

2019 Insurance Policy Wording

Important declaration

An insurance policy can only provide cover in respect of an event/occurrence which is sudden, unforeseen and beyond **You** reasonable control. Any facts known to **You**, prior to purchasing this cover and also between the date of purchase of this policy and the date of travel which could possibly result in **You** having to make a claim, must be disclosed to **Us** otherwise **You** may not be covered or may be subject to revised terms and conditions and possible medical screening additional premium.

In addition, anyone named under the policy must have read and understood the following relating to **Existing Medical Conditions**:

EXISTING MEDICAL CONDITIONS

Your policies may not cover claims arising from your medical conditions. If you answer 'yes' to any of the questions below then you must declare the relevant conditions to us.

+44 (0)203 829 6637

The medical screening helpline may be contacted between 08.00 and 20.00 Monday to Friday and 09.00 to 17.00 on Saturdays. So that we can ensure you are provided with the best cover we can offer please read and answer the following questions carefully and accurately: Please see page 2 for policy definition of **Existing Medical Condition**.

Have you or anyone insured under this policy ever been diagnosed or received treatment for:		If you have answered yes to the questions on the left you must tell us, in order to obtain cover for your medical condition(s), although an increased premium or excess may be required to do so.
Any type of heart or circulatory condition? NO	YES	To enable us to consider your change in health of your medical condition(s) please contact Travel Administration Facilities on: 0203 829 6637 8am-8pm Monday- Friday, 9am-5pm Saturday Should we require any additional premium, and you accept our offer, this should be paid to Travel Administration Facilities, and sent within 14 days of our offer. If your existing medical condition would require an additional premium to be covered and you choose not to declare it, we reserve the right to decline a claim relating to this condition, unless otherwise agreed by us in writing. Full confirmation of our terms and conditions will be sent out to your address after your call. Any additional medical conditions not declared to us will not be covered. If your answer changes to 'yes' at any point after the purchase of this policy you must call to inform us of this change in health to ensure you are fully covered for your trip.
Any type of stroke or high blood pressure? NO	YES	
Any type of breathing condition (such as Asthma)? NO	YES	
Any type of Cancer (even if now in remission)? NO	YES	
Any type of Diabetes? NO	YES	
Any type of irritable bowel disease? NO	YES	
Has your doctor altered your regular prescribed medication in the last 3 months? NO	YES	
In the last 2 years - have you, or anyone who is insured under this policy, been treated for any serious or re-occurring medical condition, asked to take regular prescribed medication, or referred to a specialist or consultant at a hospital for tests, diagnosis or treatment? NO	YES	
Are you or anyone who is insured under this policy waiting for any tests, treatment or a non-routine hospital appointment? NO	YES	
Full cover is available under this policy. If your answers to any of the above change to YES during the period of insurance, please contact us on 0203 829 6637.	YES	

Important declaration

You will be advised whether the **Existing Medical Condition** may be covered, an optional additional premium may be quoted and whether any amendments will be made to the policy terms and conditions. If terms can be provided for the condition and **You** elect to take up the offer of the additional cover, **You** will be given a medical screening reference number and a letter will be sent to **You** upon receipt of payment. Any additional premiums must be paid directly to the medical screening company and not the company **You** are arranging **Your** travel insurance with.

Should **You** not wish to take advantage of the optional terms quoted by the medical helpline, cover for the **Medical Condition** in question will be excluded. If there is a change to **Your** health which arises between the date of purchasing the policy and the planned date of departure please contact Healthcheck for further advice, in order to establish if the change in **Your** health will affect **Your** cover under this insurance.

There is no cancellation or curtailment cover for a **Existing Medical Condition** of persons not necessarily travelling but upon whom travel depends, such as a **Close Relative**, unless disclosed to Healthcheck and additional cover agreed.

Definitions of a Existing Medical Condition:

Means

- a) Any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy, allergy, or cancer for which you (or any other person not necessarily travelling but upon whom travel depends such as a **Close Relative**) have ever received treatment (including surgery, tests or investigations by **Your** doctor or a consultant/specialist or prescribed drugs/medication).
- b) Any **Medical Condition** for which **You** (or any other person not necessarily travelling but upon whom travel depends such as a **Close Relative**) have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months or taking prescribed drugs/medication.

Please also see General Exclusion 9 for additional details of other excluded **Medical Conditions**.

In deciding to accept this insurance and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take reasonable care to provide complete and accurate answers to the questions **We** ask when **You** take out and make changes to **Your** policy.

If the information provided by **You** is not complete and accurate:

1. **We** may cancel **Your** policy and refuse to pay any claim, or
2. **We** may not pay any claim in full, or
3. **We** may revise the premium and/or change any excess, or
4. The extent of cover may be affected.

Single trip policy

Dear traveller

Thank you for purchasing **Your** travel insurance from **Us**. Please take the time to read **Your** policy documents carefully to ensure that **You** understand what is, and what is not covered. If **You** should have any queries, or if **You** require additional cover, please contact our customer services team who will be happy to help **You**.

The insurers

This insurance is arranged by Travel & General Insurance Services & underwritten by Travel Insurance Facilities and Insured by Union Reiseversicherung AG, UK. Travel Insurance Facilities are authorised and regulated by the Financial Conduct Authority. Union Reiseversicherung AG are authorised by BaFin and subject to limited regulation by the Financial Conduct Authority.

Call monitoring and recording

Telephone calls may be monitored or recorded in order to improve customer service and to prevent and detect fraud.

Complaints procedure

It is the intention to give **You** the best possible service but if **You** do have any questions or concerns about this insurance or the handling of a claim **You** should follow the Complaints Procedure below:

Complaints regarding Sale Of The Policy:

Please contact your agent who arranged the Insurance on your behalf. If your complaint about the sale of your policy cannot be resolved by

the end of the third working day, your agent will pass it to: Customer Insights Manager, URV, 1 Tower View, Kings Hill, West Malling, ME19 4UY, call on 0203 829 6604 or email complaints@tifgroup.co.uk.

