

Jet2holidays[®]
Package holidays you can trust



Travel Insurance Policy Wording

Welcome to your travel insurance policy

Thank **you** for choosing Jet2 Holidays, **we** are delighted to protect **you** on **your** holiday.

We hope **you** have all the information **you** need from **us** but if **you** do need anything else, please call **our** Customer Service Team on the number below. **We** are here to help **you** should **you** need **us**.

Essential Information

To ensure that **your** policy meets **your** requirements, read this Policy Wording and **your** Policy Certificate carefully. It is important that **you** understand the extent of **your** cover, what is included, and what is not.

This document includes different levels of cover, some of which are optional and only apply when **you** have chosen them and paid the additional premium.

On page 3 **you** can find information about **your** cancellation rights and the cooling off period.

In case **you** require medical assistance or need to make a claim, please take this document with **you** when **you** travel.

If **you** have any questions about **your** selected cover, please call **our** Customer Service Team on the number below. To ensure **you** are accurately covered, it's important that **you** call **us** immediately if **you** need to make a change.

Telephone numbers you may need

Medical Emergency Assistance

0204 517 9888

From outside the UK:

+44 (0) 204 517 9888

24 hours a day, 7 days a week

Claims Team

0204 517 9888

Monday - Friday: 09:00 - 17:00



**Call our Customer
Service Team**

General Enquiries

01293 665 910

Medical Screening

0343 658 0361

Monday - Friday: 08:30 - 18:00

Saturday: 09:00 - 17:00

Sunday and Bank Holidays: Closed

How To Contact Us

Before your trip

- If **you** want to make a change to **your** policy call Customer Services on **01293 665 900**.
- If **you** need to cancel **your** trip **you** can make a claim online 24/7 at **rock.jet2.uk.axa.travel** or call **0204 517 9888** Monday to Friday between 9 am and 5 pm.

During your trip

In an emergency you should contact the emergency services straight away.

- If **you** are in hospital contact **our** Medical Assistance Service as soon as possible or if **you** need medical assistance whilst abroad contact **our** Medical Assistance Team on **+44 (0) 204 517 9888**.
- If **you** want to **cut short your trip** contact **our** Assistance Team on **+44 (0) 204 517 9888**.
- Just tell them **you** have a Jet2 policy and quote **your** policy number which is on **your** policy certificate schedule.

Our team is available 24 hours a day, 7 days a week, 365 days a year.

Our team will:

- ensure **you** are receiving appropriate treatment in a safe facility,
- help make arrangements if **you** need medical assistance whilst abroad,
- arrange appropriate repatriation should **we** agree it is medically necessary,
- assist if **you** need to **cut short your trip**.

Please note repatriation arrangements and medical expenses will only be covered in full if **your** claim is covered.

If **you** want to extend **your** trip or check **your** cover contact Customer Services on **+44 (0) 1293 665 900**.

After your trip

If **you** have out of pocket expenses **you** can make a claim:

- Online 24/7 at **rock.jet2.uk.axa.travel** or call **0204 517 9888** Monday to Friday between 9 am and 5 pm.

If **you** want to make a complaint about:

- The sale of **your** policy call **01293 665 900** or email **complaints@rockinsurance.com**.
- A claim call **0204 517 9888** or email **claimcomplaints@axa-assistance.co.uk**.

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Table of Benefits

We will pay **you** the following amount up to (per person/per trip)

Section	Super Plus Cover	
	Limit	Excess
Section 1 - Cancellation or Cutting Short your Trip		
Cancellation or Cutting Short your Trip	£3,000	£125
Section 2 - Medical Emergency and Repatriation Expenses		
Medical Emergency and Repatriation Expenses	£10,000,000	£125
Emergency Dental	£400	£125
Hospital Benefit (per 24 hours)	£50	Nil
Hospital Benefit (total)	£1,000	Nil
Overseas Funeral Expenses	£7,500	£125
Section 3 - Disruption or Delay to Travel Plans		
Missed Departure	£750	Nil
Travel Delay Benefit (per 10 hours)	£40	Nil
Travel Delay Benefit (total)	£400	Nil
Section 4 - Personal Belongings and Money		
Baggage **	£2,000	£125
Single article limit	£400	£125
Valuables **	£750	£125
Delayed baggage	£250 after 12 hours	Nil
Personal Money	£500	£125
Cash	£250	£125
Cash under 18	£50	£125
Loss of Important documents	£500	Nil
Section 5 - Legal and Liability (please note the limits under Section 5 are per policy, not per person)		
Legal expenses and assistance	£25,000	Nil
Personal Liability	£3,000,000	£200
Section 6 - Personal Accident		
Death (aged 17 – 74)	£30,000	Nil
Loss of Limbs and/or Loss of Sight (aged 17 – 74)	£30,000	Nil
Permanent Total Disablement (aged 17 – 74)	£30,000	Nil
Section 7 – Winter Sports		
Please note: This section is optional, if you have purchased this cover it will be shown on your policy schedule.		
Ski equipment (owned)	£500	£125
Single item limit	£500	£125
Ski equipment (hired)	£500	£125

Section	Super Plus Cover	
	Limit	Excess
Ski equipment hire (per 24 hours)	£25	£125
Ski equipment hire (total)	£250	£125
Ski pack (per 24 hours) *	£25	Nil
Ski pack (total) *	£250	Nil
Piste closure (per 24 hours) *	£25	Nil
Piste closure (total) *	£250	Nil
Avalanche and Landslide cover (after 24 hours) *	£200	Nil

* No **excess** is applicable for sections marked

** Claims settled on a new for old basis

Useful Information

Claims notification

If **you** need to make a medical claim -

If **you** are abroad and **you** require Emergency medical assistance please call **+44 (0) 204 517 9888**.

