy to assist.

CONTENTS

2 Important contact details
4 Demands and needs
5 About us and our insurance services
8 Reciprocal health arrangements
9 Cover summary
10 Definitions
16 Health declaration and health exclusions
18 When your cover begins and ends
20 Area of validity
21 Sports and leisure activities
24 Description of cover
25 A. Trip Cancellation
27 B. Trip Interruption
30 C. Travel Delay
32 D. Baggage
34 E. Baggage Delay
35 F. Emergency Medical/Dental Cover Abroad
36 G. Emergency Transportation
39 H. Personal Liability
40 I. Travel Accident
41 J. Travel Services During Your Trip
42 K. Loss of Travel Documents
43 L. Personal Money
44 M. Legal Expenses
45 N. Gadget Cover
49 General exclusions
51 General conditions
53 24-hour emergency medical assistance information
54 Claims information
57 Complaints information
58 Privacy notice

Demands and needs

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

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

There are exclusions for ***pre-existing medical conditions***, unless ***we*** have either confirmed cover in writing or ***we*** have confirmed that screening is not required for the specified ***pre-existing medical condition***.

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

This insurance is arranged by Southdowns.

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 and a member of the Allianz Group.

2 The service provided

You will not receive any personal advice or a recommendation from ***us*** for travel insurance. ***You*** may be asked some questions to narrow down the products that ***you*** will be given details of. ***You*** will then need to make ***your*** own choice about how to go ahead.

3 What you will pay us for this service

You will only pay Southdowns the premium for ***your policy***. Please refer to Southdowns's terms, for details of any fee applicable for arranging the ***policy*** on ***your*** behalf. AWP P&C S.A. pays Southdowns 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

This insurance is distributed by Southdowns Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority. FCA Registration Number: 526980. Our company registration number is 07285096 our full postal address is Southdowns Insurance Services Limited 4th Floor, Southfield House, 11 Liverpool Gardens, Worthing, West Sussex, BN11 1RY.

This insurance is administered in the UK by Allianz, a trading name of AWP Assistance UK Ltd, authorised and regulated by the Financial Conduct Authority (FRN 311909). AWP Assistance UK Ltd is registered in England No. 1710361. Registered Office: 102 George Street, Croydon CR9 6HD.

This insurance is underwritten by AWP P&C S.A. a company registered in France with ID No 519490080 RCS Bobigny. Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch, AWP P&C S.A., registered in England with company no. FC 030280 whose registered office is 102 George Street, Croydon CR9 6HD. AWP P&C S.A. is authorised and regulated by L'Autorité de Contrôle Prudentiel et de Résolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority under FRN 534384 and limited regulation by the Prudential Regulation Authority. Details about the extent of regulation by the Prudential Regulation Authority are available from us on request.

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

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, AWP P&C S.A. is covered by the FSCS. ***You*** may be entitled to compensation from the scheme if they cannot meet their obligations to ***you***, such as not being able to pay a claim.

The scheme covers 90% of any claim to do with the advising on and arranging of 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.

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 start of this ***policy***. If ***your*** travel arrangements change, please be sure to let ***us*** know so ***we*** can discuss any necessary

updates to ***your*** insurance cover with ***you***.

This ***policy*** has been issued based on the information ***you*** provided at the time of purchase. ***You*** are obliged to answer the questions presented throughout the booking process honestly, accurately and completely to ensure that ***you*** are directed to a ***policy*** that ***you*** are entitled to purchase and that will meet ***your*** needs. If ***you*** have not fulfilled this obligation, ***your policy*** cover may not be valid, or the amount paid towards a health-related claim may be reduced. ***We*** will provide the insurance described in this ***policy*** in return for payment of the premium and ***your*** compliance with all provisions of this ***policy***.

You will also notice that some words are in bold italics. These words are defined in the 'Definitions' section. Words that are capitalised refer to the document and cover names found in this ***policy***. Headings are provided for convenience only and do not affect ***your*** cover in any way.

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

What this policy includes and whom it covers

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

Your policy consists of two parts:

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

Important 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 Southdowns within 14 days of receiving ***your*** insurance schedule for a ***refund*** of ***your*** premium.

You can contact Southdowns by calling **01903 255 659** or using the online contact form at: contact-us.southdownsinsurance.co.uk.

If during this 14 day period ***you*** have travelled, made a claim or intend to make a claim then ***we*** will deduct the value of the services used from ***your*** refund if ***you*** wish to cancel ***your policy***. This may mean that no refund can be provided.

Important note

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

Automatic renewals on annual multi trip policies

By purchasing this ***policy***, ***you*** have provided Southdowns with the consent to set up a continuous payment authority. This means they are authorised to automatically renew ***your policy*** and apply for renewal payments from ***your*** account every year, even if ***your*** card has expired, until ***you*** instruct them to stop.

Southdowns will contact ***you*** by email at least 21 days before the end of your period of insurance. If ***you*** still meet ***our*** eligibility criteria, Southdowns will seek to automatically renew ***your policy*** by using the latest details

you provided to them. ***You*** will also be provided with a renewal invitation which ***you*** should check to ensure all ***your*** details are still correct and relevant. ***Your*** renewal invitation will have information on how ***you*** can make changes to ***your*** details or tell Southdowns if ***you*** do not wish to renew your insurance before ***your*** renewal date.

In some circumstances, Southdowns may not be able to automatically renew ***your policy***, they will let ***you*** know at the time if this is the case.

Please also note that ***your*** renewed ***policy*** will only be valid when ***you*** have told Southdowns about any changes to ***your policy*** details including any changes in health conditions, if there are no changes to ***your*** circumstances, ***you*** do not need to contact them.

If Southdowns are unable to renew ***your policy*** by using the latest details provided to them, they will email ***you*** to confirm that ***your policy*** has not been renewed and no further cover will be provided after the expiry of ***your policy***.

How to opt-out

Email Southdowns after ***you*** have purchased the ***policy*** at info@southdownsinsurance.co.uk or call on **01903 255 659**.

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 a GHIC online at www.ghic.org.uk or by calling **0300 330 1350**.