Complaints regarding Claims:

Customer Insights Manager, URV, 1 Tower View, Kings Hill, West Malling, ME19 4UY, call on 0203 829 6604 or email complaints@tifgroup.co.uk.

If it is not possible to reach an agreement, you have the right to make an appeal to the Financial Ombudsman Service. This also applies if you are insured in a business capacity and have an annual turnover of less than €2million and fewer than ten staff. You may contact the Financial Ombudsman Service at: The Financial Ombudsman Service, Exchange Tower, London, E14 9SR. Tel: 0800 023 4567 or 0300 123 9123

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

The above complaints procedure is in addition to your statutory rights as a consumer. For further information about your statutory rights contact your local authority Trading Standards Service or Citizens Advice Bureau.

FSCS Compensation Scheme

Travel Insurance Facilities, is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme, if they cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. You can get more information about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk

Schedule of cover

Sums Insured	Per Person Up to	Excess
Section A Cancellation or Curtailment	€5,000	€100 (€35 LOD)
Section B Medical Expenses	€5,000,000	€100
Inpatient Benefit	€500	Nil
Criminal Injuries Benefit	€5,000	Nil
Section C Personal Accident – disability	€25,000	Nil
Death	€10,000	Nil
Section D Delayed Departure or Arrival, or Cancellation due to Delayed Departure	€100	Nil
Hi-jack of Aircraft, train or sea vessel	€5,000	Nil
Failure of Transport	€3,000	Nil
Missed Connection	€1,000	Nil
Section E Personal Effects (Single item limit €400) (Valuables limited to €500 in total)	€2,500	€80
Money	€500	€80
Tickets	€1,000	€80
Passport or Visas	€250	€80
Temporary Loss of Baggage	€100	Nil
Section F Personal Liability	€2,000,000	€325
Section G Legal Expenses	€15,000	Nil

General information

Important information

Please keep this travel insurance policy in a safe place and carry it with You when You go on Your journey. We also suggest that You leave a copy with a relative or neighbour in case of an emergency.

Cover applies to each **Insured Person** named on the booking invoice or validation certificate. The cover and limits will apply to each **Insured Person** who has paid the appropriate premium.

IMPORTANT- Your personal insurance number is the same as Your booking invoice number or validation certificate number. Please note Your personal insurance number prior to travel. This Policy Document and booking invoice or validation certificate showing the Insurance Premium, inclusive of tax where applicable, is all that We will issue to You.

Cooling off Period / Cancellation of Policy

If **You** decide that for any reason, this Policy does not meet **Your** insurance needs then please return it to **Your** travel agent within 14 days from the day of purchase or the day on which **You** receive **Your** policy documentation, whichever is the later. On the condition that no travel has taken place and no claims have been made or are pending, we will then refund **Your** premium in full.

Thereafter **You** may cancel the insurance cover at any time by informing **Your** travel agent however no refund of premium will be payable.

We shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **You** at your last known address. Valid reasons may include but are not limited to:

- Where **We** reasonably suspect fraud
- Non-payment of premium
- Threatening and abusive behaviour
- Non-compliance with policy terms and conditions
- You** have not taken reasonable care to provide complete and accurate answers to the questions **We** ask.

Consumer Insurance Act

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act 2012 to take care to:

- supply accurate and complete answers to all the questions we or the administrator may ask as part of **Your** application for cover under the policy
- to make sure that all information supplied as part of **Your** application for cover is true and correct
- tell us of any changes to the answers **You** have given as soon as possible.

Failure to provide answers in-line with the requirement of the Act may mean that **Your** policy is invalid and that it does not operate in the event of a claim.

Period of Insurance / Start and end Dates

Single Trip

The Period of Insurance as shown on **Your** booking invoice or validation certificate. Cover under Section A – Cancellation starts from the issue date stated on **Your** booking invoice or validation certificate and ends when **You** leave **Your** residence or place of business to commence travel. The cover under all other sections of the policy starts on the commencement date shown on the booking invoice or validation certificate and ends on **Your** return home or expiry of the Period of Insurance, whichever is first.

No premium refund outside of the Cooling Off Period may be offered if **You** return home prior to the expiry of the Period of Insurance.

Geographical Limits

Area 1: REPUBLIC OF IRELAND

Republic of Ireland Only: Whilst insurance is available for holidays in the Republic of Ireland, Section B – Medical Expenses and Inpatient Benefit shall be inoperative.

Area 2: EUROPE

EUROPE means the continent of Europe West of the Ural Mountains, Channel Islands, Isle of Man and also countries bordering the Mediterranean, plus Iceland, Jordan, Madeira, the Canary, Azores and Mediterranean Islands.

Area 3: WORLDWIDE excluding North America

North America means the USA, Canada and the Caribbean

(a) For any period of cover purchased Area 3 can include a single day/ night stop-over anywhere in the World for both outward and return travel.

(b) If the period of cover purchased is two months or more Area 3 can be extended to include a maximum of six days/ nights anywhere in the World.

Area 4: WORLDWIDE

Automatic Trip Extension

If **You** are prevented from completing their travel before the expiration of this Insurance as stated under the Period of Insurance on the validation certificate or booking invoice for reasons which are beyond **Your** control, including ill health or failure of public transport, this Insurance will remain in force until completion but not exceeding a further 31 days on a day by day basis, without additional premium.

In the event of **You** being hijacked, cover shall continue whilst **You** are subject to the control of the person(s) or their associates making the hijack during the Period of Insurance for a period not exceeding twelve months from the date of the hijack.

Please ensure **You** arrange cover for the entire duration of **Your** travel.

Limits of Cover

Certain limits apply to each section of the policy. These limits are shown in the policy and in **Your** Schedule of cover

Reciprocal Health Care

If you are travelling to **European Union** countries **You** should obtain a European Health Insurance Card (EHIC). You can apply either online through <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC> or by telephoning 0300 330 1350. This will entitle **You** to benefit from the reciprocal health agreements, which exist between certain European countries. In the event of a claim being accepted for medical expenses which has been reduced by the use of an EHIC, or Private Health Insurance, the deduction of the excess under the medical section will not apply.