To make a claim for all sections please call: **0204 517 9888** or go online **rock.jet2.uk.axa.travel**.

Making yourself heard

Any complaint **you** may have should in the first instance be addressed to the relevant helpline as outlined within the policy wording.

If the complaint is still not resolved, **you** can approach the Financial Ombudsman Service. Referral to the Financial Ombudsman will not affect **your** right to take legal action. Full details of addresses and contact numbers can be found within the 'Complaints procedure' section.

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme in the unlikely event **we** cannot meet **our** obligations to **you**. This depends on the type of insurance and the circumstances of the claim. Further information about the compensation scheme arrangements is available from the FSCS (www.fscs.org.uk) or call them on **0207 741 4100**.

Cancellation Period

You are free to cancel this policy at any time. If **you** wish to cancel within 14 days of policy issue, **you** may do so by contacting Jet2Holidays on **0333 300 0737** for a full refund providing **you** have not travelled and no claim has been made.

Depending on when **you** cancel **your** policy, the following premium refunds will be made:

- **Within 14 days of policy issue:** Full refund providing **you** have not travelled, made a claim or intend to make a claim.
- **Outside 14 days of policy issue:** No refund available.

Changing your policy

You can make a change to **your** policy at any time during the year. If **you** do this an administration fee of £10 will apply as well as any additional premium.

COVID Scenarios

We understand that it is important **you** know what cover is in place if Coronavirus or Covid-19 affects **your trip**.

We hope the scenarios below explain some of what **we** do or don't cover:

Cancelling due to COVID-19

Your policy will cover **you** subject to the terms and conditions, if **you** need to cancel **your trip** because:

- **You** or a **close relative** are diagnosed with or have contracted COVID-19.
- **You** are required to self-isolate, subject to a positive test result/confirmation from a GP, or notification from the Track & Trace system,
- Someone **you** were due to travel with or stay with on **your trip** needs to self-isolate.

Your policy will not cover **you** to cancel **your trip** if:

- **You** don't want to quarantine or self-isolate when **you** return to **your home area**,
- **You** are unable to travel because the government/or another regulatory authority have imposed restrictions, including national lockdown or **regional lockdown**,
- Any costs for **your Package** holiday if it was cancelled by **your** travel provider or **you** were unable to travel due to a change in Foreign, Commonwealth & Development Office (FCDO) travel advice,
- **You** aren't able to produce the required vaccine certificates, medical tests/documents.

Cutting your trip short

Providing **you** aren't travelling against the advice of Foreign, Commonwealth & Development Office (FCDO) or another regulatory authority then **you are** covered subject to the terms and conditions, if **you** need to cut **your trip** short because:

- The Foreign, Commonwealth & Development Office (FCDO) or other regulatory authority in a country in which **you** are travelling in advise **you** to evacuate or return to **your home area**,
- **You** have been denied boarding at **your UK** departure point because **you** have COVID-19 symptoms,
- If **you** need to come home early because a **close relative** has COVID-19.

Your policy will not cover:

- **You** wishing to return **home** early to avoid the need to quarantine.

Emergency medical cover for COVID-19

If **you** develop COVID-19 whilst abroad **your** policy will cover **you** subject to the terms and conditions for:

- Emergency medical treatment, repatriation and other expenses,
- Additional transport and accommodation if **you** are unable to return **home** as planned.

Your policy will not cover:

- If **you** are travelling against Foreign, Commonwealth & Development Office (FCDO) advice.

About your policy wording

The Insurance Contract

If **you** have any queries about **your** cover, **you** can call **us** on the number listed in the Important telephone numbers' section.

Please make sure **you** have **your** policy number when **you** call. **We** want **you** to get the most from **your** policy and to do this **you** should:

- read **your** policy wording and make sure **you** are covered for the sort of losses/incidents **you** need or require cover for.
- make sure that **you** understand the exclusions and conditions which apply to **your** policy because if **you** do not meet these conditions it may affect any claim **you** make.

Remember, no policy covers everything. **We** do not cover certain things such as, but not limited to:

- **Pre-existing medical conditions** as described in the **Pre-existing medical conditions** section (unless **you** have contacted **us** and **we** have accepted in writing).
 - » If **you** fail to declare any **pre-existing medical conditions** **we** may refuse to deal with **your** claim or reduce the amount of any relevant claims, even if a claim is not related to an undisclosed **pre-existing medical condition(s)**.
- Losses that **we** do not state are specifically covered.
- Circumstances known to **you** before **you** purchased this insurance which could reasonably have been expected to lead to a claim.
- Any **trip** that has already begun when **you** purchased this insurance.
- Losses which occur outside of a valid **trip** (with the exception of Section 1 – Cancelling or cutting short a trip, see the definition of Insurance period for full details).