Important 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.*

Australia

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

Cover summary

Section	Title	Limit	Excess
A	**Trip Cancellation**	**£2,000**	**£50**
B	**Trip Interruption**	**£2,000**	**£50**
	Includes:		
	Trip curtailment		
	Abandonment of ***trip*** (after a minimum delay of 24 consecutive hours)		
C	**Travel Delay**	**£1,500**	**None**
	Includes:		
	Delays (after a minimum delay of 6 complete hours)		
	Delays with receipts	£50 per day	
	Delays without receipts	£25 per day	
	Missed departures and missed connections		
D	**Baggage**	**£1,750**	**£50**
	Includes:		
	High value items sub-limit	£250 in total	
	Single item, pair or set sub-limit	£200	
E	**Baggage Delay** (after a minimum delay of 12 complete hours)	**£400**	**None**
F	**Emergency Medical/Dental Cover Abroad**	**£20,000,000**	**£50**
	Includes:		
	Dental Cover Abroad	£1,000 in total	
	Hospital inpatient benefit	£2,000 (£50 per day)	None
G	**Emergency transport**	**No limit (reasonable costs)**	**£50**
	Includes:		
	Funeral Expenses Abroad sub-limit	£5,000	
	Search and Rescue sub-limit	£2,000	
H	**Personal Liability**	**£2,000,000**	**£50**
I	**Travel Accident** (in the event of permanent disability or death)	**£30,000**	**None**
J	**Travel Services During Your Trip**	**Included**	**None**
K	**Loss of Travel Documents**	**£500**	**None**
L	**Personal Money**	**£350**	**£50**
M	**Legal Expenses**	**£50,000**	**£50**
N	**Gadget Cover**	**£1,000**	**£50**
	Includes:		
	Unauthorised call/data use	£10,000	
	Accessories	£150	

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.

Accident

An unexpected and unintended event that causes ***injury***, property damage or both.

Accommodation

A hotel or any other kind of lodging for which ***you*** make a reservation or where ***you*** stay and incur an expense.

Act of war

Any act which is associated with and occurring in the course of ***war*** or directly triggering it.

Adoption proceeding

A mandatory formal proceeding or other meeting required by law to be attended by ***you*** as a prospective adoptive parent(s) in order to legally adopt a minor child.

Baggage

Personal property ***you*** take with ***you*** or buy on ***your trip***.

Civil disorder

Any public protest, strike, riot, demonstration, unlawful assembly or disturbance within a community, region, state or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by a gathering of people. It does not include any such occurrence that rises to the level of or is connected with any ***political risk***, ***terrorist event***, ***war***, or ***act of war***.

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, microcontroller 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:

- 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***

- any error or omission involving access to or the processing, use or operation of any ***computer system***
- any partial or total unavailability or failure to access, process, use or operate any ***computer system***
- 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 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:

- Spouse (by marriage, domestic partnership or civil union)
- ***Cohabitants***
- Parents and stepparents
- Children, stepchildren, foster children, adopted children or children currently in the adoption process
- Siblings
- Grandparents and grandchildren
- The following in-laws: mother, father, son, daughter, brother, sister and grandparent
- Aunts, uncles, nieces and nephews
- Legal guardians and wards
- Paid, live-in caregivers

First responder

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

Gadget

The portable electronic devices that meet the criteria shown within section 'Gadget Cover'. This includes the requirement for gadgets to be 4 years old or less when the policy is purchased.

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***, 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.
3. Be licensed where required.

Illegal act

An act that violates law where it is committed.

Injury/Injured

Physical bodily harm / having suffered 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 100 miles.

Mechanical breakdown

A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tyre or running out of fluids (except fuel).

Medical escort

A professional person contracted by ***our*** medical team to accompany an ill or ***injured*** person while they are being transported. A ***medical escort*** is trained to provide medical care to the person being transported. This cannot be a friend, ***travelling companion*** or ***family member***.

Medically necessary

Treatment that is required for ***your*** illness, ***injury*** or medical condition, consistent with ***your*** symptoms and can safely be provided to ***you***. Such treatment must meet the standards of good medical practice and is not for ***your*** or the provider's convenience.

Natural disaster

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.

Personal Money

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

Policy

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

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

Pre-existing medical condition

A pre-existing medical condition is any medical condition that applies to ***you*** or anyone insured under this ***policy***, based on following criteria:

1. Any type of the medical conditions listed below, that in the last 5 years ***you*** or anyone insured under this ***policy*** have:
    - suffered from; or
    - received medical advice or treatment for (this includes surgery, tests, investigations by ***your doctor*** / consultant / specialist); or
    - been prescribed drugs or medication (including repeat prescriptions) for.
        a) Cancerous conditions,
        b) Liver conditions,
        c) Respiratory conditions,
        d) Heart or circulatory conditions (problems with blood flow, including strokes, high blood pressure, and cholesterol)
        e) Any psychological conditions such as stress, anxiety, depression, or psychiatric conditions such as eating disorders or mental instability.
2. Any other medical condition which in the last 2 years ***you*** or anyone insured under this ***policy*** have:
    - been prescribed medication (including repeat prescriptions); or
    - received treatment, or
    - consulted a ***doctor*** or other medical practitioner; or
    - attended a ***hospital*** or clinic as an out-patient or in-patient.

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

Primary residence

Your permanent home address for legal and tax purposes.

Quarantine/Quarantined

To place or be placed under 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.

Rental car

An automobile or other vehicle designed for use on public roads that ***you*** have rented for the period of time shown in a ***rental car agreement*** for use on ***your trip***.

Rental car agreement

The contract issued to ***you*** by the ***rental car*** company that describes all of the terms and conditions of renting a ***rental car***, including ***your*** responsibilities and the responsibilities of the ***rental car*** company.

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, 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, ***political risk*** 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:

- rental vehicle companies
- private or non-commercial transportation carriers
- chartered transportation, except for group transportation chartered by ***your*** tour operator
- ***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 originally scheduled to begin on ***your departure date*** and end on ***your return date*** to, within and/or from a location:

- at least 70 miles 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. Each ***trip*** cannot last longer than 90 days under a single ***trip policy*** or 31 days under an annual multi-***trip policy***. Cover for any one-way journey will end 24-hours after ***your*** arrival at ***your*** final destination abroad. The final destination will be the part of the journey with the latest date booked before ***you*** started ***your trip***.

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.

United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

Vandalism

Any ***illegal act*** that intentionally causes damage to or destruction of public or private tangible property. This does not include damage or destruction of public or private tangible property by ***terrorist events***, ***war***, ***acts of war***, ***political risk*** or ***civil disorder***.

War

A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organised political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether ***war*** has been officially or formally declared.

We, Us or Our

The insurer, AWP P&C S.A., and Allianz, a trading name of AWP Assistance Ltd, who act on their behalf for the purpose of handling claims and complaints under this insurance.

Winter sports equipment

Skis (including bindings), ski boots, ski poles, snowboards (including bindings) and ice skates.

Work strike

An organised and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region or nation. This also does not include any strike that rises to the level of or is connected with any ***civil disorder*** or ***political risk***.

You or Your

All persons listed as being insured on the ***policy*** schedule.

Health declaration and health exclusions

You must comply with the following conditions to have the full protection of ***your policy***.

You must tell ***us*** about all ***your pre-existing medical conditions***. ***Your*** documents must be checked thoroughly to ensure that ***you*** have declared ***your pre-existing medical conditions*** to ***us*** completely and accurately. If ***you*** feel that an error has been made, please contact the Southdowns Sales and Service team on **01903 255 659** to discuss the options that may be available to ***you***.