When **You** are travelling to **Australia** and **You** have to go to hospital, **You** must register for and make use of the treatment offered under the national Medicare scheme. If **You** know **You** need treatment, **You** can enrol for Medicare at a DHS Service Centre. If **You** receive treatment before **You** enrol, Medicare benefits will be back-paid for eligible visitors.

Governing Law

Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the United Kingdom in which **Your** main residence is situated.

Fraudulent Claims

You must not act in a fraudulent manner. If **You** or anyone acting for **You**:

- fails to reveal or hides a fact likely to influence whether **We** accept your proposal, **Your** renewal, or any adjustment to **Your** policy;

- fails to reveal or hides a fact likely to influence the cover **We** provide;
- makes a statement to **Us** or anyone acting on **Our** behalf, knowing the statement to be false;
- sends **Us** or anyone acting on **Our** behalf a document, knowing the document to be forged or false;
- makes a claim under the policy, knowing the claim to be false or fraudulent in any way;
- makes a claim for any loss or damage **You** caused deliberately or with **Your** knowledge; or
- If **Your** claim is in any way dishonest or exaggerated;
We will not pay any benefit under this policy or return any premium to **You** and we may cancel **Your** policy immediately and backdate the cancellation to the date of the fraudulent claim. **We** may also take legal action against **You** and inform the appropriate authorities.

Documentation

All certificates, information and evidence required by **Us** shall be furnished at **Your** expense or **Your** legal personal representatives and shall be in such form and of such nature as **We** may prescribe. **You** shall, as often as required submit to medical examination on **Our** behalf at **Our** own expense and in the event of **Your** death **We** shall be entitled to have a post-mortem examination at **Our** own expense.

Cessation of Insurance

All cover shall cease upon **Your** return to **Your** normal place of residence or business in **Your** country of residence or upon **Your** admission into medical care in their country of residence whichever shall be the sooner.

Duplicate Insurance

If at the time of loss, theft or damage insured by Sections A, B, D, E, F and G there is another insurance against such loss or damage or any part thereof **We** shall be liable under this Insurance for its proportionate share only of such loss or damage.

Subrogation

We are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **Your** name for **Our** benefit against any other party.

One Way Travel

Cover under all sections ceases on arrival at final destination.

Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this policy document. For ease of reading the definitions are highlighted by the use of **bold** print and will start with a capital letter.

Adverse Weather Weather of such severity that; the police, or other appropriate authority, warn by means of public communications networks including, but not limited to, popular websites, television or radio against all but essential travel and/or; it causes major disruption to transport services i.e. rail, road or bus which is reported in the media.

Close Relative Means mother, father, sister, brother, wife, husband, partner (including common law and civil partnerships), son, daughter (including fostered/adopted), grandparent, grandchild, parent in law, son in law, daughter in law, brother in law, sister in law, step parent, step child, step sister, step brother or legal guardian.

Dependent Business Partner Means a person in the same employ as **You** whose absence from work necessitates **Your** presence.

Existing Medical Condition Means

- Any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy, allergy, or cancer for which **You** (or any other person not necessarily travelling but upon whom travel depends such as a **Close Relative**) have ever received treatment (including surgery, tests or investigations by **Your** doctor or a consultant/specialist or prescribed drugs/medication).
- Any **Medical Condition** for which **You** (or any other person not necessarily travelling but upon whom travel depends such as a **Close Relative**) have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months or taking prescribed drugs/medication.

Irrecoverable Payments and Charges Means the cost of airline tickets and any other amount that is not refundable from the airline, tour operator or their suppliers.

Medical Condition Means any disease, illness or injury.

Medical Practitioner Means a registered practising member of the medical profession who is not related to **You** or any person with whom **You** are travelling.

Policy Excess Means the amount of any claim that **You** have to pay before any payment is made to **You**.

Strike or Industrial Action Means any form of industrial action taken by workers which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.

Unattended Means when **You** are not in full view of and not in a position to prevent unauthorised interference with **Your** property.

Valuables Means jewellery, watches, gold, precious stones and articles made of/or containing gold, silver or precious metals.

Photographic, TV, audio, CD's, MP3 Players, video, computer (including ipads, tablets, tablet computers, laptops), GPS/navigation electrical equipment. Binoculars, optical equipment and telescopes and animal skins.

We, Us, Our Means Union Reiseversicherung AG UK.

You, Your, Insured Person Means any person named on the booking invoice or validation certificate.

The policy

The following sections explain the cover provided by **Your policy during the Period of Insurance**. The cover is set out in **Your Schedule of Cover together with any excesses limits or endorsement**.

General conditions and exclusions

Information and changes We need to know about

You must take reasonable care to provide complete and accurate answers to the questions **We** ask when **You** take out or make changes to **Your** policy. Please tell **Us** if there are any changes required to the information set out in **Your** schedule.

You must tell **Us** as soon as possible about any changes in the information **You** have provided to **Us** which happens before or during any period of insurance. When **We** are notified of a change, **We** will tell **You** if this affects **Your** policy, for example whether **We** are able to accept the change and if so, whether the change will result in revised terms and/or premium being applied to **Your** policy. If **You** do not inform **Us** about a change it may affect any claim **You** make or could result in **Your** insurance being invalid.

If the information provided by **You** is not complete and accurate:

1. **We** may cancel **Your** policy and refuse to pay any claim, or
2. **We** may not pay the claim in full, or
3. **We** may revise the premium and/or change any excess, or
4. The extent of cover may be affected.

General Conditions

1. This Insurance is available for holiday or business travel, but excludes overseas residency, permanent overseas employment, work of a predominantly manual nature or any hazardous activity not agreed on **Our** behalf.
2. That **You** contact the Assistance Company as soon as possible with full details of anything which may result in a claim as a result of a medical emergency.