The intention of this policy is to cover the entire **trip**. The policy will need to cover the date that **your trip** begins until the date **you** return to the **UK** inclusive.

The things which are not covered by **your** policy are stated:

- In the 'General exclusions applying to **your** policy'
- Under 'What IS NOT covered' in each section of cover.

If **we** do not state that something is covered, **you** should assume that it is not covered.

Introduction

This is **your** travel insurance policy. It contains details of what is covered, what is not covered and the conditions for each **insured person** and is the basis on which all claims will be settled.

It is confirmed by the issue of the policy schedule which should be read in conjunction with this policy wording.

In return for having accepted **your** payment **we** will provide insurance in accordance with the sections of **your** policy as referred to in **your** policy schedule.

The policy schedule is part of the policy.

If **you** need to make any changes to the details contained in **your** policy schedule, **you** should contact **us** soon as possible. **We** will then advise if those changes can be made and whether any additional premium is required.

Words with special meanings

Throughout **your** policy wording, certain words are shown in **bold type**. These words have special meanings which are listed below.

Section 5a - Legal Expenses and Assistance and Section 6 - Personal Accident have unique 'Words with special meanings' which can be found at the beginning of the section.

Accident(s)/Accidental

A physical injury caused by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to the elements.

Baggage

Any items which belongs to **you** which are worn, used or carried by **you** during a **trip** including **sports equipment** (but excluding **valuables, personal money and important documents**).

Catastrophe

Means any of the following occur meaning **you** cannot use **your** booked accommodation:

- fire,
- flood,
- earthquake,
- explosion,
- volcanic eruption and/or volcanic ash clouds,
- tsunami,
- landslide,
- avalanche,
- hurricane,
- storm,
- civil commotion and/or civil unrest not assuming the proportions of or amounting to an uprising,
- an outbreak of food poisoning.

Close relative

Your mother, father, sister, brother, fiancé(e), wife, husband, civil partner, domestic partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, step parent, step child, step sibling, next of kin, **your** guardian, anyone who **you** have guardianship of or anyone for whom **you** have power of attorney.

Cut short/Cutting short

Either:

- a) **You** cutting short the **trip** after **you** leave **your home** by direct early return to **your home**.
- b) **You** attending a hospital outside **your home area** as an in-patient or being confined to **your** accommodation abroad due to **personal quarantine**, in either case for a period in excess of 24 hours.

Claims will be calculated on the number of nights of **your trip you** missed due to **your** early return or the number of nights which **you** were hospitalised, quarantined or confined to **your** accommodation.

Claims under part b), above, will only be paid for the ill/injured/quarantined/confined **insured person**, but where **we** or the Emergency Medical Assistance Service agree for another **insured person** (including any children travelling with them) to stay with **you**, **we** will also pay for that **insured person's** proportion only of any unused travel and accommodation costs and expenses they have not used by remaining with **you**.

Excess

The amount **you** pay when **you** make a claim which is set out in the table of benefits.

Where a claim is made for the same incident only one **excess** will apply per **trip**, per **insured person** (max 2). If **you** use a Reciprocal Health Arrangement, any other arrangement with another country or private medical insurance to reduce **your** medical expenses, **you** won't have to pay an **excess**.

Home

Your permanent **UK** home address listed on **your** policy schedule.

Home area

For residents of **UK** excluding Channel Islands and Isle of Man **your home area** means **UK** excluding Channel Islands and Isle of Man. For residents of the Channel Islands and the Isle of Man, **your home area** means either the particular Channel Island on which **you** live or the Isle of Man depending on where **your home** is.

Important Documents

Passport, travel tickets, visas, travel permits, bio-metric card and driving licence.

Insurance Period

If Annual Multi-trip cover is selected: cover is provided for the 12-month period as stated in **your** policy schedule. During this period any **trip** not exceeding the maximum days shown in **your** policy schedule is covered. Under Annual Multi-trip policies Section 1 - Cancelling or cutting short a trip cover will start from the date stated in the policy schedule or the time of booking any **trip** (whichever is the later date).

If Single Trip cover is selected: cover is provided for the period of the **trip** and finishes when the **trip** ends, providing the **trip** doesn't exceed the period shown in the policy schedule. Under these policies **you** will be covered under Section 1 - Cancelling or cutting short a **trip** from the time **you** pay the premium. Maximum **trip** limit available when purchasing a policy is 365 days.

Cover for all other sections applies for the length of each **trip**. The insurance period is automatically extended in the event that **your** return to **your home area** is unavoidably delayed due to an event covered by this policy, providing **you** accept alternatives offered and don't intentionally delay **your** return.

For Single Trip cover **your** policy will cease if **we** have paid for **you** to **cut short your trip**.

Insured Person/You/Your

Each person travelling on a **trip** who is named on the policy schedule.

Insurer

The service provider, arranged by Inter Partner Assistance S.A.

Medical condition(s)

Any disease, illness or injury.