Failure to tell ***us*** about all of ***your pre-existing medical conditions*** will be treated as a deliberate or reckless misrepresentation by ***you***, even if a claim is not related to an undisclosed ***pre-existing medical condition***. If ***you*** do not comply with these conditions ***we*** may cancel the ***policy*** with no ***refund*** of premium or refuse to deal with ***your*** claim or reduce the amount of any claim payment.

You will not be covered for any claims arising directly or indirectly from any of the following if they apply at the time of taking out this insurance ***policy*** or booking a ***trip***, whichever is later:

1. Any ***pre-existing medical conditions you*** have unless ***you*** have:
    - declared all relevant medical conditions as part of the ***policy*** purchase process by answering the questions presented accurately, honestly and completely and have received ***your*** medical letter by e-mail confirming that ***your pre-existing medical conditions*** are covered; or
    - contacted Southdowns on **01903 255 659**, or written to them at info@southdownsinsurance.co.uk and ***we*** have agreed in writing to cover ***you***, or confirmed that screening is not required for ***your*** specific medical condition
2. Any medical condition:
    - For which ***you*** have received a terminal prognosis.
    - ***You*** are aware of but for which ***you*** have not had a diagnosis.
    - For which ***you*** are on a waiting list.
    - For which ***you*** know ***you*** need treatment for, including surgery.
    - For which ***you*** are awaiting the results from any tests or investigations.
    - Affecting ***you***, that ***you*** are aware of, that could reasonably be expected to result in a claim on this ***policy***.

Changes in your health

You must call the Southdowns Sales and Service team on **01903 255 659** if, after buying ***your policy***, before booking a ***trip*** or starting a ***trip***:

- ***you*** are diagnosed with a new medical condition
- ***you*** experience new or recurring symptoms or have an undiagnosed condition
- ***your doctor*** or other medical professional make any changes to ***your*** prescribed medication including the dosage
- ***you*** receive in-patient medical treatment
- ***you*** are placed on a waiting list for investigation or medical treatment

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

- ***your*** change in health being accepted for cover at no extra charge for ***your*** pre-booked ***trip(s)***
- ***you*** needing to pay an additional premium to allow cover to be provided for all ***your*** medical conditions and associated conditions under an upgraded ***policy***

- ***us*** asking ***you*** to cancel ***your trip(s)*** booked before ***your*** change in health happened and make a claim under section 'Trip Cancellation', for ***your*** costs which cannot be recovered elsewhere

Alternatively, ***you*** will be entitled to cancel ***your policy***, in which case ***we*** will refund a proportion of ***your*** premium, providing ***you*** have not made a claim or intend to make a claim

Health exclusions

No cover is provided if, at any time:

- ***you*** travel against the advice of a ***doctor***, or would have been travelling against the advice of a ***doctor*** if ***you*** had sought such advice
- ***you*** are travelling in order to receive medical advice or treatment
- ***you*** have failed to take necessary medication, such as inoculations or medication that a ***doctor*** has prescribed to ***you***

Exclusions relating to the health of someone not covered by this ***policy***, but whose health may affect ***your*** decision whether to take or continue with ***your trip***

You will not be covered for any related claims arising from the health of a ***travelling companion***, someone ***you*** were going to stay with or a ***family member*** if at the time ***your policy*** was issued or the date when ***your trip*** was booked (whichever is later) ***you*** were aware of any medical condition that could reasonably be expected to result in a claim on this ***policy***.

For ***your*** information, examples include, but are not limited to, someone who:

- has received a terminal prognosis
- is receiving or waiting for ***hospital*** investigation or treatment for an undiagnosed condition or a set of symptoms
- is receiving inpatient treatment
- has an existing medical condition or illness, that has presented new or a change to symptoms

Important note

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

When your cover begins and ends

For single-trip policies

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

- when ***you*** cancel ***your policy***
- when ***you*** cancel ***your trip*** or make a trip cancellation claim with ***us*** (whichever is earlier)
- when ***you*** end ***your trip***, even if ***you*** end ***your trip*** early
- when ***you*** arrive at a medical facility in ***your country of residence*** for further care if ***you*** end ***your trip*** due to a medical reason
- 24-hours after ***your*** arrival at ***your*** final destination abroad (booked before ***you*** started ***your trip***) for one-way journeys
- at the end of the 90th day of the ***trip***

However, if ***your*** return travel is delayed during ***your trip*** 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.

Important notes

1. *This **policy** applies for a specific **trip** and cannot be renewed.*
2. *There is no cover under the single trip insurance for persons aged 76 or over on the **policy** start date.*

For annual multi-trip policies

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

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

Cover under section 'Trip Cancellation' begins from the start date shown on the ***policy*** schedule or the date ***you*** booked ***your trip*** (whichever is later) and ends when ***you*** start ***your trip***.

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

- when ***you*** cancel ***your policy***
- when ***you*** cancel ***your trip*** or make a trip cancellation claim with ***us*** (whichever is earlier)
- when ***you*** end ***your trip***, even if ***you*** end ***your trip*** early
- when ***you*** arrive at a medical facility in ***your country of residence*** for further care if ***you*** end ***your trip*** due to a medical reason
- 24-hours after ***your*** arrival at ***your*** final destination abroad (booked before ***you*** started ***your trip***) for one-way journeys
- at the end of the 31st day of the ***trip***

The cover for all sections ends on the cover end date listed in ***your policy*** 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 in ***your country of residence*** for further care following a medical repatriation or trip interruption.

Important note

*There is no cover under the annual multi-trip insurance for persons aged 66 or over on the **policy** start date.*

Area of validity

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

Sports and leisure activities

You are covered to take part in the sports and leisure activities listed below, as long as ***you***:

1. Are not taking part in a professional or semi-professional capacity.
2. Are not racing.
3. Are not taking part in a competition.

You must use all recommended safety equipment and keep to all local laws and regulations.

Where some restrictions on cover will always apply, ***you*** will see an asterisk (*) shown after the activity name. This means there is no cover under section 'Personal Liability' or section 'Travel Accident'.

