

Voyager WEBroker Travel Insurance Policy

Ref VOY/WBB/2010 Valid for issue no later than 30th November 2010



Voyager Insurance Services Ltd

BENEFITS SCHEDULE

The cover type **you** have selected is shown in **your** insurance documentation. Limits and excesses shown are for each **person insured**, unless specified otherwise within the policy.

Section / cover	Single trip, Annual multi-trip & Longstay Limit (up to)	Excess *
24 hour emergency medical assistance	Included	Nil
Pre-travel advice	Included	Nil
1 Cancellation/curtailment Replacement employee	£5,000 £2,500	£50 (£20 deposit only)** Nil
2 Medical emergency and associated expenses <i>Dental</i> <i>Hospital benefit</i>	£10 million £350 £20 per day £1,000 max	£50*** £50 Nil
3 Loss of passport	£500	Nil
4 Delayed possessions	£200	Nil
5 Personal possessions (Under 18 possessions limit) <i>Single article, pair or set</i> <i>Valuables max</i>	£2,000 £500 £250 £500	£50 £50
6 Personal money <i>Cash limit</i> (Under 18 cash limit)	£500 £250 £50	£50
7 Personal accident (Age restrictions apply)	£5,000 - death £30,000 - loss of sight or limb £30,000 - total disablement	Nil
8 Journey disruption	£1,000	£50
9 Departure delay	£40 first 12hrs £20 extra 12hrs max up to £200 - delay £5,000 - abandonment	Nil £50
10 Personal liability	£2 million	£100
11 Legal expenses	£20,000	£100
12 Holiday financial protection	£3,000	Nil
13 Hi-jack (amount per day)	£1,000 (£100)	Nil
14 Mugging (amount per day)	£500 (£50)	Nil
15 Pet care	£500	Nil
The following covers only apply to Annual multi-trip cover or where the extra winter sports premium has been paid for Single trip or Longstay cover.		
16 Winter sports cover <i>Ski equipment</i> <i>Single article (own)</i> <i>Single article (hired)</i> <i>Ski pack</i> <i>Piste closure - (Single & Annual Multi-trip only)</i>	£800 £500 £300 £400 £20 per day £200 max	£50 £50 Nil

* No excess will apply for single trip and annual multi-trip when the appropriate extra premium has been paid for excess waiver and this is shown on **your** certificate.

** For adults aged 65 to 84 inclusive, the excess under section 1 is £100 (£20 loss of deposit).

*** For adults aged 65 to 84 inclusive the excess under section 2 is £100.

PLEASE NOTE: Maximum excess applicable for any one incident is £100 (or £200 for adults aged 65-84 inclusive)

This policy is available in large print, audio and Braille.
Please phone 01483 562662 and we will be pleased to organise an alternative version for you.

Annual multi-trip features	
Maximum age at inception	69
Maximum period per journey	45 days
Total travel during period of insurance	183 days
Travel for business reasons	Covered
Journeys within UK only (see journey definition on page 2)	Covered
Independent travel: Couple policy Family policy	Yes Yes
Maximum days winter sports during period of cover	21 days
Single trip features	
Maximum age at date of departure	84
Maximum journey period	45 days
Travel to be completed by	1st December 2011
Long stay features	
Maximum age at date of departure	64
Maximum journey period	15 months
Travel to be completed by	1st March 2012

Important Questions

Please answer these questions in relation to yourself and your travelling companions insured by us and contact the pre-screening service if necessary.

1. Within the last 2 years, have any of you suffered from, been investigated, treated for or diagnosed with:
a. any cancer or malignant condition
b. any lung- or heart-related condition (including angina)?

Yes

There is NO cover for claims related directly or indirectly to these conditions.

However, cover may be available by contacting our Medical Pre-Screening Service on **0845 118 0058 9.00am - 5.00pm Mon-Fri** You must quote reference: **Voyager WEBroker**

In most cases cover is provided at no extra cost. If special terms are necessary we will explain them to you and confirm them in writing.

No

2. Do any of you suffer from any other medical condition that has required referral or consultation with a specialist or hospital for treatment, investigation or check up within the 12 months prior to:
a. the date this insurance was arranged;
b. the date that you subsequently made arrangements for a trip, or
c. the date that you extended the original period of your insurance?

Yes

No

Your medical conditions (if any) will be covered.

3. Are you planning to take part in any Hazardous Activities (see definition) or are you aware of any other circumstances that could reasonably be expected to give rise to a claim? If so please contact Voyager Insurance Services on 01483 562662.

IMPORTANT TELEPHONE NUMBERS

Customer Services:	01483 562662
Medical Pre-Screening service:	0845 118 0058
24-hr Emergency Medical Helpline:	within UK 020 8603 9929 outside UK +44 20 8603 9929
24-hr Legal Helpline:	within UK 020 8603 9804 outside UK +44 20 8603 9804
Claims (Sections 1-11 and 13-16)	020 8603 9958
Claims (Section 12)	within UK 020 8776 3752 outside UK +44 20 8776 3752

IMPORTANT INFORMATION

Thank you for taking out Voyager WEBroker travel insurance with us. Your certificate shows the sections of the policy you have chosen, the people who are covered and any special terms or conditions that may apply. It is very important that you read the whole of this policy before you travel and make sure you understand exactly what is and is not covered and what to do if you need to claim. If you need to contact us, you should call Voyager on 01483 562662.

Insurer
Sections 1-11 and 13-16 of your Voyager WEBroker travel insurance are underwritten by Mondial Assistance Europe N.V. and administered in the **United Kingdom** by Mondial Assistance (UK) Limited. Section 12 is underwritten by a consortium of Association of British Insurers member companies and Lloyds Syndicates and provided by International Passenger Protection Limited.

How your policy works

Your policy and certificate is a contract between you and us. We will pay for any claim you make which is covered by this policy and happens during the **period of insurance**. Unless specifically mentioned the benefits and exclusions within each section, apply to each **person insured**. Your policy does not cover all possible events and expenses.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

Telling us about relevant facts

Before you travel you must tell us about anything that may affect your cover. If you are not sure whether something is relevant, you must tell us anyway. You should keep a record of any extra information you give us. If you do not tell us about something that may be relevant, your cover may be refused and we may not cover any related claims.

Cancellation rights

If your cover does not meet your requirements, please notify your issuing agent, broker or contact Voyager on 01483 562662 within 14 days of receiving your certificate and return all your documents for a refund of your premium.

You should contact your issuing agent / broker or call Voyager on **01483 562662**.

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

Please note that your cancellation rights are no longer valid after this initial 14 day period.