Medical practitioner

A registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **you** or any person who **you** are travelling with.

Package

The pre-arranged combination of at least two of the following components when sold or offered for sale at an inclusive price and when the service covers a period of more than 24 hours or includes overnight accommodation:

- a) Transport
- b) Accommodation
- c) Other tourist services not ancillary to transport or accommodation (such as car hire or airport parking) and accounting for a significant proportion of the package as more fully described under The Package Travel and Linked Travel Arrangements Regulations 2018.

Personal Money

Travellers' and other cheques, event and entertainment tickets and pre-paid vouchers.

Personal quarantine

A period of time where **you** are suspected of carrying an infection or have been exposed to an infection and as a result are confined or isolated on the orders of a medical professional or public health board in an effort to prevent disease from spreading.

Pre-existing medical condition(s)

Any of the following **medical conditions** from which **you** have suffered from or received medical advice, treatment (including surgery, tests, investigations by **your** doctor/consultant /specialist) or prescribed drugs or medication in the last five years:

- Any cancer condition (including leukaemia, non-Hodgkin's lymphoma and any type of skin cancer),
- Any heart-related or blood circulatory condition (including high blood pressure and high cholesterol),
- Any diabetic condition,
- Any neurological condition (including stroke, brain haemorrhage, multiple sclerosis, epilepsy and dementia),
- Any breathing condition (including asthma, bronchitis and chronic obstructive pulmonary disease),
- Any renal, kidney or liver condition,
- Any psychiatric or psychological condition (including anxiety, stress and depression),
- Any chronic condition that can be controlled but not cured (including back pain, Crohn's, diverticular and coeliac disease and ulcerative colitis)

And/or

- Any other **medical condition** for which **you** have been prescribed medication or which **you** have received or are waiting to receive treatment including surgery, tests, or investigations) within the last 12 months.

Please also refer to the **Waived Conditions** Section.

Pregnancy Complication

- Toxaemia,
- gestational hypertension,
- gestational diabetes,
- pre-eclampsia,
- ectopic pregnancy,
- molar pregnancy,
- post-partum haemorrhage,
- retained placenta membrane,
- placental abruption,
- hyperemesis gravidarum,
- placenta praevia,
- stillbirths,
- miscarriage,
- termination for medical reasons,
- any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) before the expected delivery date.

Pre-paid charges

Charges **you** have paid before **you** travel, or are contracted to pay for, including but not limited to the following: car hire, car parking, airport accommodation, airport lounge access, kennel and cattery fees, excursions, green fees and ski school fees, lift passes and hired **sports equipment**.

Costs associated with a sport or activity will only be covered providing **your** policy covers **you** for that sport or activity.

- Ski school fees, lift passes and hired **ski equipment** will only be covered provided **you** have purchased the additional Winter Sports section
- Costs associated with a sport or activity will only be covered providing **your** policy covers **you** for that sport or activity.

Public Transport

Train, tram, bus, coach, ferry service or airline flight operating to a published timetable, and pre-booked taxis.

Redundant/Redundancy

Being made unemployed through the loss of permanent paid employment (except voluntary redundancy) and at the time of purchasing the policy **you** or **your travelling companion** had no reason to suspect that **you** would be made redundant.

Regional quarantine

Any period of restricted movement or isolation, including national lockdowns, within **your home area** or destination country imposed on a community or geographic location, such as a county or region, by a government or public authority.

Ski Equipment

Skis/snowboards (including bindings), ski/snowboard boots and ski poles.

Ski Pack

Ski school fees, lift passes and hired **ski equipment**.

Sports Equipment

Items that are usually worn, carried, used or held in the course of participating in a recognised sport. These items are only covered if in connection with a sport or activity which this policy covers **you** to participate in.

Terrorist Action

The actual or threatened use of force or violence against persons or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communications system, undertaken by any person or group, whether or not acting on behalf of or in connection with any organisation, government, power, authority or military force, when any of the following applies:

- a) the apparent intent or effect is to intimidate or coerce a government or business, or to disrupt any segment of the economy;
- b) the apparent intent or effect is to cause alarm, fright, fear of danger or apprehension of public safety in one or more distinct segments of the general public, or to intimidate or coerce one or more such segments;
- c) the reasonably apparent intent or effect is to further political, ideological, religious or cultural objectives, or to express support for (or opposition to) a philosophy, ideology, religion or culture.

Travelling Companion

Any person with whom **you** are travelling/staying or have arranged to travel/stay with. This person does not have to be insured by **your** policy.

Trip(s)

The period of time spent away from **your home** on pre-booked business or leisure travel.

If Single Trip cover is selected: cover is provided for the period of the **trip** and finishes when the **trip** ends, providing the **trip** doesn't exceed the period shown in the policy schedule. **Trips** outside of the **UK** must start and end in **your home area**.

If Annual Multi-trip cover is selected: the maximum duration of any one **trip** is shown in **your** policy schedule. If any **trip** exceeds **your** maximum number of days there is no cover under this policy for any additional days. Where **you** have selected an Annual Multi-trip policy **your** policy is valid for **UK** travel where **you** have at least 2 nights pre-booked accommodation or pre-booked transport at least 50 miles from **your home**, or travelling abroad where the **trip** starts and finishes in **your home area**.