Activities covered as standard

- Abseiling (when adequately supervised)*
- Archery*
- Badminton
- Bamboo Rafting (up to grade 2 rivers only with adequate safety equipment provided)
- Banana Boating
- Baseball
- Basketball
- Beach Games
- Blowcarting*
- Bouldering (using crash pads where appropriate)
- Bowls
- Bridge Climb/Walking (professionally organised and clipped onto a safety line at all times)*
- Bungee Jumping (when adequately supervised)
- Camel Riding*
- Canoeing (up to grade 2 rivers only)
- Catamaran Sailing (within inland or territorial waters)*
- Clay Pigeon Shoot*
- Climbing (on a climbing wall only)
- Cricket
- Cycling*
- Deep Sea Fishing
- Dinghy Sailing (within inland or territorial waters)*
- Dragon Boat racing (non-professional)*
- Drone flying (recreational grade / complying with local laws)*
- Electric scooter/bike riding (complying with local laws / safety equipment used or worn)*
- Electric trike riding (complying with local laws / safety equipment used or worn)*
- Elephant riding/trekking (on a professionally organised trek with experienced handlers)
- Fell Running (up to 3,000 metres above sea level)
- Fell Walking (up to 3,000 metres above sea level)
- Fishing
- Football/Soccer
- Flying in an aircraft (as a fare paying passenger)
- Glass Bottom Boats/Bubbles
- Gliding (as a passenger only)
- Go Karting (when adequately supervised)*
- Golf
- Gorilla Trekking (organised)
- Gymnastics
- Heptathlon
- Hiking / High level walking / Trekking / Walking up to 3,000 metres above sea level
- Horse Riding/Trekking/Hacking (non-competitive)
- Hot Air Ballooning (organised pleasure rides)
- Hydrospeeding (taking appropriate safety measures)
- Hydro Zorbing
- Ice Skating
- Indoor Climbing (on climbing wall)
- Indoor Skating (pads and helmets must be worn)
- Javelin Throwing

- Jet Boating (within inland or territorial waters / no cover for racing)*
- Jet Skiing (within inland or territorial waters / no cover for racing)*
- Jogging
- Kayaking (up to grade 2 rivers)
- Kite Buggying*
- Kite Surfing (over land)*
- Kite Surfing (over water)*
- Marathon Running
- Moped and Scooter Riding (only as a mode of transport / rider must have a valid UK motorcycle licence for the appropriate engine size / must be wearing crash helmets)*
- Motorcycling (only as a mode of transport / rider must have a valid UK motorcycle licence for the appropriate engine size/ must be wearing crash helmets)*
- Mountain Biking (except downhill and extreme terrain)*
- Mountain Boarding (protective clothing to be worn)
- Netball
- Orienteering
- Paddleboarding (within inland or territorial waters)
- Paddle tennis
- Paint Balling/War Games (eye protection must be worn)*
- Parasailing/Parascending (over water)
- Passenger Sledge
- Pickleball
- Pony Trekking
- Power Boating (non-competitive and no cover for damage to vessel) *
- Racing on foot
- Racquetball
- Rambling
- Rap Running/Jumping (within organisations guidelines)*
- Rifle Range*
- Ringos
- River Tubing
- Roller Skating/Blading (pads and helmets must be worn)*
- Rounders
- Rowing (except racing)
- Running
- Safari In Vehicle (must be with a guide)
- Safari On Foot (must be with a guide)
- Safari On Horseback (must be with a guide)
- Sail Boarding/Windsurfing*
- Sailing (within inland or territorial waters)*
- Sand Yachting*
- Scuba Diving - scuba diving (other than cave diving) to the following depths, when ***you*** hold the following qualifications, and are diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation:
  - PADI Open Water - 18 metres
  - BSAC Ocean Diver – 20 metres
  - PADI Advanced Open Water - 30 metres
  - BSAC Sports Diver - 35 metres. If ***you*** do not hold a qualification, ***we*** will only cover ***you*** to dive to a depth of 18 metres provided ***you*** are accompanied by a qualified instructor
- Sea Canoeing/Kayaking (within sight of land)
- Shooting (within organisations guidelines)*
- Skateboarding (pads and helmet must be worn)*
- Sledge Pulled By Horse/Reindeer
- Small Bore Target Shooting*
- Snorkelling
- Softball
- Squash
- Stand Up Paddleboarding [SUP] (within inland or territorial waters)
- Summer Toboganning*
- Surfing*
- Swimming (not more than 1,500m when in open water)
- Sydney Harbour Bridge (organised and walking across clipped onto a safety line)
- Table Tennis
- Tennis

- Tenpin Bowling
- Tree Top Canopy Walking (with adequate safety measures in place)
- Trekking/Walking/Hiking/High level walking up to 3,000 metres above sea level
- Tug Of War
- Via Ferrata
- Volley Ball
- Wakeboarding*
- War Games (eye protection must be worn)*
- Water Polo
- Water Skiing*
- White Water Rafting (within organisations guidelines)
- Wicker Basket Tobogganing*
- Windsurfing*
- Yachting*
- Zip Trekking (safety harness fixed to ropes must be worn)
- Zorbing (non-winter sports)

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.

Important 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'.

Important 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 note

***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 ***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*** or someone ***you*** have arranged to stay with on ***your trip*** 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:

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

3. ***You***, a ***travelling companion***, ***family member***, ***your service animal*** or someone ***you*** have arranged to stay with on ***your trip*** 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 contagious disease other than an ***epidemic*** or ***pandemic***; or
   - An ***epidemic*** or ***pandemic*** (such as COVID-19), but only when the following conditions are met:

     a. 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

     b. 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 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:

   - ***You*** or a ***travelling companion*** need medical attention; or
   - ***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:

   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 ***natural disaster***
   - ***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':

   a. The necessary cost of the alternative transportation, less available ***refunds***; and

   b. The cost of any lost prepaid ***accommodation*** caused by ***your*** delayed arrival, less available ***refunds***.

   The following condition applies:

   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 consecutive 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. ***Your*** or a ***travelling companion***'s ***primary residence*** is permanently relocated by at least 100 miles due to a transfer by ***your*** or a ***travelling companion***'s current employer. This cover 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:

    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 cover listed in the 'Cover summary'.

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 note

__You__ must notify all of __your travel supplier__s 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.

Important 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.

Important 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:

- pay or reimburse ***you***, less available ***refunds***, for the necessary transportation expenses ***you*** incur to continue ***your trip***; or
- 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 ***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*** or someone ***you*** were staying with on ***your trip*** 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:

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

3. ***You***, a ***travelling companion***, ***family member***, ***your service animal*** or someone ***you*** were staying with on ***your trip*** dies during ***your trip***.

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

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

     a. 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

     b. 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 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:

   - ***You*** or a ***travelling companion*** needs medical attention; or
   - 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:

   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 ***natural disaster***;
   - ***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':

   a. The necessary cost of alternative transportation, less available ***refunds***; and

   b. The cost of any lost prepaid ***accommodation*** caused by ***your*** delayed arrival, less available ***refunds***.

The following condition applies:

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 ***travel carrier*** delay (this does not include a ***travel carrier***'s cancellation prior to ***your departure date***);
    - a ***work strike*** or industrial action, unless threatened or announced prior to the date ***your trip*** was booked;
    - a ***natural disaster***;
    - roads are closed or impassable due to ***severe weather***;
    - lost or stolen travel documents that are required and cannot be replaced in time for continuation of ***your trip***;

Important note

__You__ must make diligent efforts and provide documentation of __your__ efforts to obtain replacement documents.

    - ***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 ***your*** 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':

Delays

Your lost prepaid ***trip*** expenses and additional expenses ***you*** incur while and where ***you*** are delayed for meals, ***accommodation***, communication and transportation, subject to a daily (24 hours) limit listed in ***your*** Cover Summary, as follows:

- If ***you*** provide receipts, the With Receipts Daily Limit applies; or
- If ***you*** do not provide receipts or did not incur additional costs, the No Receipts Daily Limit applies

The delay must be for at least the minimum delay period of 6 hours, as shown in the 'Cover summary'.