Policy excess

Under some sections of your policy, you will have to pay an excess. This means that you will be responsible for paying the first part of the claim for each **person insured**, for each section, for each incident. The amount you have to pay is the **excess**. No excess will apply for single trip and annual multi-trip when the appropriate extra premium has been paid for excess waiver and this is shown on your certificate.

Data protection

Information about your policy may be shared between Voyager Insurance Services Ltd, Mondial Assistance (UK) Limited and Mondial Assistance Europe N.V., International Passenger Protection Limited and the consortium of Association of British Insurers member companies and Lloyds Syndicates for underwriting purposes.

You should understand that the sensitive health and other information you provide will be used by us, our representatives (if appropriate), the insurer, other insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). We have taken steps to ensure your information is held securely.

Your information will not be shared with third parties for marketing purposes. You have the right to access your personal records.

Financial Services Compensation Scheme (FSCS)

For your added protection, the insurer is covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

For policies sold before 31st December 2009, insurance cover is limited up to 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. For policies sold after this date insurance cover is limited up to 90% of the claim without any upper limit.

Further information about the compensation scheme arrangements is available from the FSCS, telephone **020 7892 7300**, or by visiting their website at **www.fscs.org.uk**.

Governing law

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

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 Contract (Rights of Third Parties) Act 1999.

Renewal of your insurance cover

If you have annual multi-trip cover, your issuing agent/broker will send you a renewal notice prior to the expiry of the **period of insurance** as shown on your certificate.

The terms of your cover and the premium rates may be varied by us at the renewal date. We will give you at least 21 days written notice before the renewal date should this happen.

At renewal you must tell us about relevant facts and check to see that you still comply with the Health declaration (see page 3) as this may affect the cover provided. If you do not comply with the health declaration, this may invalidate your insurance.

DEFINITION OF WORDS

When the following words and phrases appear in the policy document or certificate, they have the meanings given below. These words are highlighted by the use of bold print.

Accident

An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.

Appointed adviser

The solicitor or appropriately qualified person, firm or company, including us, who is chosen to act for you in your claim for compensation.

Area of cover

You will not be covered if you travel outside the area you have chosen as shown on your certificate.

For single trip cover

- **Area 1 - UK**
England, Scotland, Wales, Northern Ireland and the Isle of Man.
- **Area 2 - Europe**
UK, Continental Europe, Mediterranean Islands, the Channel Islands, Morocco, Algeria, Tunisia, Libya, Egypt, Israel, Turkey, Madeira, Canary Islands, the Azores, Iceland, the Republic of Ireland, Russia, Estonia, Latvia, Lithuania, Belarus, Ukraine, Moldova and Georgia.
- **Area 3 - Worldwide (excluding USA)**
Worldwide, excluding United States of America, Canada and all islands in the the Caribbean Sea including the Bahamas.
- **Area 4 - Worldwide (including USA)**
Worldwide.

For long stay cover

- **Area 1 - Europe** (as defined above)
 - **Area 2 - Australia and New Zealand**
 - **Area 3 - Worldwide (including USA)**
- For annual multi-trip cover
- **Area 1 - Europe** (as defined above)
 - **Area 2 - Worldwide (including USA)**

Business associate

Any person in your home country that you work closely with, whose absence from work means that the director of your business needs you to cancel or curtail your journey.

Channel Islands

Jersey, Guernsey, Sark, Alderney and Herm.

Couple

For annual multi trip cover, two adults who have been permanently living together for at least 6 months. Each adult can travel independently.

Doctor

A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than you or a relative.

Departure point

The airport, international train station or port where your outward journey to your destination begins and where your final journey back home begins. (including any connecting transport you take later)

End supplier

A scheduled airline, ferry, cruise, coach or rail company, caravan, mobile home, campsite or car rental company, hotel, villa, cottage or similar accommodation provider, excursion or safari company or theme park.

Excess

The deduction we will make from the amount otherwise payable under this policy for each **person insured**, for each section, for each claim incident. For example a **couple** that both have **personal possessions** stolen from their bag and both incur a medical expense during the same **journey**, will have a total of four excesses deducted. No excess will apply for single trip and annual multi-trip when the appropriate extra premium has been paid for excess waiver and this is shown on your certificate.

Family

Two adults and all of their children (including foster children) aged 17 and under (20 and under if in full time education). All persons must live at the same address. For annual multi-trip cover each family member can travel independently.

Hazardous activity

The following activities are automatically covered:

- banana boating, cricket, cycling, deep sea fishing, fell walking, glacier walking, golf, hiking, horse riding (not competitions, show jumping, hunting, eventing, polo or rodeo), jet skiing, marathon running, mountain biking, netball, orienteering, parasailing over water, ringos, running, safari trekking in a vehicle (must be an organised tour), scuba diving to a depth of 30 metres (if you hold a certificate of proficiency or you are diving with a qualified instructor), snorkelling, surfing, swimming, trekking, wakeboarding, walking, water skiing, windsurfing and zorbing.

There is no cover for:

- any professional sporting activity; or
- any kind of racing except racing on foot; or
- any kind of manual work.

We may be able to cover you for other activities that are not listed. Please contact Voyager on **01483 562662**. An extra premium may need to be paid.

Home

Your usual place of residence in the **UK** or the **Channel Islands**.

Insurer

- Mondial Assistance Europe N.V. for sections 1-11 and 13-16.
- A consortium of Association of British Insurers members and Lloyd's Syndicates for section 12.

Journey

A trip that takes place during the **period of insurance** which begins when you leave home and ends when you get back home or to a hospital or nursing home in your home country, whichever is earlier.

- For single trip or long stay cover
 - you will only be covered if you are under the maximum age shown in your schedule of benefits at the date your policy was issued.
 - any other trip which begins after you get back is not covered.
 - a trip which is booked to last longer than the maximum number of days shown in your schedule of benefits is not covered.
- For annual multi-trip cover
 - you will only be covered if you are under the maximum age shown in your schedule of benefits at the start date of your policy.
 - a trip which is booked to last longer than the maximum number of days shown in your schedule of benefits is not covered.
 - trips within your **home country** are only covered when they last for at least 2 nights and they either have:
 - i pre-booked transport or accommodation; or
 - ii be more than 25 miles from your home (unless it involves a sea crossing).
 - you will be covered for taking part in **winter sports** activities for up to the number of days shown in your schedule of benefits in total during the **period of insurance**.
- For long stay cover
 - This cover allows you to return to the **UK** for short term visits of up to two weeks, as long as they are not subject to a claim. Cover is temporarily suspended for the duration of these visits.