Any **trips** to a country, specific area or event when the Foreign, Commonwealth & Development Office (FCDO) or a regulatory authority in a country to/from which **you** are travelling has advised against all travel are not covered.

UK

England, Wales, Scotland, Northern Ireland, Isle of Man and Channel Islands.

Unattended

When **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property or vehicle.

Valuables

The below list (including any associated equipment):

- Jewellery,
- Watches (including fitness trackers),
- Sat Navs and GPS devices,
- Telecommunications equipment (including mobile phones).
- Tablets and eReaders,
- Telescopes,
- Binoculars,
- Cameras.

Waived conditions

The conditions listed within the Waived Conditions Section. These conditions are covered subject to the normal terms and conditions, provided **you**:

- Have no other **pre-existing medical conditions** which are not listed within the Waived Conditions Section,
- Are not awaiting surgery for the condition and
- Have been fully discharged from any post-operative follow up.

If **you** are unable to meet all of the above criteria then a full medical declaration must be made for all **pre-existing medical conditions**. If **you** need to complete a medical declaration or are unsure please contact the medical screening helpline on **0343 658 0361**.

We/Us/Our

Inter Partner Assistance S.A. or ROCK Insurance Group (ROCK) on behalf of Inter Partner Assistance S.A.

You/Your/Yourself

See the definition of **insured person**.

About your insurance contract

Your policy is a legal contract between **you** and **us**.

The laws of the **UK** allow both parties to choose the law which will apply to this contract. However **your** policy will be governed by the law of England and Wales unless **you** and **we** have agreed otherwise.

The Insurer

This policy is underwritten by Inter Partner Assistance S.A. Inter Partner Assistance S.A. is authorised and regulated by the National Bank of Belgium, with a registered head office at Boulevard du Régent 7, 1000 Brussels, Belgium. Authorised by the Prudential Regulation Authority (firm reference number 202664). Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Inter Partner Assistance S.A. UK Branch office address is 106-118 Station Road, Redhill, RH1 1PR. Inter Partner Assistance S.A. is part of the AXA Group.

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme in the unlikely event **we** cannot meet **our** obligations to **you**. This depends on the type of insurance and the circumstances of the claim. Further information about the compensation scheme arrangements is available from the FSCS (www.fscs.org.uk) or call them on **0207 741 4100**.

Our part of the insurance contract is as follows

We provide the cover set out in **your** policy wording.

Cancellation

We reserve the right to cancel the policy by providing 14 days' notice by registered post to **your** last known address on the following grounds:

- a) If **you** make a fraudulent claim
 - b) If **you** are or have been engaged in criminal or unlawful activities
 - c) If any policy in **your** name is added to the Insurance Fraud Register
 - d) If **you** use threatening or abusive behaviour or language towards **our** staff or suppliers.
- In each case no refund of premium will be made.

Duration

For Annual Multi-trip policies the policy will last 12 months. For single trip policies please refer to the start and end date noted on **your** policy schedule.

Changing your policy

You can make a change to **your** policy at any time during the year. If **you** do this an administration fee of £10 will apply as well as any additional premium.

Cancellation period

You are free to cancel this policy at any time. If **you** wish to cancel within 14 days of policy issue, **you** may do so by contacting Jet2Holidays on **0333 300 0737** for a full refund providing **you** have not travelled and no claim has been made.

Depending on when **you** cancel **your** policy, the following premium refunds will be made:

- **Within 14 days of policy issue:** Full refund providing **you** have not travelled, made a claim or intend to make a claim.
- **Outside 14 days of policy issue:** No refund available.

Conditions which apply to your policy

These are some of the conditions **you** must keep to as **your** part of the contract. The others are shown in the 'Exclusions and conditions' section. If **you** do not keep to these conditions, **we** may decline **your** claim.

You must prevent loss, theft or damage

All persons covered by **your** policy must take reasonable steps to prevent loss, theft or damage to everything covered under **your** policy.

You should not put **yourself** at needless risk (except in an attempt to save human life).

Failure to take reasonable steps to prevent loss, theft or damage will result in a deduction from any claim payment or may result in **your** claim being declined in full.

Reciprocal Health Agreements

If **you** are travelling to a country that has a reciprocal health agreement with **your home area** **you** are entitled to benefit from the health care arrangements which exists between the country **you** are visiting and **your home area**.

If **we** agree to pay for a medical expense, which has been reduced because **you** have used a reciprocal health agreement or private health insurance, **we** will not deduct the **excess** under Section 2 – Medical emergency and repatriation expenses.

If travelling within the EU and Switzerland **you** can apply for a UK GHIC either online at www.nhs.uk/using-the-nhs/healthcare-abroad/apply-for-a-free-uk-global-health-insurance-card-ghic or by telephoning **0300 330 1350**.

If **you** are travelling to Norway **you** may be able to use **your** UK passport to access state provided healthcare.

If travelling outside of the EU and Switzerland visit www.nhs.uk/using-the-nhs/healthcare-abroad/healthcare-when-travelling-abroad.