Missed departures and connections

1. If the delay causes ***you*** to miss the departure of ***your*** pre-booked connecting ***travel carrier*** transport, cruise or tour, necessary transportation expenses to either help ***you*** join ***your*** cruise/tour or reach ***your*** destination.
2. If the delay causes ***you*** to miss the departure of ***your*** pre-booked flight, ferry or train due to a ***local public transportation*** delay on ***your*** way to the departure airport, port 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 of or change to service notified 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 contagious disease other than an ***epidemic*** or ***pandemic***; or
   - An ***epidemic*** or ***pandemic*** (such as COVID-19), but only when the following conditions are met:
     a. 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
     b. 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 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

Important note

*For details of the cover that can be provided for **gadgets**, please refer to the cover section 'Gadget Cover'.*

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':

- Cost to repair the damaged ***baggage***; or
- 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.

However, ***we*** will not pay more than the sub-limit shown in the 'Cover summary' for any single item, pair or set of items, or ***high value items***.

The following conditions apply:

1. ***You*** have taken necessary steps to keep ***your baggage*** safe and intact and to recover it;
2. ***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;
3. ***You*** must file and retain a copy of a police report in the case of theft of any items;
4. ***You*** must provide original receipts or another proof of purchase for each lost, damaged, or stolen item.

Important 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.*

5. ***You*** must report theft or loss of any device that uses a sim card to ***your*** network provider and ask them to block the device.

The following items are not covered:

- Animals, including remains of animals
- Cars, motorcycles, motors, aircraft, watercraft and other vehicles and related accessories and equipment
- Bicycles (except while they are checked with a ***travel carrier***)
- Hearing aids, prescription eyewear and contact lenses
- Artificial teeth, prosthetics and orthopaedic devices
- Wheelchairs and other mobility devices
- Consumables, medicines, medical equipment/supplies and perishables
- Mobile phones or smartphones (see 'Gadget Cover')
- Tickets, passports, deeds, blueprints, stamps and other documents
- Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travellers' cheques, securities, bullion and keys
- Rugs and carpets
- Antiques and art objects
- Fragile or brittle items

- Firearms and other weapons, including ammunition
- Non-physical property, including software and electronic data
- Property for business or trade
- Property ***you*** do not own or did not borrow to take on ***your trip***
- ***High value items*** stolen from a vehicle, locked or unlocked
- ***Winter sports equipment***
- ***Baggage*** while it is:
  - Shipped, unless with ***your travel carrier***
  - In or on a car trailer
  - Unattended in an unlocked motor vehicle
  - 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 Cover Abroad'):

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

If ***you*** need to be admitted to a ***hospital*** as an inpatient, ***we*** may be able to guarantee or advance payments, where accepted, up to the limit of the 'Emergency Medical/Dental Cover Abroad' section. ***We*** will also pay the daily limit shown for 'Hospital Inpatient Benefit' in the 'Cover summary' for each complete period of 24 hours ***you*** are an inpatient, up to the maximum sub-limit shown.

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, except for the sudden, unexpected deterioration of a ***pre-existing medical condition*** that has been accepted for cover by ***us*** in writing.
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.

G. Emergency Transportation

Important note

- *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:
   - ***Your primary residence***;
   - A location of ***your*** choice in ***your country of residence***; or
   - 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:

1. Special requirements must be ***medically necessary*** for ***your*** transport (for example, if more than one seat is ***medically necessary*** for ***you*** to travel).
2. ***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.
3. All decisions about ***your*** repatriation must be made by medical professionals licensed in the countries where they practice.
4. ***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.
5. 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*** for one friend or ***family member*** to stay with ***you***.

The following condition applies:

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:

- ***Your primary residence***; or
- 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:

1. 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.
2. ***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:

- A funeral home near ***your primary residence***; or
- A funeral home located in ***your country of residence***

The following conditions apply:

1. 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

2. The death must occur while on ***your trip***.

Funeral Expenses Abroad

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 the 'Funeral Expenses Abroad' sub-limit 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 the 'Search and Rescue' sub-limit shown in the 'Cover Summary', if ***you*** are reported missing during ***your trip*** or have to be rescued from a physical emergency.

H. Personal Liability

Important note

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

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

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

The following additional exclusions apply:

1. Any liability for something which:
   - is suffered by anyone employed by ***you*** or a ***family member*** and is caused by the work they are employed to do
   - is caused by something ***you*** deliberately did
   - is caused by something ***you*** deliberately did not do, but should have
   - is caused by ***your*** employment or the employment of a ***family member***
   - is caused by ***you*** using any firearm or weapon
   - is caused by any animal ***you*** own, look after or control
   - ***you*** agree to take responsibility for, if ***you*** would not have otherwise been held responsible for it
2. Any contractual liabilities.
3. Any liability for bodily ***injury*** suffered by ***you***, a ***family member*** or a ***travelling companion***.
4. ***Your*** participation in any Sports and Leisure Activity that is specified in this ***policy*** as excluding cover under this section.
5. Compensation or other costs caused by accidents arising from ***you*** owning, hiring or using:
   - any land or building (except for ***you*** staying in the ***accommodation you*** are using on ***your trip***)
   - motorised or mechanical vehicles and any trailers attached to them
   - aircraft, motorised watercraft or sailing vessels

The following conditions apply:

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

I. Travel Accident

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

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

Important note

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

The following exclusions apply:

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

- Operating or riding motorcycles, mopeds or scooters
- Performing manual labour as a part of ***your*** occupation
- Participation in military exercises
- ***Your*** participation in any Sports and Leisure Activity that is specified in this ***policy*** as excluding cover under this section

J. 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 note

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

K. Loss of Travel Documents

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

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

The following conditions apply:

You must:

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

The following exclusions apply:

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

L. Personal Money

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

The following conditions apply:

You must:

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

The following exclusions apply:

- This ***policy*** will not pay for ***personal money*** if one of the following apply:
    - it is not being carried by ***you***
    - it is not locked in the secure private ***accommodation you*** are using on ***your trip***
    - it is not locked in a safe or security deposit box
- Reimbursement, unless ***you*** can provide evidence of the amount of currency ***you*** had, from the place where ***you*** got the currency.
- Losses caused by a drop in exchange rates or any shortage caused by mistakes made when exchanging currency.
- ***Personal money*** left in a motor vehicle.
- Loss or theft of traveller's cheques or other payment means if the issuing agent provides replacements or reimburses ***you***.
- More than the lowest market value of equivalent ***personal money*** (except cash), if paid for using frequent-flyer points, loyalty-card points, vouchers or another similar scheme.