General Exclusions

We shall not pay for:

1. The first amount of each and every claim per incident claimed for under each Section by each **Insured Person** as denoted by the Schedule of cover.
2. The first €325 of each and every claim arising from the same incident under Sections F.4 rented accommodation (in respect of the use of rented temporary accommodation only) and G Legal Expenses.

No Policy Excess applies to Section A – Loss of deposit only, Section C – Personal accident, D – Travel delay and E(v) – Temporary loss of baggage.

We shall not pay unless agreed in writing on **Our** behalf for any claim arising out of:

1. (a) Mountaineering or climbing, pot holing, motorised competitions or races, sports tours or travelling by motorcycle (other than in respect of motorcycles up to 125cc hired or borrowed during the Period of Insurance and **You** are wearing crash helmets), wintersports, ski racing, ski jumping, ice hockey or the use of bobsleighs or skeletons.
- (b) Any activity in the air, (other than as a passenger in a fully-licensed passenger-carrying-aircraft, bungee jumping and parasailing).

Note: The exclusions shown are not applicable to cancellation claims under Section A.

- (c) wilful exposure to needless danger (other than in an attempt to save human life).

2. Any form of stress or anxiety, Depression or any other mental or nervous disorder that was diagnosed before the Period of Insurance commenced, or before **Your** trip was booked (whichever is later). Mental disorders diagnosed at any other time are also excluded unless investigated and diagnosed by a Hospital Consultant specialising in the relevant field.
3. Any wilfully self inflicted injury or illness, insanity, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, the use of drugs (other than medically prescribed) and the effects of alcohol.
4. Any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation.
5. **Your** participation in any criminal or illegal acts.
6. Any direct or indirect consequence of any act of war, invasion, acts of foreign enemy, (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalization, requisition, destruction of or damage to property by order of any government, local or public authority.
7. Any direct or indirect consequence of: Irradiation, or contamination by nuclear material; The radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or Any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter.
8. (a) Unless **We** provide cover under this insurance, any other loss, damage or additional expenses following on from the event for which **You** are claiming. Examples of such loss, damage, or additional expense would be the cost of replacing locks after losing keys, costs incurred of preparing a claim, or loss of earnings following bodily injury or illness.
(b) Any costs for (i) telephone calls (other than the first call to the Assistance Company to notify them of a medical problem requiring hospitalisation), (ii) taxi fares (unless a taxi is being used in place of an ambulance to take **You** to or from a hospital) or (iii) food and drink expenses (unless these form part of your hospital costs if **You** are kept as an inpatient).
9. **You** will not be covered under Section A – Cancellation or Curtailment, Section B – Medical Expenses or Section C – Personal Accident for any claims arising directly or indirectly from: either A) at the time of taking out this policy:
 - i) Any **Existing Medical Condition** unless **You** have contacted Healthcheck and **We** have agreed to provide cover and **You** have paid the additional premium required.
 - ii) Any **Medical Condition** that **You** or any other person not necessarily travelling but upon whom travel depends such as a **Close Relative** has received a terminal prognosis.
 - iii) Any **Medical Condition** that **You** are aware of but which has not had a formal diagnosis.
 - iv) Any **Medical Condition** for which **You** or any other person not necessarily travelling but upon whom travel depends such as a **Close Relative** is on a waiting list for or has knowledge of the need for surgery in a hospital.
 - v) Any circumstances that **You** are aware of that could reasonably be expected to give rise to a claim on this policy unless **You** have been given **Our** written agreement.
 or B) at any time:
 - i) Any **Medical Condition** that **You** have in respect of which a **Medical Practitioner** has advised **You** not to travel or would have done so had **You** sought his/her advice.
 - ii) Any surgery, treatment or investigations for which **You** intend to travel outside **Your** normal country of residence to receive

(including any expenses incurred due to the discovery of other **Medical Conditions** during and/or complications arising from these procedures).

- iii) Any **Medical Condition** for which **You** or any other person not necessarily travelling but upon whom travel depends such as a **Close Relative** is not taking the recommended treatment or prescribed medication as directed by a **Medical Practitioner**.
- 10. **Your** travel to a country, specific area or event to which the Travel Advice unit of the British Foreign and Commonwealth Office or the World Health Organisation has advised all, or all but essential travel, unless agreed by **Us**.
- 11. Any search and rescue costs or ship to shore rescue costs (cost charged to **You** by a Government, regulated authority or private organisation concerned with finding and rescuing an individual). This does not include medical evacuation costs by the most appropriate transport.
- 12. Private medical treatment unless authorised by Emergency Assistance Facilities.
- 13. Any Consequence, howsoever caused, including but not limited to Computer Virus in Electronic Data being lost, destroyed, distorted, altered, or otherwise corrupted.

For the purposes of this policy, Electronic Data shall mean facts, concepts and information stored to form useable data for communications, interpretations, or processing by electronic or electromechanical data processing or other electronically controlled hardware, software and other coded instructions for the processing and manipulation of such hardware.

For the purposes of this Policy, Computer Virus shall mean a set of corrupting, harmful, or otherwise unauthorized instructions or code, whether these have been introduced maliciously or otherwise, and multiply themselves through a computer system or network of whatsoever nature.

Section A Cancellation or curtailment

Up to the amount shown in the Schedule of cover should **You** necessarily have to cancel the projected journey before commencement or curtail it by returning to **Your** normal country of residence before completion, as a result of:

- i) the death, accidental bodily injury, illness, compulsory quarantine, redundancy that qualifies for payment under current redundancy legislation, cancellation of leave for Irish Forces, Garda or government security staff, summoning to jury service or witness attendance in a court of You or insured travelling companion.
- ii) the death, serious injury or illness of a **Close Relative**, or the person with whom **You** intend to reside at the holiday or journey destination, or **Dependent Business Partner** of **You** or insured travelling companion which necessitates the presence of the person concerned.
- iii) Hijack.
- iv) **Adverse Weather** conditions making it impossible for **You** to travel to the initial point of departure at commencement of outward journey.
- v) major damage or burglary at **Your** home or place of business, which at the request of an emergency service requires **Your** presence.