Australia

If **you** require medical treatment in Australia **you** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival, but **you** must do this after the first occasion **you** receive treatment. In-patient and out-patient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be found in the Health advice for Travellers booklet available from **your** local Post Office or online.

Alternatively, when travelling, please call the Emergency Assistance Service for guidance. If **you** are admitted to hospital contact must be made with the Emergency Assistance Service as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE.

New Zealand

UK citizens on a short-term visit to New Zealand are eligible for treatment (medical, hospital and related costs) on the same basis as citizens of New Zealand. If the treatment relates to an existing **medical condition** or a new condition arises, then a **medical practitioner** must agree in each case that prompt treatment is needed before **your trip** ends, if treatment is to be provided under the Reciprocal Health Agreement. **You** will also need to show **your UK** passport. **You** will however have to pay the same charges as New Zealanders for treatment at a doctor's surgery or for prescribed medication.

Waived Conditions

- Abnormal Smear Test
- Achilles Tendon Injury
- Acne
- Acronyx (Ingrowing Toe-nail)
- Adenoids
- Allergic Rhinitis
- Alopecia
- Anal Fissure/Fistula
- Appendectomy
- Astigmatism
- Athlete's Foot (Tinea Pedis)
- Attention Deficit Hyperactivity Disorder
- Bell's Palsy (Facial Paralysis)
- Benign Prostatic Enlargement
- Bladder Infection (fully recovered, no hospital admissions)
- Blepharitis
- Blindness
- Blocked Tear Ducts
- Breast - Fibroadenoma
- Breast Cyst(s)
- Breast Enlargement/Reduction
- Broken Bones (other than head or spine) - (no longer in plaster)
- Bunion (Hallux Valgus)
- Bursitis
- Caesarean Section
- Candidiasis (oral or vaginal)
- Carpal Tunnel Syndrome
- Cartilage Injury
- Cataracts
- Cervical Erosion
- Cervicitis
- Chalazion
- Chicken Pox (fully resolved)
- Cholecystectomy
- Chronic fatigue syndrome (if only symptom is fatigue)
- Coeliac Disease
- Cold Sore (Herpes Simplex)
- Colitis (simple)
- Common Cold(s)
- Conjunctivitis
- Constipation
- Corneal Graft
- Cosmetic Surgery
- Cyst - Breast
- Cyst - Testicular
- Cystitis (fully recovered, no hospital admissions)
- Cystocele (fully recovered, no hospital admissions)
- D & C
- Deaf Mutism
- Deafness
- Dental Surgery
- Dermatitis (no hospital admissions or consultations)
- Deviated Nasal Septum
- Diarrhoea and/or Vomiting (resolved)
- Dilatation and Curettage
- Dislocated Hip
- Dislocations
- Dry Eye Syndrome
- Dyspepsia
- Ear Infections (resolved - must be all clear prior to travel if flying)
- Eczema (no hospital admissions or consultations)
- Endocervical Polyp
- Endocervicitis
- Endometrial Polyp
- Epididymitis
- Epiphora (Watery Eye)
- Epispadias
- Epistaxis (Nosebleed)
- Erythema Nodosum
- Essential Tremor
- Facial Neuritis (Trigeminal Neuralgia)
- Facial Paralysis (Bell's Palsy)
- Femoral Hernia
- Fibroadenoma
- Fibroid - Uterine
- Fibromyalgia
- Fibromyositis
- Fibrositis
- Frozen Shoulder
- Gall Bladder Removal
- Ganglion
- Glandular Fever (full recovery made)
- Glaucoma
- Glue Ear (resolved - must be all clear prior to travel if flying)
- Goitre
- Gout
- Grave's Disease
- Grommet(s) inserted (Glue Ear)
- Gynaecomastia
- Haematoma (external)
- Haemorrhoidectomy
- Haemorrhoids (Piles)
- Hallux Valgus (Bunion)
- Hammer Toe
- Hay Fever
- Hernia (not Hiatus)
- Herpes Simplex (Cold Sore)
- Herpes Zoster (Shingles)
- Hip Replacement (no subsequent arthritis)
- Hives (Nettle Rash)
- Housemaid's Knee (Bursitis)
- HRT (Hormone Replacement Therapy)
- Hyperthyroidism (Overactive Thyroid)
- Hypospadias
- Hypothyroidism (Underactive Thyroid)