M. Legal Expenses

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

Phone: UK **+44 (0)20 8239 4040**

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

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

The following conditions apply:

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

The following additional exclusions apply:

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

N. Gadget Cover

Additional definitions

*Throughout this 'Gadget Cover' section of the **policy** and the 'Gadget Cover' portion of the 'Claims Information' section, the following additional words and any form of the word appearing in bold italics are defined specifically for use within 'Gadget Cover'.*

Accessories

*Items such as, but not limited to, chargers, protective cases, headphones, and hands-free devices, below the value of £150, that are used in conjunction with **your** insured **gadget(s)** but excludes SIM cards and wearables. **Evidence of ownership** for **accessories** will need to be provided at point of claim.*

Accidental loss/accidentally lost

***Your gadget(s)** have been accidentally left by **you** in a location and **you** are permanently deprived of their use.*

Accidental Damage

*Any damage, including damage caused by fire and/or liquid damage, caused to **your gadget** which was not deliberately caused by **you** or any other person.*

Accommodation

***Your** hotel, **hotel resort** or other main residence where **you** are staying during **your trip**.*

Claims administrators

*Bolttech UK, acting on behalf of **us**.*

Criteria

***We** can only insure **your gadget(s)** if **you** are able to provide evidence of ownership, and if they were:*

- *purchased by **you** as new in the **UK***
- *purchased by **you** as refurbished in the **UK**, as long as they were purchased with a 12 month warranty*
- *gifted to **you** as long as **you** are able to provide a gift receipt*

And:

1. *Are not more than 4 years old at the time this **policy** is purchased.*
2. *Are in **your** possession and in good working condition (not accidentally damaged).*
3. *Have not previously been repaired using non-manufacturer parts.*

Drone

Un-manned aerial vehicles or aircraft.

Evidence of ownership

*A document to evidence that the **gadget(s) you** are claiming for belong to **you**. This can be a copy of the till receipt, delivery note, gift receipt or, if the **gadget** is a mobile phone (including smartphones), confirmation from **your** Network Provider that the mobile phone has been used by **you**.*

Gadget

*The portable electronic **gadget(s)** that meet the criteria, which are insured when Gadget Cover is indicated on the schedule. **Gadget(s)** include: Mobile Phones (including Smartphones and iPhones), Tablets (including iPads), Cameras (including Go Pros), Smartwatches and **Laptops**.*

Hotel Resort

*A hotel which contains full sized luxury facilities with full-service **accommodation** and amenities, on-site.*

Immediate family

Your *mother, father, son, daughter, spouse, or domestic partner who reside with* ***you*** *at* ***your primary residence****.*

Laptop

A portable computer suitable for use whilst travelling.

Precautions

All measures that would be deemed appropriate to expect a person to take in circumstances to prevent ***accidental loss****,* ***accidental damage****, or* ***theft*** *of* ***your gadget(s)****.*

Proof of usage

Evidence that ***your gadget(s)*** *have been in use since* ***policy*** *inception. Where the* ***gadget*** *is a mobile phone or other device that uses a sim card, this information can be obtained from* ***your*** *Network Provider. For other* ***gadget(s)****, in the event of an accidental damage claim this can be verified when the* ***gadget(s)*** *are sent to* ***our*** *repairers for inspection.*

Schedule

The document provided to ***you*** *by Southdowns following the purchase of this* ***policy*** *which includes confirmation that Gadget Cover is included.*

Theft / Stolen

The unauthorised dishonest appropriation of ***your gadget(s)*** *by another person with the intention of permanently depriving* ***you*** *of them.*

Unattended

Not within ***your*** *sight at all times or out of* ***your*** *arms-length reach when away from* ***your accommodation****.*

We will cover ***you*** up to the maximum benefit for 'Gadget Cover' (separate sub-limits apply to 'Unauthorised Call/ Data Use' and 'Accessories') shown in the 'Cover summary' for the following:

Accidental damage/malicious damage

We will arrange a repair if ***your gadget(s)*** are damaged as the result of an ***accident*** or malicious damage whilst on ***your trip***. If ***your gadget(s)*** cannot be economically repaired, they will be replaced.

Theft

If ***your gadget(s)*** are stolen whilst on ***your trip***, ***we*** will replace them. Where only a part or parts of ***your gadgets*** have been ***stolen***, ***we*** will only replace that part or those specific parts.

Accidental loss

If ***you*** suffer ***accidental loss*** or unintentional loss of ***your gadget(s)***, whilst on ***your trip***, ***we*** will replace them.

Breakdown

If ***your gadget(s)*** suffer electrical breakdown whilst on ***your trip*** which occurs outside of the manufacturer's guarantee period, ***we*** will repair them. If ***your gadget(s)*** cannot be economically repaired, they will be replaced. This cover is not available on ***laptops.***

Unauthorised call/data use

If ***your*** mobile phone is ***accidently lost*** or ***stolen*** whilst on ***your trip*** and is used fraudulently, and ***your*** claim is covered by ***your policy***, ***we*** will reimburse ***you*** for the costs upon receipt of ***your*** itemised bill up to a maximum value of £10,000 for any one claim. This includes calls, messages, downloads, and data made / used from the time it was ***accidentally lost*** or ***stolen*** up to a maximum of 24 hours from discovery of the incident.

Liquid damage

If ***your gadget(s)*** are damaged as a result of accidentally coming into contact with any liquid whilst on ***your trip***, ***we*** will repair them. If they cannot be repaired, ***we*** will replace them.

Accessories

If ***your*** claim for ***your gadget(s)*** is approved, ***we*** will replace any ***accessories*** that were ***accidentally lost***, ***stolen***, or suffered ***accidental damage*** at the same time as ***your gadget(s)*** up to a maximum value of £150.

If ***we*** replace ***your gadget(s)*** with a different make or model and this means that ***you*** can no longer use ***your*** existing ***accessories***, ***we*** will replace them too, up to a maximum value of £150.

The following conditions apply:

1. Gadget Cover only provides insurance protection for ***your gadget(s)*** purchased in the ***UK***. Cover automatically extends to include use of ***your gadget(s)*** whilst on a ***trip*** covered by this ***policy*** and are subject to any repairs being carried out in the ***UK*** by repairers approved by ***us***.
2. ***Your gadget(s)*** must not be more than 4 years old, must be purchased in the ***UK*** as new, or if refurbished, purchased with a 12-month warranty, and ***you*** must be able to provide ***evidence of ownership*** when it is requested. ***Evidence of ownership*** should include the make, model and IMEI/serial number of the ***gadget(s)*** and must be in ***your*** name or ***you*** must be in possession of a gift receipt.
3. ***You*** must provide ***us*** with any receipts, documents, or ***evidence of ownership***, that it is reasonable for ***us*** to request.
4. ***You*** must take all available ***precautions*** to prevent any ***accidental loss***, ***theft***, or ***accidental damage***.
5. Cover excludes costs or payments recoverable from any party, under the terms of any other contract, guarantee, warranty, or insurance.
6. If ***your gadget(s)*** cannot be replaced with identical ***gadget(s)*** of the same age and condition, ***we*** will replace them with ones of comparable specification or the equivalent value taking into account the age and condition of the original ***gadget(s)***. ***We*** cannot guarantee that the replacement ***gadget(s)*** will be the same colour as the original items.
7. Repairs will take place on ***your*** return to ***your primary residence*** in the ***UK*** and will be carried out using readily available parts. Where possible ***we*** will use original parts but, in some cases, unbranded parts may be used. If any repairs authorised by ***us*** under this ***policy*** invalidate ***your*** manufacturer's warranty, ***we*** will repair or replace ***your gadget(s)*** for the remaining period of ***your*** manufacturer's warranty in line with ***your*** manufacturer's warranty terms and conditions.
8. All blocks must be removed from ***your gadget(s)*** before being sent for repair. This includes any personal pin locks or operator specific security blocks, including Find My iPhone. Failure to do so will result in ***your*** claim being delayed, and/or ***your gadget(s)*** being returned to ***you***.