We will pay:

- a) for Cancellation prior to departure any **Irrecoverable Payments and Charges** (whether paid or contracted to be paid) for travel, accommodation, tours or excursions up to the Sum Insured, for any of the above reasons.
- b) for Curtailment after initial departure a pro-rata proportionate refund of inclusive tour costs, or alternatively the original value of unused air tickets up to the Sum Insured, for any of the above reasons.

Note: Where **You** are not travelling on a pre-paid or fixed itinerary then additional travelling expenses shall be deemed to be those costs in excess of normal tourist class air fares. **Your** claim will be based solely on the number of complete days not used. **Where return to a person's normal country of residence is necessary in an emergency situation You should contact the Assistance Company who may be able to assist in having existing air tickets amended.**

EXCLUSIONS APPLICABLE TO SECTION A

We shall not pay for any claim:

- 1. arising from travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.
- 2. arising from a **Existing Medical Condition** unless **We** have agreed to provide cover and **You** have paid the additional premium required.
- 3. for unused portions of **Your** ticket, where repatriation has been arranged at **Our** expense.
- 4. If **You** have to cut short **Your** trip and do not return to **Your** normal country of residence, **We** will only pay for the equivalent costs which **You** would have incurred had **You** returned to the Republic of Ireland.
- 5. arising from being unable to continue with **Your** travel due to **Your** failure to obtain the passport or visa **You** require for **Your** trip.
- 6. arising from a disinclination to travel
- 7. any cost of a trip that has been paid for as a prize or using any airline reward scheme, for example Air Miles.
- 8. the cost of any Air Passenger Duty.

Section B Medical expenses

1. Medical, Repatriation and Associated Expenses.

Up to the amount shown in the Schedule of cover should **You** suffer accidental bodily injury or illness (including compulsory quarantine) or be hijacked during the Period of Insurance, **We** will pay:

- i) normal and necessary receipted expenses of emergency medical or surgical treatment incurred outside **Your** country of residence including, emergency dental treatment to relieve pain and suffering (limited to €250), specialists or ophthalmic fees, hospital, nursing home and nursing attendance charges, physiotherapy, massage and manipulative treatment, surgical and medical requisites, decompression chambers, ambulance/necessary transport charges (including helicopter/air ambulance charges if necessary on medical grounds and authorised by the Assistance Company). **We** reserve the right to repatriate **You** to **Your** country of residence when in the opinion of the doctor in attendance and their medical advisers **You** are fit to travel.
- ii) reasonable additional accommodation and repatriation expenses incurred by **You** and any one member of the family or party who has to remain or travel with the injured, ill or hijacked **Insured Person**, certified by a doctor to be strictly necessary on medical grounds, and approved by the Assistance Company.
- iii) the travel and reasonable accommodation expenses of one person to travel from their country of residence if their presence is strictly necessary on medical grounds.
- iv) the cost of transporting **You** remains to **Your** former place of residence up to €7,500 or funeral expenses incurred outside **Your** country of residence up to €1,000.

2. Inpatient Benefit.

In addition to the costs referred to above, **We** will also pay €10 for each complete day, up to the amount shown in the Schedule of cover if **You** are confined to hospital outside **Your** normal country of residence.

3. Criminal Injuries Benefit.

Should **You** be admitted to hospital as an inpatient as a result of receiving Criminal Injuries following a personal assault verified by a written report that substantiates the injuries resulted from an unprovoked personal assault, the Inpatient Benefit payable under Section B2 above is increased to €100 per complete day, up to the amount shown in the Schedule of cover, that **You** are confined to hospital outside **Your** normal country of residence.

EXCLUSIONS APPLICABLE TO SECTION B1, B2 and B3

We shall not pay for any claim:

1. arising from travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.
2. arising from a **Existing Medical Condition** unless **We** have agreed to provide cover and **You** have paid the additional premium required.
3. for the cost of medical or surgical treatment of any kind received by **You** later than 52 weeks from the date of the accident or commencement of the illness.
4. for medical expenses incurred in **Your** country of residence.
5. not verified by a medical report obtained whilst travelling.
6. for elective or cosmetic surgery, unless deemed medically necessary and agreed by the Assistance Company.
7. or dental treatment to provide, replace or repair caps, crowns or bridges other than for the relief of pain and suffering.

8. for any form of treatment or surgery which in the opinion of the doctor in attendance and the Assistance Company can be reasonably delayed until **You** return to **Your** country of residence.
9. Any medical treatment and associated costs **You** have to pay when **You** have refused curtailment.

Section C Personal accident

Up to the amount shown in the Schedule of cover in the event of **You** sustaining bodily injury arising wholly and exclusively from violent accidental external and visible means which injury shall solely and independently of any other cause result in his/her death or disablement within twelve calendar months of the injury, **We** agree to pay to **You** or in the event of death to **Your** legal personal representative the following Sum Insured.

1. Death, or €10,000
2. Loss of sight €25,000
3. Loss of one or two limbs, or €25,000
4. Permanent total disablement €25,000

Provided that:

- i) the benefit payable under (1) above is reduced to €1,000 if **You** are under 16 years of age or 66 years of age or over at the time of death
- ii) the total compensation in respect of any one **Insured Person** shall not exceed €25,000.

Definitions

Loss of one or two limbs: loss or severance at or above the wrist or ankle or total permanent loss of use of an entire arm or leg.

Loss of sight: total and irrecoverable loss of sight which shall be considered as having occurred:

- a) in both eyes if **Your** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist.
- b) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

Permanent total disablement: bodily injury other than the above which totally incapacitates **You** from engaging in or attending to any relevant occupation for at least twelve calendar months from the date of the injury and at the end of that time rendering **You** beyond hope of improvement.