Legal action

Work carried out to support a claim that we have agreed to. This includes settlement negotiations, hearings in a civil court, arbitration and any appeals resulting from such hearings other than an application by you:

- to the European Court of Justice, European Court of Human Rights or similar International body; or
- to enforce a judgement or legally binding decision.

Legal costs

Fees, costs and expenses (including Value Added Tax or equivalent local goods and services tax) which we agree to pay for you in connection with **legal action**. Also, any costs which you are ordered to pay by a court or arbitrator (other than damages, fines and penalties) or any other costs we agree to pay.

Pair or set

A number of items of **personal possessions** (not including **ski equipment**) that belong together or can be used together.

Period of Insurance

- For single trip and long stay cover
Cancellation cover begins from the issue date shown on your certificate and ends at the beginning of your **journey**. The cover for foreign currency under the personal money section starts from the time of collection or up to 72 hours before the beginning of your **journey** (whichever is the later). The cover for all other sections starts at the beginning of your **journey** and finishes at the end of your **journey**.
- For annual multi-trip cover
Cancellation cover begins on the start date shown on your certificate or the date you booked your **journey**, which ever is the later and ends at the beginning of your **journey**. The cover for foreign currency under the personal money section starts from the time of collection or up to 72 hours before the beginning of your **journey** (whichever is the later). The cover for all other sections starts at the beginning of your **journey** and finishes at the end of your **journey**.
- For single trip, annual multi-trip and long stay cover
All cover ends on the expiry date shown on your certificate, unless you cannot finish your **journey** as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances we will extend cover free of charge until you can reasonably finish that **journey**. If you have selected the one-way trip option on your long stay policy, then all cover will end 48 hours after arriving at your final destination.

Personal money

Cash, cheques, postal and money orders, current postage stamps, travellers' cheques, coupons or vouchers which have a monetary value, admission tickets and travel tickets, all held for private and not business purposes.

Personal possessions

Each of your suitcases, trunks and similar containers (including their contents) and articles worn or carried by you (including your valuables).

Redundancy

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period of two years if you are aged 18 and over or 65 and under.

Relative

Your mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).

Resident

A person who has their main **home** in the **UK** or the **Channel Islands** and has not spent more than six months abroad during the year before the policy was issued.

Ski equipment

This consists of skis, poles, boots, bindings, snowboards or ice skates.

Ski pack

Hired **ski equipment**, ski school fees and lift passes.

Travelling companion

Any person that has booked to travel with **you** on **your journey**.

United Kingdom (UK)

England, Scotland, Wales, Northern Ireland, and the Isle of Man.

Valuables

Jewellery, watches, items made of or containing precious metals or semi-precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer, television, fax and phone equipment (including mobile phones), MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.

We, our, us

- Mondial Assistance (UK) Limited which administers the insurance on behalf of the **insurer** of sections 1-11 and 13-16.
- International Passenger Protection Limited who provide the insurance on behalf of the **insurer** of section 12.

Winter sports

The following activities are covered if **winter sports** cover is shown on **your** certificate:

- Skiing, snowboarding, big-foot skiing, cross-country skiing, glacier skiing, mono-skiing, sledging, snow blading and tobogganing. (Off piste skiing is covered when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines).

There is no cover for:

- Bobsledding, heli skiing, lugeing, ski acrobatics, ski flying, ski jumping, ski racing, ski stunting or snow cat skiing.

We may be able to cover **you** for other activities that are not listed. Please contact Voyager on **01483 562662**. An extra premium may need to be paid.

You, your, person insured

Each person shown on the certificate, for whom the appropriate insurance premium has been paid.

PRE-TRAVEL ADVICE

For advice about the visas and vaccinations **you** may need for **your journey** or for general information such as the safety of drinking water, tipping and opening hours of banks and shops at **your** destination, contact **our** 24-hour pre-travel advice line on **020 8603 9929** textphone **020 8666 9562** quoting Voyager WEBroker Travel Insurance.

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** must also tell **us** if **your** medical expenses are over **£250**. If **you** are claiming for a minor illness or accident **you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call 24 hours a day 365 days a year or email.

Within **your home** country

Phone **020 8603 9929** textphone **020 8666 9562**

Fax **020 8603 0204**

Outside **your home** country

Phone **+44 20 8603 9929** textphone **+44 20 8666 9562**

Fax **+44 20 8603 0204**

email **international_dept@mondial-assistance.co.uk**

Please give **us your** age and **your** policy number. Say that **you** are insured with Voyager WEBroker travel insurance. Below are some of the ways the 24-hour emergency medical assistance service can help.

Confirmation of payment

We will contact hospitals or doctors abroad and guarantee to pay their fees, providing **you** have a valid claim.

Repatriation

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing home in **your home** country, **you** will normally be transferred by regular airline or road ambulance. Where medically necessary in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go home early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

You can contact **us** at any time day or night. **You** will be answered by one of **our** experienced assistance co-ordinators who **you** should give all relevant information to. Please make sure **you** have details of **your** policy before **you** phone.

RECIPROCAL HEALTH ARRANGEMENTS

European Health Insurance Card (EHIC) - the replacement for the E111

- The EHIC entitles **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. The card gives access to state-provided medical treatment only. Remember, this might not cover all the things **you** would expect to get free of charge from the NHS in the **UK**. **You** may have to make a contribution to the cost of **your** care.
- **You** may apply for an EHIC online at **www.dh.gov.uk/travellers** or by calling **0845 606 2030**. Application forms are also available from the Post Office.

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**.

If **you** make use of these arrangements or any other worldwide reciprocal health arrangement which reduces **your** medical expenses, **you** will not have to pay an **excess**.

HEALTH DECLARATION AND HEALTH EXCLUSIONS

These apply to the Cancellation or curtailment charges, Emergency medical and associated expenses and Personal accident sections.

It is very important that you read and understand the following and if necessary declare any existing medical conditions to us on the telephone number below.

Important Questions

Please answer these questions in relation to yourself and your travelling companions insured by us and contact the pre-screening service if necessary.

1. Within the last 2 years, have any of your suffered from, been investigated, treated for or diagnosed with:
- a. any cancer or malignant condition
 - b. any lung- or heart-related condition (including angina)?

Yes

There is NO cover for claims related directly or indirectly to these conditions.

However, cover may be available by contacting our Medical Pre-Screening Service on **0845 118 0058 9.00am - 5.00pm Mon-Fri**

You must quote reference: **Voyager WEBroker**

In most cases cover is provided at no extra cost. If special terms are necessary we will explain them to you and confirm them in writing.

No

2. Do any of you suffer from any other medical condition that has required referral or consultation with a specialist or hospital for treatment, investigation or check-up within the 12 months prior to:
- a. the date this insurance was arranged;
 - b. the date that you subsequently made arrangements for a trip, or
 - c. the date that you extended the original period of your insurance?