- Hysterectomy (provided no malignancy)
- Impetigo
- Indigestion
- Influenza
- Ingrowing Toe-nail (Acronyx)
- Inguinal Hernia
- Insomnia
- Intercostal Neuralgia
- Intertrigo
- Irritable Bowel Syndrome (IBS)
- Keinboeck's Disease
- Keratoconus
- Knee Injury - Collateral/ cruciate ligaments
- Knee Replacement (no subsequent arthritis)
- Kohlers Disease
- Labyrinthitis
- Laryngitis
- Learning Difficulties
- Leptothrix
- Leucoderma
- Lichen Planus
- Ligaments (injury)
- Lipoma
- Macular Degeneration
- Mastitis
- Mastoidectomy (resolved - must be all clear prior to travel if flying)
- Menopause
- Menorrhagia
- Migraine (provided this is a definite diagnosis and there are no ongoing investigations)
- Miscarriage
- Mole(s)
- Molluscum Contagiosum
- Myalgia (Muscular Rheumatism)
- Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue)
- Myxoedema
- Nasal Infection
- Nasal Polyp(s)
- Nettle Rash (Hives)
- Neuralgia, Neuritis
- Nosebleed(s)
- Nystagmus
- Obstructive Sleep Apnoea
- Osgood-schlatter's Disease
- Osteochondritis
- Otosclerosis
- Overactive Thyroid
- Parametritis
- Pediculosis
- Pelvic Inflammatory Disease
- Photodermatosis
- Piles
- Pityriasis Rosea
- Post Viral Fatigue Syndrome (if the only symptom is fatigue)
- Pregnancy (provided no complications and not travelling less than 8 weeks or (16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date)
- Prickly Heat
- Prolapsed Uterus (womb)
- Pruritis
- Psoriasis (no hospital admissions or consultations)
- Repetitive Strain Injury
- Retinitis Pigmentosa
- Rhinitis (Allergic)
- Rosacea
- Ruptured Tendons
- Salpingo-oophoritis
- Scabies
- Scalp Ringworm (Tinea Capitis)
- Scheuermann's Disease
- Sebaceous Cyst
- Shingles (Herpes Zoster)
- Shoulder Injury
- Sinusitis
- Skin Ringworm (Tinea Corporis)
- Sleep Apnoea
- Sore Throat
- Sprains
- Stigmatism
- Stomach Bug (resolved)
- Strabismus (Squint)
- Stress Incontinence
- Synovitis
- Talipes (Club Foot)
- Tendon Injury
- Tennis Elbow
- Tenosynovitis
- Termination of Pregnancy
- Testicles - Epididymitis
- Testicles - Hydrocele
- Testicles - Varicocele
- Testicular Cyst
- Testicular Torsion (Twisted Testicle)
- Throat Infection(s)
- Thrush
- Thyroid - Overactive
- Thyroid Deficiency
- Tinea Capitis (Scalp Ringworm)
- Tinea Corporis (Skin Ringworm)
- Tinea Pedis (Athlete's Foot)
- Tinnitus
- Tonsillitis
- Tooth Extraction
- Toothache
- Torn Ligament
- Torticollis (Wry Neck)
- Trichomycosis
- Trigeminal Neuralgia
- Turner's Syndrome
- Twisted Testicle
- Umbilical Hernia
- Underactive Thyroid

- Undescended Testicle
- Urethritis (fully recovered, no hospital admissions)
- URTI (Upper Respiratory Tract Infection) (resolved, no further treatment)
- Urticaria
- Uterine Polyp(s)
- Uterine Prolapse
- Varicocele
- Varicose Veins - legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel)
- Vasectomy
- Verruca
- Vertigo - provided no disabling episodes
- Vitiligo
- Warts (benign, non-genital)
- Womb Prolapse (uterus)
- Wry Neck (Torticollis)

In addition to any **medical condition** on the 'Waived Conditions' list, **you** may be automatically accepted for cover, provided **you** do not have more than ONE of the following Medical Conditions or ANY other **pre-existing medical condition**.

1. Arthritis (Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism):

- There must have been NO hospital admissions within the last 12 months.
- Must NOT affect the back more than any other area of the body.
- No more than 2 medications.
- No mobility aids (other than walking stick or frame).
- Must NOT be awaiting surgery.
- Must have NO lung problems.

2. Asthma (Wheezing):

- There must have been NO hospital admissions EVER.
- Must have been diagnosed prior to age 50.
- Must be controlled with no more than 2 medications (NO nebulizer, NO home oxygen).
- Must have been a non-smoker for at least 12 months.
- Must be able to walk 200 yards on the flat without becoming short of breath.

3. Hypercholesterolaemia (High/Raised Cholesterol):

- No more than 1 medication.
- Must NOT be the inherited form.
- Must have been a non-smoker for at least 12 months.

4. Hypertension (High Blood Pressure, White Coat Syndrome):

- No more than 2 medications.
- There must have been no change in treatment within the last 6 months.
- Must have been a non-smoker for at least 12 months.

5. Hypotension (Low Blood Pressure):

- Must NOT be associated with any underlying condition.

6. Osteoporosis (Osteopaenia, Fragile Bones):

- There must have been NO vertebral (backbone) fractures.

If **you** have any other **pre-existing medical condition(s)** or **your medical condition(s)** does not meet the above criteria, **you** must contact the medical screening helpline on **0343 658 0361** to declare ALL **your medical conditions** and ensure that the cover will meet **your** needs.

Pre-existing medical conditions

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

You must tell **us** of all **your medical conditions** as listed below, unless they are listed in the **Waived Conditions** section or **you** have declared them when purchasing **your** policy and **we** have agreed to cover **your pre-existing medical condition(s)**.

If **you** fail to declare any **we** may refuse to deal with or reduce the amount of any relevant claims, even if a claim is not related to an undisclosed **medical condition**. Cover for any **medical condition** may be subject to an additional premium. This will be confirmed when **you** contact **us**.