Section D Travel delay

1. Delayed Departure or Arrival

We will pay **You** up to the limits shown below if the departure of the aircraft, train or sea vessel in which **You** have arranged to travel is delayed for at least 12 hours from the departure time specified in the travel itinerary, or if the arrival of the aircraft, train or sea vessel at destination is at least 12 hours later than the time specified in the travel itinerary, due to **Strike, Industrial Action, disruption, Adverse Weather** conditions, or mechanical breakdown of the aircraft, train or sea vessel.

The Limits

We will pay either:

- a) compensation up to the amount shown in the Schedule of cover for each 12 hour period of delay commencing from the original booked departure time or arrival time specified in the travel itinerary for each **Insured Person**, or
- b) if **You** elect to cancel the whole travel itinerary prior to departure, **Irrecoverable Payments and Charges** made for the travel, accommodation and other costs up to the amount shown in the Schedule of cover each **Insured Person**.

2. Hijack of Aircraft, Train or Sea Vessel

We will pay compensation up to the amount shown in the Schedule of cover per complete day that **You** are in detention due to unlawful seizure or wrongful exercise of control of an aircraft, train or sea vessel or the crew thereof, in which **You** are travelling as a passenger.

3. Failure of Transport Connections in the Republic of Ireland

If **You** arrive at the point of international departure in the Republic of Ireland too late to commence the booked travel as the result of failure of scheduled public transport services in the Republic of Ireland due to inclement weather, **Strike or Industrial Action**, disruption or mechanical breakdown, or as a result of an accident to the motor vehicle in which **You** are travelling to the point of departure, **We** will pay up to the amount shown in the Schedule of cover for additional travel and accommodation only expenses necessarily incurred by **You** in order to reach the booked destination.

4. Missed connection

We will pay up to the amount shown on the Schedule of cover for necessary additional transport charges incurred to join a pre-booked tour, as a result of the aircraft in which **You** have arranged to travel on the outbound flight is delayed for at least 12 hours from the departure time specified in the travel itinerary.

EXCLUSIONS APPLICABLE TO SECTION D

We shall not pay for any claim arising directly or indirectly from:

1. **Strike or Industrial Action**, disruption, war, invasion, riot, or civil commotion in existence or publicised at the time of effecting the Insurance.
2. the withdrawal from service (temporary or otherwise) of an aircraft or train or sea vessel on the recommendation of a Port Authority or the Irish Aviation Authority or of any similar body.

Section E Personal effects baggage, money and travel documents

We will pay for the Loss, Theft or Damage to:-

- i. **Accompanied personal luggage, clothing or effects belonging to the Insured Person.** Up to the amount shown in the Schedule of cover.
The amount payable will be the value at today's prices less deduction for wear, tear and depreciation.
- ii. **Personal Monies.** Up to the amount shown in the Schedule of cover. Cash, Bank or Currency notes, including reasonable expenses incurred as a result of loss, theft or damage.
- iii. **Tickets.** Up to the amount shown in the Schedule of cover. Air or other tickets including reasonable expenses incurred as a result of loss, theft or damage.
- iv. **Passport or Visas.** Up to the amount shown in the Schedule of cover. In respect of the cost of an emergency replacement or temporary passport or visa obtained whilst abroad including reasonable and receipted expenses incurred to obtain the same.
- v. **Temporary Loss of Baggage** up to the amount shown in the Schedule of cover. If baggage is temporarily lost for more than 24 hours by an airline, railway or shipping company on the outward journey, for the purchase of immediate necessities **We** will pay **You** up to €100 supported by receipts, but this will be deducted from the final claim if the loss is permanent.

NOTE IN RESPECT OF CASH

Cover will be effective from time of collection from bank or currency exchange agent, or for 3 days before commencement of journey, or from date of commencement of this Insurance, whichever is the latter.

CONDITIONS APPLICABLE TO SECTION E

You must comply with the following conditions to have the full protection of their policy. If **You** do not comply **We** may at **Our** option cancel the policy or refuse to deal with their claim or reduce the amount of any claim payment.

1. **You** shall act at all times as if un-insured and shall exercise reasonable care for the safety and supervision of **Your** property and in the event of loss, theft or damage hereunder **You** shall take all reasonable steps to recover any lost property.
2. The maximum **We** will pay for any insured article shall be limited and denoted in the Schedule of cover, the value of a pair or set of articles is also limited, and the value of disc collections, including DVDs, electronic games and music discs shall be limited to €200. **You** shall produce receipts or other evidence of value and ownership where possible and in any event in respect of any item valued in excess of €100. Where this is not done liability shall be limited to €100.
3. Loss, theft or damage whilst in the custody or control of a carrier, authority, transport company, garage or hotel must be reported in writing to them and written acknowledgement obtained.
4. There is a maximum limit in respect of **Valuables** as denoted in the schedule of cover.
5. Payment for air tickets is limited to the original purchase price proportionately for each leg of the journey and loss, theft or damage must be reported immediately to the issuing agent or loss adjusters.
6. Claims for loss, theft or damage to spectacles or sunglasses are limited to €100 per pair.
7. **Your** failure to comply with local authority advice when checking in luggage may result in a claim being reduced or declined.

EXCLUSIONS APPLICABLE TO SECTION E

We shall not pay for any claim arising out of:

1. damage due to moth, vermin, wear and tear and gradual deterioration.

2. loss, theft or damage to contact or corneal lenses, dentures or other aids or appliances, cycles, wind or kite/surf boards or mobile telephones. Winter Sports equipment unless the appropriate additional premium has been paid and is shown on Your validation certificate or booking invoice.
3. loss, theft or damage to property hired to You or confiscated by Garda, Police, Customs or other relevant authority.
4. loss, theft or damage not reported whilst travelling overseas to the Police or other relevant authority and a written statement obtained in confirmation.
5. the breakage of fragile articles and the consequence thereof unless caused by fire or accident to a means of conveyance. For example Your clothes or camera being damaged by a spillage.
6. mechanical breakdown or derangement.
7. loss, theft or damage to business or professional goods, equipment or samples.
8. loss, theft or damage to money, or **Valuables** left **Unattended** (including in a vehicle or the custody of carriers), unless in a locked safe, a locked hotel room, locked apartment, or locked holiday residence. **Valuables** and money are not insured if left in 'checked in' luggage.
9. shortages due to error or omission, depreciation in value.