Yes

No

Your medical conditions (if any) will be covered.

3. Are you planning to take part in any Hazardous Activities (see definition) or are you aware of any other circumstances that could reasonably be expected to give rise to a claim? If so, please contact Voyager Insurance Services on 01483 562662.

Minor ailments

You do not have to declare minor ailments e.g. hay fever, tonsillitis, ear infections, colds / flu, skin irritations, chiropody, dental treatment etc if **you**:

- were only prescribed short term antibiotics, non-prescription pain killers, creams / ointments;
- have had no further problems since; or
- have been advised by **your doctor** that it is safe to travel.

You should call the medical line on **0845 118 0058** and quote **Voyager WEBroker** if:

- **you** need to declare a medical condition;
- **you** develop a medical condition after **your** policy was issued;
- **your** existing condition changes after **your** policy was issued;
- **you** are unsure whether a medical condition needs to be declared or not.

The confidential helpline will be able to confirm if cover can be provided for **your** medical conditions. If **you** need to make a claim arising from a medical condition that has not been declared and accepted by **us**, it is unlikely that **your** claim will be paid.

If **we** are unable to cover a medical condition, this will mean that any other **person insured** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.

Each **person insured** would still be covered for any unrelated medical condition(s) and other sections of cover subject to the terms and conditions of this policy.

RELEVANT FACTS

You must tell **us** all relevant facts. A relevant fact is one that is likely to influence **us** in accepting **your** insurance. This could be the state of **your** health or that of a close **relative**, or any planned **hazardous activities**. This requirement also applies to any changes in these things prior to departure.

Please refer to the Health declarations and Health exclusions above and to general Exclusion 1 on page 4 of this policy.

If **you** are in any doubt as to whether a fact is relevant, **you** should tell **us** by calling 01483 562662, if **you** do not this may result in **your** claim being invalid. Please note calls may be recorded.

Note

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

GENERAL EXCLUSIONS

The following exclusions apply to the whole of **your** policy:

We will not cover **you** for any claim arising from, or relating to, the following:

- 1 A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
- 2 War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, terrorism, (except under the Emergency medical and associated expenses, Personal possessions and Personal Accident sections where the terrorist activity takes place during **your journey**) weapons of mass destruction.
- 3 Willful exposure to areas known to be infected with:
 - Severe Acute Respiratory Syndrome (S.A.R.S); or
 - Avian Influenza, Asian Bird Flu and / or H5N1; or
 - Any other Influenza A virus of epidemic or pandemic proportions.
- 4 **You** not following any suggestions or recommendations made by any government or other official authority including the Foreign and Commonwealth Office during the **period of insurance**.
- 5 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 6 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 7 Any currency exchange rate changes.
- 8 The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any data as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and Personal Accident sections).
- 9 **You** acting in an illegal or malicious way.
- 10 **You** not enjoying **your journey** or not wanting to travel.
- 11 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.

CONDITIONS

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

- 1 **You** are a **resident** of the **UK** or the **Channel Islands**.
- 2 **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have a valid certificate.
- 4 **You** accept that **we** will not extend the **period of insurance**:
 - for single trip and long stay cover if the original policy plus any extensions have either ended, been in force for longer than the maximum number of days shown on **your** schedule of benefits or **you** know **you** will be making a claim.
 - for annual multi-trip cover beyond the expiry of **your** policy.
- 5 **You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' on page 4 for more information.
- 6 **You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.
- 7 **You** are not over the maximum age shown on **your** schedule of benefits.

We have the right to do the following

- 1 Cancel the policy if **you** do not tell **us** about a relevant fact or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not. A full premium refund will be given and depending on the circumstances **we** may report the matter to the police.
- 2 Cancel the policy and make no payment if **you** make a fraudulent claim. **We** may in these instances report the matter to the police.
- 3 Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
- 4 Take over and deal with, in **your** name, any claim **you** make under this policy.
- 5 Take legal action in **your** name (but at our expense) and ask **you** to give **us** details and fill in any forms (including Department of Social Security forms), which will help **us** to recover any payment **we** have made under this policy.
- 6 With **your** or **your** Personal Representatives permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
- 7 Send **you home** at any time during **your journey** 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.
- 8 Not accept liability for costs incurred after the date the treating **doctor** and **our** medical advisers agree **you** should return to **your home** country, if **you** refuse to be repatriated.
- 9 Only refund or transfer **your** premium if **you** decide that the policy does not meet **your** needs and **you** have contacted Voyager on **01483 562662** within 14 days from the date **you** receive **your** policy and certificate. **We** can recover all costs that **you** have used if **you** have travelled or made a claim or intend to make a claim.
- 10 Not to pay any claim on this policy (except under the Personal Accident section) for any amounts covered by another insurance. In these circumstances **we** will only pay **our** share of the claim.

- 11 If **you** cancel or cut short **your journey**:
 - All cover provided on **your** single trip or long stay policy will be cancelled without refunding **your** premium.
 - All cover provided on **your** annual multi-trip policy for that **journey** will be cancelled without refunding **your** premium.
- 12 Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

MAKING A CLAIM

For sections 1-11 and 13-16

To obtain a claim form:

Phone: 020 8603 9958 textphone **020 8666 9562** (8am-6pm Monday - Friday and 9am-12 noon Saturday)

Write to: Mondial travel insurance claims department, PO Box 1900, Croydon CR90 9BA.

Email: travel_claims@mondial-assistance.co.uk

For section 12 Holiday financial protection

To claim, either visit the IPP website at www.ipplondon.co.uk and download a claim form and post this to: IPP Claims Office, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR United Kingdom or write to IPP Claims Office, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR United Kingdom Phone within the **UK 020 8776 3752** Fax **020 8776 3751** outside the **UK +44 20 8776 3752** Fax **+44 20 8776 3751** Email info@ipplondon.co.uk Website www.ipplondon.co.uk

You should fill in the form and send it to **us** as soon as possible with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

You will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

For all claims

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

Cancellation or curtailment

- If **you** need to curtail **your journey** call within **your home** country **020 8603 9929** textphone **020 8666 9562**, outside **your home** country **+44 20 8603 9929** textphone **+44 20 8666 9562** immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

Medical expenses

- Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **£250**.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

If your passport are lost, stolen or destroyed

- Written confirmation from the Consulate where the loss happened detailing the date of loss, notification of loss and replacement together with a written report from the police.

Personal possessions and Personal money

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Confirmation, such as foreign exchange receipts and withdrawal slips, from **your** bank or bureau de change for issuing foreign currency, or suitable evidence for Sterling.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.