The following additional exclusions apply:

- Theft:
    - from any motor vehicle where ***you*** or someone acting on ***your*** behalf is not in the vehicle, unless the ***gadget(s)*** have been concealed in a locked boot, closed glove compartment or other closed internal compartment and all the vehicle's windows and doors have been closed and locked and all security systems have been activated. A copy of the repairer's account for damage in gaining entry to the locked vehicle must be supplied with any claim
    - from any building or premises (including ***your accommodation***) unless the ***theft*** involves force in gaining entry to or exit from the building or premises, resulting in damage to the building or premises. A copy of the repairer's account for such damage must be supplied with any claim
    - when away from ***your accommodation***, or when in ***your accommodation*** with invited guests or other people, unless the ***gadget(s)*** are concealed on or about ***your*** person when not in use, or stored in a locked room or secured receptacle (such as a locked safe, locked locker or closed desk drawer)
    - where ***your gadget(s)*** were in the possession of a third party (other than a member of ***your immediate family***) at the time of the event giving rise to a claim under this ***policy***
    - where the ***gadget(s)*** have been left ***unattended*** when they are away from ***your accommodation*** (including being in luggage during transit)
    - where all available ***precautions*** have not been taken to prevent ***theft***

- Loss or damage caused by:
  - ***you*** deliberately damaging, intentionally leaving or neglecting ***your gadget(s)***
  - ***you*** not following the manufacturer's instructions
  - the use of non-manufacturer approved ***accessories***
- Repair or other costs for:
  - routine servicing, inspection, maintenance or cleaning
  - loss caused by a manufacturer's defect or recall of the ***gadget(s)***
  - repairs carried out by persons not authorised by ***us***
  - liquid damage to ***your gadget(s)*** where the event causing the need to claim involved ***you*** taking ***your gadget(s)*** on a boat, other water vessels, or whilst taking part in water activities
  - wear and tear or gradual deterioration of performance
  - cosmetic damage of any kind, including scratches, dents and other visible defects that do not affect safety or performance
- The ***mechanical breakdown*** of a ***laptop*** computer
- Any kind of damage whatsoever unless the damaged ***gadget(s)*** are provided for repair
- Any loss of a SIM (subscribed identity module) card
- Loss, damage or ***theft*** of a ***drone***
- Any expense incurred as a result of not being able to use ***your gadget(s)***, or any loss other than the repair or replacement costs of ***your gadget(s)*** unless relating to unauthorised call/data use for ***your*** mobile phone up to the maximum value of £10,000
- The ***policy*** excess - if ***you*** make a claim, the first £50 of each and every claim, per incident claimed for, under this section by each insured person. This excess must be paid to ***us*** before ***your*** claim can be approved
- Loss of or damage to ***accessories*** that were not attached to ***your gadget(s)*** at the time of the incident
- Any claim for ***your gadget(s)*** where ***proof of usage*** cannot be provided or evidenced
- Any claim for ***accidental loss*** where the circumstances of the loss cannot be clearly identified (i.e. where ***you*** are unable to confirm the time and place ***you*** last had ***your gadget(s)***)
- Reconnection costs or subscription fees of any kind
- Any loss of or damage to information or data or software contained in or stored on ***your gadget(s)***, whether arising as a result of a claim paid by this insurance or otherwise
- Liability of any nature arising from ownership or use of ***your gadget(s)***, including any illness or ***injury*** resulting from such ownership or use
- Value Added Tax (VAT) where ***you*** are registered with HM Revenue and Customs for VAT
- ***We*** will not provide cover, pay any claim, or provide any benefit if doing so would expose ***us*** to any sanction, prohibition, or restriction

Important note

*The intention of this **policy** section is to put **you** back in the same position as immediately prior to the **accidental loss**, **theft**, or **accidental damage**. It is not a replacement as new cover.*

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. ***Your pre-existing medical conditions*** unless declared to and accepted for cover by ***us*** in writing.
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 or 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. Carrying out any paid or unpaid work that is not of an administrative, clerical or non-manual nature in a low-risk environment but, in particular, anything that involves:
    a. the use of any motorised and/or mechanical machinery;
    b. the use of power tools;
    c. using ladders, steps, harnesses or scaffolding;
    d. DIY, building or construction work that includes the use of tools; or
    e. heavy lifting.

    If ***you*** are unsure whether ***your*** planned work will be covered, please contact Southdowns on **01903 255 659**.
10. Participating in or training for any professional or semi-professional sporting competition or event.
11. 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.
12. Participating in any sports or leisure activity not shown as being covered under the 'Sports and Leisure Activities' section or for which ***we*** have not explicitly agreed in writing to cover. Where applicable, ***you*** must wear all recommended safety equipment while participating in ***your*** sporting and leisure activities in order to be eligible for cover.
13. An ***illegal act***, except when ***you***, a ***travelling companion***, a ***family member*** or ***your service animal*** is the victim of such an act.
14. 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.
15. ***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.
16. Air, water or other pollution, or the threat of a pollutant release, including thermal, biological and chemical

pollution or contamination.

17. Nuclear reaction, radiation or radioactive contamination.
18. ***War*** or ***acts of war***.
19. Military duty, except when expressly referenced and covered under the 'Trip Cancellation or 'Trip Interruption' sections.
20. ***Political risk***.
21. ***Cyber risk***.
22. ***Civil disorder***, except when expressly referenced in and covered under the 'Trip Interruption' or 'Travel Delay' sections.
23. Terrorist events except under the 'Emergency Medical/Dental Cover Abroad' and 'Emergency Transportation' sections or when expressly referenced in and covered under the 'Travel Delay' section.
24. 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.
25. Any ***travel supplier***'s complete cessation of operations due to financial reasons, with or without involving insolvency or bankruptcy.
26. A ***travel supplier***'s restrictions on any ***baggage***, including medical supplies or equipment.
27. Ordinary wear and tear or defective materials or workmanship.
28. An act of gross negligence by ***you*** or a ***travelling companion***.
29. Travel against the orders or advice of any government or other public authority.