Section F Personal liability

We will pay **You** up to the Sum Insured against all costs **You** become legally liable to pay as damages together with claimant's costs in respect of:

- (i) Accidental bodily injury to or death or illness of any person
- (ii) Accidental loss of or damage to material property, occurring during the Period of Insurance. **We** will in addition pay all costs and expenses incurred with its written consent.

EXCLUSIONS APPLICABLE TO SECTION F

We shall not pay for any claim arising out of:

1. the ownership, possession or use of any aircraft, yachts or mechanically propelled vehicle including watercraft.
2. the ownership or use of lands or buildings (other than use only of rented temporary accommodation, in which case the first €325 of each and every claim is excluded).
3. any wilful or malicious act.
4. the pursuit of any trade, business or profession.
5. bodily injury, death or illness of **You** or **Your Close Relatives** or **Dependant Business Partner**.
6. liability assumed under agreement unless such liability would have attached notwithstanding any such agreement, such as hire agreement.
7. **We** will not pay more than €2,000,000 for damages payable for any claim or claims arising from one event.
8. the ownership or use of any firearm or weapon.
9. animals belonging to **You** or in **Your** care or custody.

Section G Legal expenses

We will pay for legal costs and expenses, or the appointment of a claims agent in order to pursue compensation and/or damages against a third party arising from or out of personal injury to or death of **You** occurring during the Period of Insurance up to the amount shown in the Schedule of cover.

We shall have complete control over the legal proceedings and the appointment and control of a solicitor or claims agent.

EXCLUSIONS APPLICABLE TO SECTION G

We shall not pay for:

1. costs incurred in pursuance of any claim against a travel agent, or tour operator including any employee, servant or agent thereof, carrier or their suppliers, travelling companion, **Close Relative** or **Us** or **Our** representatives.
2. legal expenses incurred prior to the granting of support by **Us** or without **Our** written consent.
3. any claim where, in **Our** opinion, there is insufficient prospect of success in obtaining a reasonable benefit.
4. claims for professional negligence.
5. claims against any employer, or whilst carrying on any trade or profession.
6. the first €325 of any claim.

LEGAL EXPENSES CLAIMS

If **You** suffer a personal injury and wishes to claim against the person who caused it **You** should contact:

Claims Settlement Agencies 308-314 London Road Hadleigh
Essex SS7 2DD

General advice

What you must do in the event of a medical emergency

MEDICAL EMERGENCIES

IMMEDIATE CONTACT MUST BE MADE with Emergency Assistance Facilities in the event of death or injury or illness necessitating any of the following:

- (i) HOSPITALISATION
- (ii) REPATRIATION
- (iii) ALTERATION TO TRAVEL PLANS
- (iv) CURTAILMENT OF TRAVEL

The emergency assistance provided for You by this insurance is operated by Emergency Assistance Facilities. In the event of any illness, injury, accident or hospitalisation which requires:

Emergency Assistance Facilities:

t +44 (0) 203 829 6745

You will need to have some basic information for them to hand:

- Your telephone number in case you are cut off;
- Patient's name, age, and as much information about the medical situation as possible;
- Name of the hospital, ward, treating doctor and telephone numbers if you have them;
- Tell them that you have Riviera Travel Insurance, policy number and the date it was bought; and
- Patient's UK GP contact details in case they need further medical information

Please note, **Insured person**/Treating Doctor or Hospital. In the event of a Medical Emergency Emergency Assistance Facilities must be contacted by the **Insured person** or someone acting on their behalf at the first available opportunity. Details of how to contact them are shown on this page 25 of this document.

Failure to contact Global Response could result in **Your** claim being limited to £500

We reserve the right to limit payment to what **Our** medical officer deems reasonable.

If **Our** medical officer advises a date when it is feasible and practical to repatriate **You**, but **You** choose instead to remain abroad, Our liability to pay any further costs under this section after that date will be limited to what **We** would have paid if **Your** repatriation had taken place.

TREATING DOCTOR/HOSPITAL: For travel to the United States of America: **We** will only pay for reasonable and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges. This means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

Governing Law

Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the United Kingdom in which **Your** main residence is situated.

Data Protection Act 1998

You should understand that any information you have given to Travel Insurance Facilities PLC will be used in their function as a Data Controller for the administration of the insurance contract. This information will be processed in compliance with the provisions of the UK Data Protection Act and the General Data Protection Regulation that came into force on 25th May 2018 for the purpose of providing travel insurance and handling claims, complaints and medical assistance, if any.

This involves providing such information to other parties, including the selling agent, claims handlers and Union Reiseversicherung AG (URV, the insurer of tifgroup). For example this would occur in circumstances, such as a medical emergency. This may require transferring information about you to countries outside the European Economic Area (EEA). You have a right to access, rectification and erasure of information that Travel Insurance Facilities PLC holds about you.

If you would like to exercise either of these rights you should contact in writing: The Data Protection Officer, Travel Insurance Facilities, 1 Tower View, Kings Hill, West Malling, Kent, ME19 4UY. It is our aim to provide high standard of service and to meet any claims covered by these policies honestly, fairly and promptly. There are, however, times when misunderstandings occur on both sides. If you do not feel that the matter has been dealt with to your satisfaction or you have some new evidence which we have not seen, you may bring

this to the claims manager's attention in writing: The Claims Manager, Travel Claims Facilities, 1 Tower View, Kings Hill, West Malling, Kent, ME19 4UY

Travel insurance Facilities are registered with the Information Commissioner's Office and undertake to comply with the General Data Protection Regulation ("GDPR") and (EU) 2016/679 (on and from 25 May 2018), and, in the event that the UK leaves the European Union, all legislation enacted in the UK in respect of the protection of your personal data.