For loss or damage in transit claims, including delayed possessions

- Please obtain a Property Irregularity Report (PIR) from the airline or a carrier's report from the rail company, shipping line or their handling agent. This should be done within 7 days of the delay / loss / damage. **You** have 21 days to write to the airline confirming details of essential replacement items purchased.

Personal accident

- Detailed account of the circumstances surrounding the event (including, photographs and video evidence if this applies).
- Medical evidence from the treating **doctor** to confirm the

extent of the injury and treatment given including, hospital admission / discharge.

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

Journey disruption

- 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.
- Written confirmation from the company providing **your** accommodation, **your** tour operator or the police of the reason and dates that **you** could not use **your** accommodation.

Delayed departure

- 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.

Personal liability

- A detailed account of the circumstances surrounding the claim (including, photographs and video evidence if this applies).
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not admit liability, offer to make any payment or correspond with any third party without **our** written consent.
- Full details of any witnesses, providing written statements where available.

Legal expenses

- Detailed account of the circumstances surrounding the event (including, photographs and video evidence if this applies) within 90 days of the event causing **your** claim.
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not reply to any correspondence from a third party without **our** written consent.
- Full details of any witnesses, providing written statements where available.

Holiday financial protection

- Contact the IPP Claims Office within 14 days, using the details shown in the contact box at the top of this section. **You** then have 6 months to submit **your** claim.

Hi-jack

- Supporting evidence from the appropriate authority confirming the hi-jack.

Mugging

- Report the mugging to the police within 24 hours of the incident and ask them for a written report.
- Always contact **our** 24-hour emergency medical service when **you** are hospitalised.
- Medical evidence from the treating doctor to confirm the injury and the treatment given.

Pet Care

- Medical evidence to confirm the death, injury or illness delaying **our** return.
- Written confirmation from the public transport provider confirming the delay.

WINTER SPORTS

Ski pack

- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission / discharge if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot take part in **your** pre-booked ski activities because of medical reasons, **you** should obtain a medical certificate from them confirming this.

Ski equipment

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.
- All hire receipts and luggage labels / tags.
- A written report from **your** airline or other carrier if **your** **ski equipment** is delayed or misdirected.

Piste closure

- Written confirmation from **your** tour operator, the local piste authority or ski lift operator confirming the reason for the closure and duration.

MAKING A COMPLAINT

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.

For sections 1-11 and 13-16

In the first instance, please contact: Voyager Insurance Services Ltd 13-21 High Street, Guildford, Surrey GU1 3DG.

If this does not resolve the problem, then please refer the matter to The Quality Standards Manager, Mondial Assistance (UK) Limited, Mondial House, 102 George Street, Croydon, CR9 1AJ.

Please supply **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

For section 12

In the first instance, please contact: IPP Claims Office, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR United Kingdom.

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

CANCELLATION OR CURTAILMENT CHARGES - SECTION 1

If **you** think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour emergency medical assistance' on page 3 for more information.

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** schedule of benefits in total (including up to **£100** in total for excursions), for **your** part of unused personal accommodation, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

We will provide this cover in the following necessary and unavoidable circumstances:

Cancellation

If **you** cancel **your journey** before it begins because one of the following happens:

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a **relative** or **business associate** of **you** or a **travelling companion**.
- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country.
- **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **You** or a **travelling companion** being advised not to travel by a **doctor** as a result of pregnancy.
- **Your redundancy**.
- **You** being ordered to return to duty as a member of the armed forces, police, fire, nursing, ambulance or coastguard services.

Curtailment

You cut **your journey** short (curtail) after it has begun because of one of the following:

- Anything mentioned in **Cancellation** except **redundancy**.
- **You** are injured or ill and are in hospital for the rest of **your** journey.

Replacement business associate

We will also pay up to the amount shown in **your** schedule of benefits in total for extra transport and accommodation costs for a business associate to take **your** place if **you** are on a business trip and have to cut **your journey** short (curtail) after it has begun because of anything mentioned in **Cancellation** except **redundancy**.

Note:

We will calculate curtailment claims from the date it is necessary for **you** to return to **your home** country or the date **you** are hospitalised as an in-patient, for the rest of **your** journey. **We** will pay unused personal accommodation and other travel expenses based on each 24-hour period **you** have lost. If **you** need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will put the value of these tickets towards the extra transport costs **we** have to pay.

WHAT YOU ARE NOT COVERED FOR

Under Cancellation, Curtailment and Replacement business associate

An **excess** of the amount shown in **your** schedule of benefits. The amount shown in brackets applies only when claiming for loss of deposits. Any condition stated under Health declaration and health exclusions on page 3.

More than the minimum market value of equivalent travel tickets, if **your** travel tickets have been paid for using an airline mileage reward scheme.

Anything caused by:

- **you** not having the correct passport or visa;
- **your** carriers refusal to allow **you** to travel for whatever reason;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your** journey;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life);
- **you** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug addiction);
- the direct or indirect effect of **you** using alcohol or solvents;
- the death of any pet or animal.

Under Cancellation

Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel. Financial circumstances or unemployment, except

caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your** journey were bought (whichever is the later).

Under Curtailment and Replacement business associate

Cutting short **your journey** unless **we** have agreed. Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come home because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel. The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.

You travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets.

Anything caused by **you** taking part in a **hazardous activity** or **winter sports** unless shown on **your** certificate.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

EMERGENCY MEDICAL AND ASSOCIATED EXPENSES - SECTION 2

If **you** are taken into hospital or **you** think **you** may have to come home early or extend **your journey** because of illness, injury or accident, or if **your** medical expenses are over **£250** **we** must be told immediately - see under the heading '24-hour emergency medical assistance' on page 3' for more information.

WHAT YOU ARE COVERED FOR

We will pay **you** or **your** Personal Representatives for the following necessary and unforeseen emergency expenses if **you** die, are injured, have an accident or are taken ill during **your journey**.

1 Cover outside your home country

Up to the amount shown in **your** schedule of benefits in total for reasonable fees or charges **you** incur for:

- **Treatment**
Medical, surgical, medication costs, hospital, nursing home or nursing services.
- **Transport and accommodation**
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from **your home** country on medical advice.
- **Funeral expenses**
The reasonable cost of transporting **your** body or ashes to **your home** or **we** will pay up to **£1500** for **your** funeral expenses, in the place where **you** die outside **your home** country.
- **Search and rescue**
Mountain search and rescue services when deemed medically necessary.