Important note

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*** permanent ***primary residence*** in the ***UK***; and
    b. have been registered with a ***doctor*** in the ***UK*** for at least 6 months before this ***policy*** was issued;
2. ***You*** must take reasonable care to protect yourself and ***your*** property against ***accident***, ***injury***, loss and damage, as if ***you*** were not insured, and to keep any potential claim to a minimum.
3. ***You*** must have a valid insurance ***policy*** schedule.
4. ***You*** must contact ***us*** as soon as possible with full details of anything which may result in a claim, and give ***us*** all the information and documentation ***we*** ask for throughout the claims process. Please see 'Claims information' below for more information.
5. ***You*** accept that the terms and conditions of the ***policy*** cannot be changed by ***you*** unless ***we*** agree to the change in writing.
6. ***You*** must not be older than:
    a. 75 on the date ***your policy*** starts for single trip cover; or
    b. 65 on the date ***your policy*** starts for annual multi-trip cover.

We have the right to do the following:

1. Cancel the ***policy*** if ***you*** tell ***us*** something that is not true and this influences ***our*** decision to provide cover.
2. Cancel the ***policy*** and make no payment if ***you*** or anyone acting for ***you***:
    a. make a claim that is dishonest, intentionally exaggerated or fraudulent in any way; or
    b. provide any false or misleading information when supporting a claim.

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

11. Ask ***you*** to pay ***us*** back any amounts that ***we*** have paid which are not covered under this ***policy***.
12. If ***you*** cancel ***your trip*** or cut it short for any reason other than those specified as being covered under the 'Trip Cancellation' or 'Trip Interruption' sections, ***we*** will cancel all cover provided by ***your policy*** for that ***trip***, without refunding ***your*** premium.

24-hour emergency medical assistance information

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

- Phone: UK **+44 (0)20 8666 9210**
- Email: medical@allianz-assistance.co.uk

Please give ***us your*** age and ***your*** insurance ***policy*** number. Say that ***you*** are insured with Southdowns.

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

All cover sections (except 'Gadget Cover')

You can make a claim by phone on UK **+44 (0)20 8666 9214**.

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

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

For all claims

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

Trip Cancellation

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

Trip Interruption

1. If ***you*** need to cut short ***your trip***, please call UK **+44 (0)20 8666 9210** as soon as possible to get ***our*** prior agreement.
2. ***Your*** original booking invoice(s) showing ***your*** revised time and date of departure and detailing whether any ***refunds*** can be provided.
3. 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.
4. If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Travel Delay

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

Baggage / Personal Money

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

Baggage Delay

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

Loss of Travel Documents

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

Emergency Medical/Dental Benefits Abroad and Emergency Transportation

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

Personal Liability

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

Important note

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

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

Travel Accident

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

3. Full details of any witnesses, providing written statements where available.
4. A certified copy of the death certificate (if this applies).

Legal Expenses

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

Gadget Cover

To make a claim under 'Gadget Cover', please visit the dedicated claim notification portal at: www.southdowns.bolttech.uk

Alternatively, please call the claim administrators on **0808 178 7592**.

You must:

1. Notify the claim administrators using the claim notification portal as soon as possible but ideally within 48 hours of ***your*** return to the ***UK***.
2. Report the theft or accidental loss of any ***gadget(s)***, within 24 hours of discovery to ***your*** network or airtime provider and blacklist ***your*** handset.
3. Report the theft or accidental loss of any ***gadget(s)*** to the police within 48 hours of discovery and obtain a crime reference number in support of a theft claim and a lost property number in support of an accidental loss claim. Please note any delay in reporting an incident to the claim administrators, ***your*** network/airtime provider or the police may invalidate ***your*** right to claim under the ***policy***.
4. Provide ***us*** with details of the claim and any other contract, guarantee, warranty, or insurance that may apply to the accidental loss, theft, or accidental damage, including (but not limited to) household insurance or mobile phone insurance. Where appropriate a rateable proportion of the claim may be recovered direct from these Insurers.
5. If ***we*** replace ***your gadget(s)*** the damaged, lost or stolen item becomes ***our*** property. If it is returned or found, ***you*** must notify ***us*** and send it to ***us*** if ***we*** ask ***you*** to.

Please address all claims correspondence to the claims administrators:

Email: southdowns@bolttech.uk

Post: Bolttech, 27 Old Gloucester Street, London, WC1N 3AX

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

If your complaint is about the sale of your policy:

- Write to: Southdowns Sales and Service, The Operations Manager, 4th Floor Southfield House, 11 Liverpool Gardens, Worthing, West Sussex, BN11 1RY
- Phone: **01903 255 659**
- Email: info@southdownsinsurance.co.uk

If your complaint is about a claim (except 'Gadget Cover' claims):

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

If your complaint is about a Gadget Cover claim:

- Write to: Bolttech, 27 Old Gloucester Street, London, WC1N 3AX
- Phone: **0808 178 7592**
- Email: complaints_uk@bolttech.eu

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/make-complaint

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

Phone: **0800 023 4567** or **0300 123 9123** 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 protects ***your*** privacy and uses ***your*** personal data. ***Our*** full privacy notice is available at www.allianz-assistance.co.uk/privacy-notice/

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

The Southdowns Data Privacy notice is available at https://www.southdownsinsurance.co.uk/AboutUs/PrivacyPolicy.aspx

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
- data that may be provided about ***you*** from certain third parties, such as ***your doctor*** in the event of a claim
- data collected through initial voice tool (Voicebot or equivalent) and call recordings (such as phone conversations with ***us***) may be recorded. Additional information may be relayed to ***you*** as to how data is processed when ***you*** phone ***us***

We will collect and process ***your*** personal data to comply with ***our*** contractual obligations 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***
- to demonstrate compliance with ***our*** legal and/or regulatory obligations

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

Where will your personal data be processed?

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

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

What are your rights in respect of your personal data?

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

- 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
- 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, 102 George Street, Croydon, CR9 6HD

By email: AzPUKDP@allianz.com

This insurance is underwritten by AWP P&C S.A. a company registered in France with ID 519490080 RCS Bobigny. Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch, AWP P&C, 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. Subject to regulation by the Financial Conduct Authority under FRN 534384 and limited regulation by the Prudential Regulation Authority. Details about the extent of ***our*** regulation by the Prudential Regulation Authority are available from ***us*** on request.

This insurance is administered by AWP Assistance UK Ltd (trading as Allianz), which is authorised and regulated by the Financial Conduct Authority (FRN 311909).

This insurance is distributed by Southdowns Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority. FCA Registration Number: 526980. Our company registration number is 07285096 our full postal address is Southdowns Insurance Services Limited 4th Floor, Southfield House, 11 Liverpool Gardens, Worthing, West Sussex, BN11 1RY.

V.2.3 M.G 07/26