For our full privacy policy terms, please see: <http://www.tifgroup.co.uk/privacy/>

What to do if you need to make a claim

To notify a claim and request a claims form please contact the claims handlers: www.policyholderclaims.co.uk

Travel Claims Facilities

PO Box 395, Monks Green Farm, Mangrove Lane, Hertford, SG13 9JW

t +44 (0) 203 829 6761

email claims@tifgroup.co.uk

CLAIMS CHECKLIST

The following documentation will be required by the Claims Handlers, in order that a claim may be processed. Originals will be required, as settlement cannot be made with photocopied documents.

For all sections of cover **You** will be required to submit:

- a) **Your** validation certificate confirming proof of payment of insurance premium where applicable.
- b) **Your** travel confirmation booking invoice (showing **Your** itinerary and dates of travel).

CANCELLATION OR CURTAILMENT

Your Cancellation Invoice

Completed Medical Certificate if Cancellation for medical reasons (which can be found on the claim form)

Original Air Tickets

Copy of Death Certificate (if applicable)

Redundancy letter (if applicable) Evidence from treating doctor confirming curtailment was medically necessary (Curtailment only)

LUGGAGE AND PERSONAL MONEY

Receipts or other evidence to support ownership and value for the items claimed

Airline or other Tickets and Baggage Check Tags

A written report from the person/company to whom the loss was reported whilst travelling overseas (e.g. Police Report)

Proof of date and time baggage was returned to **You** (Baggage Delay Claims only)

Evidence to support damage (e.g. Repairers report of total loss or damage and current price)

MEDICAL EXPENSES

Original Receipts

Medical Evidence to support nature of illness or injury

Evidence of Hospital admission and discharge

Original Travel Tickets

Additional Travel Tickets (if applicable)

TRAVEL DELAY/ MISSED DEPARTURE

Original Air Tickets

Replacement tickets and invoices /receipts

A letter from the airline (or similar) confirming the scheduled and actual time of departure including the official cause of the delay.

Travel Insurance

Insurance Product Information Document

Company: Travel Insurance Facilities Plc

Authorised and regulated by the Financial Conduct Authority, FRN 306537

Registered in England & Wales, Number 03220410

Product: Riviera Travel Ireland Single Trip Cover

The following summary does not contain the full terms and conditions of the contract which can be found in your policy documentation. The agreed sums insured are specified in your policy schedule.

What is this type of insurance?

This is a travel insurance policy



What is insured?

We offer a single trip policy options through our level of cover

The policy covers up to the following

✓ Cancellation or Curtailment	€5,000
✓ Medical Expenses	€5m
✓ Inpatient Benefit	€500
✓ Criminal Injuries Benefit	€5,000
✓ Personal Accident – disability	€25,000
✓ Death	€10,000
✓ Delayed departure / Arrival	€100
✓ Cancellation due to Delayed Departure	€5,000
✓ Hi-jack of Aircraft, train or sea vessel	€3,000
✓ Failure of Transport	€1,000
✓ Missed Connection	€1,000
✓ Personal Effects	€2,500
✓ Personal Liability	€2m
✓ Legal Expenses	€15,000



What is not insured?

- ✗ **Excesses** apply on the Riviera Travel Ireland policy and are shown in the Document of Insurance - you are responsible for paying this amount in the event of a claim.
- ✗ Existing medical conditions that you haven't told us about or where we've not agreed to cover them in writing
- ✗ Dental treatment other than to alleviate sudden pain
- ✗ Trips which have begun before your policy cover start date
- ✗ Events or situations you know about before taking out a policy or booking a trip which could mean you can't travel
- ✗ You taking part in activities unless stated as covered on your Policy Documentation
- ✗ Claims caused by alcohol, drugs or substance abuse
- ✗ Natural damage (e.g. wear & tear or from weather)



Are there any restrictions on cover?

- ! There is no cover for trips booked or travel to a destination outside the area of cover shown on your Policy Schedule
- ! Unless agreed with us there will be no cover if the FCO advise against travel to your destination
- ! There is no cover at the start of the policy if anyone to be insured is waiting to have any medical investigation, or the results of any test or investigations, unless these relate to an already diagnosed condition you've told us about
- ! There is no cover to cancel or cut short a trip because of any follow up appointment or surgery that relates to investigations or tests that are known about when a trip is booked
- ! There is no cover for valuables or money unless with you, in a safe/safety deposit box or locked in your accommodation



Where am I covered?

IMPORTANT: this will depend on your needs - the cover you chose is shown on your Policy Schedule. We have four options available to you; please contact your selling agent for more information:

- ✓ Worldwide
- ✓ Worldwide excluding North America
- ✓ Europe
- ✓ UK



What are my obligations?

- At the start of the policy you must give complete and accurate answers to any questions we may ask you
- Premiums must be paid on time
- If you need to make a claim you must provide us with a fully completed claim form as soon as possible
- If you need medical assistance while abroad, you must call us before going to a medical facility (other than a pharmacy), or as soon as you possibly can thereafter
- You must let us know of any changes including any changes to medical conditions or the health of anyone on the policy



When and how do I pay?

You must pay your premium before the policy can be issued, you can do this by contacting your selling agent to make payment.



When does the cover start and end?

Single trip travel insurance covers the period from the date on which you pay your premium until the return date shown in your policy schedule.



How do I cancel the Contract?

You have a 'cooling off' period where, should you decide that you find that the terms and conditions do not meet your requirements and provided you have not travelled or claimed on the policy. You can do this by contacting your selling agent within 14 days of purchase to obtain a full refund of the premium paid.

Should you wish to cancel your policy outside of the 14 day cooling off period, provided you have not made a claim on the policy (irrespective of whether your claim was successful or not), you have not travelled, and you confirm in writing that there is no claim pending, in addition to a £15 administration charge, we will refund 5% of the total premium paid on your multi trip policy, for each full calendar month remaining on the policy from the date of cancellation, or for Single trip policies we will refund 50% of the policy premium and any additional premium applied to your existing medical conditions.