We will also pay:

- **In-patient benefit**
Up to the amount shown in **your** schedule of benefits if **you** are in hospital as an in-patient during the **journey** as well as any fees or charges paid under **Treatment**.
- **Dental**
Up to the amount shown in **your** schedule of benefits for emergency dental treatment to relieve sudden pain.
- **Excursions**
Up to **£100** in total for **your** excursions that have been paid for before **your journey** began and that cannot be recovered from anywhere else, if **you** get written advice from a **doctor** that **you** cannot go on them, because of an injury or illness during **your** journey.
- **2 Cover within your home country**
Up to **£1,000** for:
 - **Transport and accommodation**
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from within **your home** country on medical advice; and the reasonable cost of transporting **your** ashes or body home.

WHAT YOU ARE NOT COVERED FOR

Under 1 Cover outside your home country except In-patient benefit and Excursions and under 2 Cover within your home country

An **excess** of the amount shown in **your** schedule of benefits, unless **your** claim is reduced because **you** used a European Health Insurance Card or any other reciprocal health arrangement (see 'Reciprocal health arrangements' on page 3 for more information).

The cost of replacing any medication **you** were using when **you** began **your** journey.

Under 1 Cover outside you home country and 2 Cover within your home country

Any condition stated under Health declaration and health exclusions on page 3.

Extra transport and accommodation costs which are of a higher standard to those already used on **your** journey, unless **we** agree.

Anything caused by:

- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);

- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life);
- **you** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug addiction);
- the direct or indirect effect of **you** using alcohol or solvents;
- **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets;
- **you** taking part in any **hazardous activity** or **winter sports** unless shown on **your** certificate.

Any costs incurred 12 months after the date of **your** death, injury or illness.

Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section.

Under 1 Cover outside your home country - Treatment

Services or treatments **you** receive within **your home** country.

Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country.

Medical costs over **£250**, in-patient treatment or repatriation which **we** have not authorised.

The extra costs of having a single or private room in a hospital or nursing home.

The cost of all treatment which is not directly related to the illness or injury that caused the claim.

Under 1 Cover outside your home country - Funeral expenses

Your burial or cremation within **your home** country

Under 1 Cover outside your home country - Dental

Replacing or repairing false teeth or artificial teeth (such as crowns).

Dental work involving the use of precious metals.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

LOSS OF PASSPORT - SECTION 3

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** schedule of benefits in total for the following, if **your** passport is lost, stolen or destroyed during **your** journey:

- Extra transport, accommodation and administration costs **you** have to pay to get a temporary replacement passport to enable **you** to return to **your home** country.
- The cost of the unused passport period.

WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

DELAYED PERSONAL POSSESSIONS - SECTION 4

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** schedule of benefits in total for essential replacement items, if **your personal possessions** (this does not include **valuables** or **ski equipment**) are temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

Note

You must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under Personal possessions - section 5. This will only be done when **your** certificate shows **you** have Personal possessions and Personal money cover.

WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

PERSONAL POSSESSIONS - SECTION 5

Your certificate will show if this section is excluded.

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** schedule of benefits in total for **your personal possessions** (this does not include **ski equipment**) damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** in total is shown in **your** schedule of benefits in total whether jointly owned or not. There is also a single article, **pair or set** limit shown in **your** schedule of benefits.

Note

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** schedule of benefits.

More than the part of the **pair or set** that is stolen, lost or destroyed.

Breakage of or damage to:

- sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.
- Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin. The cost of replacing or repairing false teeth.
- A claim for more than one mobile phone per **person insured**.
- Loss or theft of, or damage to the following.
 - Items for which **you** are unable to provide a receipt or other proof of purchase

- Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- **Valuables** left in a motor vehicle.
- **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.
- Contact or corneal lenses, unless following fire or theft.
- Bonds, share certificates, guarantees or documents of any kind.
- **Personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle (no cover for **valuables**).
- **Personal money** (see section 6).
- **Passport** (see section 3)

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

PERSONAL MONEY - SECTION 6

Your certificate will show if this section is excluded.

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** schedule of benefits for loss or theft of **your personal money** but no more than the amount shown in **your** schedule of benefits for cash in total, whether jointly owned or not while on **your journey**.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** schedule of benefits.

Compensation unless **you** can provide receipts of the amount **you** had from the place where **you** got the currency.

Loss or theft of **personal money**, unless it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.

Loss caused by a reduction in exchange rates or shortage caused by mistakes in exchanging currency. Loss or theft of travellers' cheques if the place where **you** got them from provides a replacement service. More than the minimum market value of equivalent travel tickets, if **your** travel tickets have been paid for using an airline mileage reward scheme.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

PERSONAL ACCIDENT - SECTION 7

WHAT YOU ARE COVERED FOR

We will pay **you** or **your** Personal Representative one of the following amounts for an **accident** during **your journey**.

Death

Up to the amount shown in your schedule of benefits for death. (**We** will not pay more than **£2,000** if **you** are aged 15 and under at the time of the **accident**).

Permanent loss

Up to the amount shown in your schedule of benefits for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

Physical disablement

Up to the amount shown in **your** schedule of benefits for a permanent physical disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 15 and under or 66 and over at the time of the **accident**).

Note

Death benefit payments will be made to **your** Personal Representative.

WHAT YOU ARE NOT COVERED FOR

Any condition stated under Health declaration and health exclusions on page 3.

Any claim arising more than one year after the original **accident**.

Anything caused by:

- **your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your** certificate;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life);
- **you** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug addiction);
- the direct or indirect effect of **you** using alcohol or solvents;
- **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets;
- **you** taking part in any **hazardous activity** or **winter sports** unless shown on **your** certificate.

We will not pay more than one of the benefits resulting from the same injury.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

JOURNEY DISRUPTION - SECTION 8

WHAT YOU ARE COVERED FOR

We will pay **you** up to the amount shown in **your** schedule of benefits in total for the cost of extra accommodation and transport that **you** have to pay for the following reasons:

Missed departure

To get to **your journey** destination or back **home** because **you** do not get to the **departure point** by the time shown in **your** travel itinerary (plans) because:

- public transport (including scheduled flights) does not run to its timetable, or
- the vehicle in which **you** are travelling has an accident or breaks down.

Catastrophe

To move to other accommodation of a similar standard to that **you** originally booked, if **you** cannot use **your** booked accommodation because of fire, flood, earthquake, avalanche or storm occurring during **your journey**.

Alternative transport arrangements

To get to **your journey** destination or back **home** if the transport arrangements **you** originally booked are cancelled or will be delayed by more than 24 hours beyond the departure time shown in **your** travel itinerary (plans) because of:

- A serious fire, storm or flood damage to the **departure point**;
- Industrial action or strike;
- Bad weather;
- Mechanical breakdown of the international train or sea vessel;
- The grounding of the aircraft due to a mechanical or a structural defect;
- Withdrawal of public transport services or closure of any airport, sea port or railway station from which **you** are booked to travel on the instructions of a competent local or national authority;
- The financial failure of the transport provider.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** schedule of benefits.

Any claim unless **you**:

- Get a letter from the public transport provider (if this applies) confirming that the service did not run on time and the reasons why.
- Get confirmation of the delay from the authority who went to the accident or breakdown (if this applies) affecting the vehicle **you** were travelling in.
- Have allowed time in **your** travel plans for delays which are expected.

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **you** left **home** or where **you** could reasonably have made other travel arrangements.

Any amounts that are recoverable from **your** tour operator, transport provider or accommodation provider or that they are legally liable to pay.

Any amounts recoverable from any other insurance policy, bond or from any other source. Any expense which **you** would normally have expected to pay during **your journey**.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

DELAYED DEPARTURE - SECTION 9

WHAT YOU ARE COVERED FOR

Compensation if the flight, international train or sea vessel **you** are booked on is delayed at its **departure point** from the time shown in **your** travel itinerary (plans) because of:

- a serious fire, storm or flood damage to the **departure point**;
- industrial action;
- bad weather;
- mechanical breakdown of the international train or sea vessel; or
- the grounding of the aircraft due to a mechanical or a structural defect.

We will pay:

Delay

Up to the amount shown in **your** schedule of benefits for delay; or

Abandonment

Up to the amount shown in **your** schedule of benefits in total for **your** part of the unused costs of the **journey** which have been paid or where there is a contract to pay that cannot be recovered from anywhere else, if, after **you** have been delayed for more than 12 hours, **you** decide to abandon the **journey** before **you** leave your home country.

WHAT YOU ARE NOT COVERED FOR

Under Delay and Abandonment

Anything which is caused by **you** not checking in at the **departure point** when **you** should have done. Missed connections.

Compensation unless **you** get a letter from the airline, railway company or shipping line giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight, international train or sea vessel.

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).

Under Abandonment

An **excess** of the amount shown in **your** schedule of benefits.

More than the minimum market value of equivalent travel tickets, if **your** travel tickets have been paid for using an airline mileage reward scheme.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

PERSONAL LIABILITY - SECTION 10

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

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** schedule of benefits plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following.

- Bodily injury of any person.
- Loss of or damage to property which **you** do not own and **you** or a **relative** have not hired, loaned or borrowed.
- Loss of or damage to the accommodation **you** are using on **your journey** that does not belong to **you** or a **relative**.

Note

Inform **us** as soon as **you** or **your** Personal Representatives are aware of a possible prosecution, inquest or fatal injury, which might lead to a claim under this section.

Please do not negotiate, pay, settle, admit or deny any liability to any third party, without **our** written consent.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** schedule of benefits. Any liability for bodily injury or loss of or damage to property that comes under any of the following categories.

- Something which is suffered by anyone employed by **you** or a **relative** and is caused by the work they are employed to do.
- Something which is caused by something **you** deliberately did or did not do.
- Something which is caused by **your** employment or employment of a **relative**.
- Something which is caused by **you** using any firearm or weapon.
- Something which is caused by any animal **you** own, look after or control.
- Something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.

Any contractual liabilities.

Any liability for bodily injury suffered by **you**, a **relative** or **travelling companion**.

Compensation or other costs caused by accidents arising from **your** ownership or possession of any of the following.

- The use of any land or building except for the accommodation **you** are using on **your journey**.
- Motorised or mechanical vehicles and any trailers attached to them.
- Aircraft, motorised water craft or sailing vessels.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

LEGAL EXPENSES - SECTION 11

You can call **our** 24-hour legal helpline for advice on any travel related legal problem to do with **your journey**, arising under the law of England, Wales, Scotland and Northern Ireland. Phone within **your home** country 020 8603 9804
textphone 020 8666 9562 outside **your home** country +44 20 8603 9804 textphone + 44 20 8666 9562

WHAT YOU ARE COVERED FOR

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

- Nominate an **appointed adviser** to act for **you**. If **you** and **we** cannot agree on an **appointed adviser**, the matter can be referred to an Alternative Resolution Facility.
- For each event giving rise to a claim pay up to the amount shown in **your** schedule of benefits for **legal costs** for **legal action** for **you** (but not more than twice this amount in total for all **persons insured** on this policy).

Note

- **you** must conduct **your** claim in the way requested by the **appointed adviser**;
- **you** must keep **us** and the **appointed adviser** fully aware of all facts and correspondence including any claim settlement offers made to **you**;
- **we** will not be bound by any promises or undertakings which **you** give to the **appointed adviser**, or which **you** give to any person about payment of fees or expenses, without **our** consent;
- **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.

WHAT YOU ARE NOT COVERED FOR

Any claim:

- not reported to **us** within 90 days after the event giving rise to the claim;
- where **we** think a reasonable settlement is unlikely or where the cost of the **legal action** could be more than the settlement;
- involving **legal action** between members of the same household, a **relative**, a **travelling companion**, or one of **your** employees;
- where another insurer or service provider has refused **your** claim or where there is a shortfall in the cover they provide;
- against a travel agent, tour operator or carrier, **us**, the **insurer**, another person insured by this policy or **our** agent.

Legal costs:

- for **legal action** that **we** have not agreed to;
- if **you** refuse reasonable settlement of **your** claim. **You** should use Alternative Resolution Facilities such as mediation in this situation;
- if **you** withdraw from a claim without **our** agreement. If this occurs **legal costs** that **we** have paid must be repaid to **us** and all **legal costs** will become **your** responsibility;
- that cannot be recovered by **us**, **you** or **your appointed adviser**, when **you** receive compensation. Any repayment will not be more than half of the compensation **you** receive;
- awarded as a personal penalty against **you** or the **appointed adviser** (for example not complying with Court rules and protocols);
- for bringing **legal action** in more than one country for the same event.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

HOLIDAY FINANCIAL PROTECTION - SECTION 12

This cover is provided by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom and is underwritten by a consortium of Association of British Insurers member companies and Lloyds Syndicates. Please see 'Making a claim' on page 4 for the claims procedure.

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** schedule of benefits in total for costs **you** incur as a result of insolvency of **your** travel **end supplier**:

Insolvency prior to departure

Irrecoverable sums paid in advance if the **end supplier** becomes insolvent before **your** departure; OR

Insolvency after departure

If the **end supplier** becomes insolvent after **your** departure:

- extra pro rata costs **you** have to pay to replace that part of the **end suppliers** arrangements to a similar standard to that which was originally booked; or
- if curtailment of the **journey** is unavoidable - the cost of return transport to **your home** country to a similar standard to that which was originally booked.

Note

Where possible **you** should contact **us** (see 'Making a claim' section on page 4), before **you** make alternative arrangements so that **we** can agree to the costs.

WHAT YOU ARE NOT COVERED FOR

End supplier arrangements that were booked if **you** were outside **your home** country at the time of booking.

End supplier arrangements that form part of an inclusive holiday.

The financial failure of an **end supplier** if:

- they become insolvent or if they are known to be under any threat of insolvency at the date **your** policy or travel tickets for **your journey** were bought (whichever is the later).
- they are a tour organiser, travel agency, booking agent or consolidator;
- they are bonded or insured elsewhere (even if the bond or insurance is insufficient to meet the claim.

Monies that are recoverable elsewhere or by any other means.

Any loss for which a third party is liable or which can be recovered by other legal means.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

HI-JACK - SECTION 13

WHAT YOU ARE COVERED FOR

We will pay **you** up to the amounts shown in **your** schedule of benefits in total if **you** are hi-jacked during **your journey**.

WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

MUGGING - SECTION 14

WHAT YOU ARE COVERED FOR

We will pay **you** up to the amount shown in **your** schedule of benefits in total if **you** are hospitalised during **your journey** because of a mugging involving a violent and threatening attack where **you** receive a bodily injury.

WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

PET CARE - SECTION 15

WHAT YOU ARE NOT COVERED FOR

We will pay **you** up to the amount shown in **your** schedule of benefits in total for extra kennel or cattery costs for **your** dog or cat, if **you** are delayed in returning from **your journey** because of death, injury or illness or there is a delay to the public transport system that cannot be avoided.

WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

WINTER SPORTS COVER - SECTION 16

This section is only in force if shown on **your** certificate

WHAT YOU ARE COVERED FOR

Ski pack

We will pay up to the amount shown in **your** schedule of benefits in total for **your ski pack** costs that have been paid for and that cannot be recovered from anywhere else, if:

- **you** have to cancel or curtail **your journey**.
- **you** cannot ski because of an injury or illness during **your journey**.

Ski equipment

We will pay up to the amount shown in **your** schedule of benefits in total for

- the hire of alternative **ski equipment** if:
 - **yours** is temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.
 - **yours** is damaged, stolen, lost or destroyed on **your journey**.
- For **your ski equipment** (including **ski equipment** **you** are legally liable for) and **ski pass** that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit of the amount shown in **your** schedule of benefits for **your own ski equipment** and for hired **ski equipment** whether jointly owned or not.

Note

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

Piste closure (Single trip and Annual multi-trip policies only)

We will pay one of the following, if it is not possible for **you** to ski or snow board at **your** pre-booked ski resort, because the ski-lifts and ski-schools that **you** are due to use are closed as a result of adverse weather conditions.

- Up to the amount shown in **your** schedule of benefits in total for the cost of extra transport or lift passes to let **you** ski or snow board at another resort; or
- Up to the amount shown in **your** schedule of benefits in total if no other resort is available.

WHAT YOU ARE NOT COVERED FOR

Under Ski pack

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Cancellation or curtailment charges - section 1.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Emergency medical and associated expenses - section 2.

Under Ski equipment

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Delayed personal possessions - section 4.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Personal possessions - section 5.

Under Piste closure

Any compensation for the first full 24 hours at **your** booked ski resort.

Any **journey** in **your home** country.

Any claim unless **you** have a letter from the ski-lift or ski-school operators giving the reason for closing the piste and showing the number of days the piste was closed during **your journey**.

Compensation which **you** can get from **your** tour operator or anywhere else.

Costs if the ski-lifts or ski-schools in **your** pre-booked resort were closed when **your** policy or travel tickets for **your journey** were issued, if this is less than 14 days before the beginning of **your journey**.

Any **journey** that takes place outside a recognised ski resort or the official resort opening dates.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

IMPORTANT TELEPHONE NUMBERS

Customer Services:	01483 562662
24-hr Emergency:	within UK 020 8603 9929
Medical Helpline:	outside UK +44 20 8603 9929
24-hr Legal Helpline:	within UK 020 8603 9804 outside UK +44 20 8603 9804
Claims (Sections 1-11 and 13-16)	020 8603 9958
Claims (Section 12)	within UK 020 8776 3752 outside UK +44 20 8776 3752

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

Please phone 01483 562662

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

This insurance is arranged by Voyager Insurance Services Ltd - Correspondence address:13-21 High Street, Guildford, Surrey GU1 3DG. Registered number: 3251842. Registered office: Buzzards Hall, Friars Street, Sudbury, Suffolk, CO12 2AA.

Sections 1-11 and 13-16 of Voyager WEBroker travel insurance are underwritten by Mondial Assistance Europe N.V. and are administered in the UK by: Mondial Assistance (UK) Limited, Registered in England No 1710361 Registered Office: Mondial Assistance (UK) Limited, Mondial House, 102 George Street, Croydon CR9 1AJ. www.mondial-assistance.co.uk

Voyager Insurance Services Ltd and Mondial Assistance (UK) Limited are authorised and regulated by the Financial Services Authority (FSA).

Mondial Assistance Europe N.V. is authorised by De Nederlandsche Bank (DNB) in the Netherlands and regulated by the Financial Services Authority for the conduct of UK business.

Mondial Assistance (UK) Limited will act as agent for Mondial Assistance Europe N.V. with respect to the receipt of customer money and for the purpose of settling claims and handling premium refunds.

Voyager Insurance Services Ltd will act as agent for Mondial Assistance Europe N.V. with respect to the receipt of customer money and handling premium refunds.

Section 12 of Voyager WEBroker travel insurance is underwritten by a consortium of Association of British Insurers member companies and Lloyds Syndicates and is administered by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom

International Passenger Protection Limited and the consortium of Association of British Insurers member companies and Lloyds Syndicates are authorised and regulated by the Financial Services Authority (FSA).

International Passenger Protection Limited will act as agent for the consortium of Association of British Insurers member companies and Lloyds Syndicates with respect to the receipt of customer money and for the purpose of settling claims.

On behalf of International Passenger Protection Limited, Voyager Insurance Services Ltd will act as agent for the receipt of customer money and handling premium refunds.

In case of emergency

Call: Mondial Assistance (UK) Limited
Quote: Your WEBroker certificate


Voyager Insurance Services Ltd

Certificate number:

number shown below

International: +44 (0) 20 8603 9929
Within the UK: 020 8603 9929

Facsimile: +44 (0) 20 8603 0204

Textphone: +44 (0) 20 8666 9562

Email: international_dept@mondial-assistance.co.uk

This office is manned 24 hours a day 365 days a year.