Please also refer to the **Waived Conditions** Section.

It is a condition of this policy that **you will not be covered** under the following sections:

- Section 1 - Cancellation or Cutting Short **your** Trip,
- Section 2 - Medical Emergency and Repatriation Expenses,
- Section 6 - Personal Accident

For:

1. At the time of taking out this policy:
 - a) Any **pre-existing medical condition(s)** that **you** have unless they are listed in the Waived Conditions section or **you** have declared them when purchasing **your** policy and **we** have agreed to cover **your pre-existing medical condition(s)**.
 - b) Any **medical condition(s)** **you** have been referred for investigations at a hospital, clinic or nursing home but which **you** have not yet had a diagnosis
 - c) Any **medical condition** affecting **you**, a **close relative** or a **colleague** that **you** are aware of, that could reasonably be expected to result in a claim on this policy
2. At any time from:
 - a) Any **medical condition** or **pregnancy complication** **you** have which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought their advice), but despite this **you** still travel.
 - b) Any surgery, treatment or investigations for which **you** intend to travel to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures).
 - c) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
 - d) **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

*If **your** health changes after the start date of **your** policy and the date **your** travel tickets or confirmation of booking were issued, **you** should check with **your medical practitioner** that **you** are fit to travel.*

***You** will not be covered under Section 2 – Medical emergency and repatriation expenses and Section 6 - Personal Accident if **you** travel against medical advice. **You** may be able to claim under Section 1 – Cancelling or cutting short **your** trip if this is medically necessary*

Sports and other activities

The following lists detail the sports and activities that this policy will cover without charge when **you** are participating on a recreational and non-professional basis during any **trip**. Any involvement in these sports and/or activities is subject to **you** following local laws and regulations and the use of recommended safety equipment.

If **you** are participating in any other sports or activities not mentioned, please contact **us** as **we** may be able to offer cover for an additional premium. Details of those sports and activities which **you** have purchased cover for will be added to **your** policy schedule.

You are not covered when participating in any sport professionally, or whilst racing or during a competition.

There is no cover under Section 5b – Personal liability for sports or activities marked with *

- abseiling (within organisers guidelines)
- *administrative, clerical or professional occupations
- aerobics
- airboarding
- archaeological digging
- archery
- athletics
- badminton
- banana boating
- baseball
- basketball
- *battle re-enactment
- beach games
- billiards/snooker/pool
- body boarding (boogie boarding)
- bowls
- breathing observation bubble (bob)
- *camel riding (no personal liability cover)
- *camp America - counsellor
- canoeing (up to grade 2 rivers)
- *catamaran sailing (if qualified and no racing or liability cover)
- *clay pigeon shooting (no liability cover)
- climbing (on climbing wall only)
- cricket
- croquet
- cross country running (non-competitive)
- curling
- cycling (no racing or competitions). All protective clothing (e.g. helmet) must be worn. No cover for mountain biking - see separately listed activity
- dancing (including instruction)
- *dinghy sailing (no liability cover)
- *driving motorised vehicles (excluding quad bikes) for which **you** are licensed to drive in the United Kingdom (other than in motor rallies or competitions) and wearing a helmet if driving a motorbike, moped or scooter and no liability cover
- elephant riding/trekking
- falconry
- fell walking/running (up to 2,500 metres above sea level)
- fencing
- fishing / deep sea fishing
- fives
- flying (as a fare paying passenger in a fully licensed passenger carrying aircraft)
- flying fox (cable car)
- football (American) - not main purpose of the **trip**
- football (Association) - not main purpose of the **trip**
- frisbee/ultimate frisbee including competitions
- *rifle range shooting
- gaelic football - not main purpose of the **trip**
- *glass bottom boats/bubbles (no liability cover)
- *go karting (within organisers guidelines and no liability cover)
- golf
- handball
- *hobie catting (if qualified and no liability cover)
- horse riding (excluding competitions, racing, jumping and hunting)
- hot air ballooning (organised pleasure rides only)
- *hovercraft driving/passenger (no liability cover)
- hurling - not main purpose of the **trip**
- hydro zorbing
- ice skating
- in-line skating/roller blading (wearing pads and helmets)
- indoor skating/skateboarding (wearing pads and helmets)
- javelin throwing
- *jet boating (no racing or liability cover)
- jogging
- kayaking (up to grade 2 rivers)
- korfball
- mountain biking (wearing a helmet and no racing) up to 2,500 metres above sea level
- netball
- octopush
- orienteering

- *paint balling/war games (wearing eye protection and no liability cover)
- parasailing/parascending - over water
- passenger sledge
- pedalos
- pilates
- pony trekking
- *power boating (no racing, non-competitive and no liability cover)
- racket ball
- refereeing
- ringos
- roller skating/blading/in line skating (wearing pads and helmets)
- rounders
- rowing (except racing)
- running
- safari trekking/tracking in the bush (must be organised tour)
- *sailing (if qualified or accompanied by a qualified person and no liability cover or racing)
- sail boarding/windsurfing
- sand boarding/surfing/skiing
- sand dune surfing/skiing
- *sand yachting (no liability cover)
- scuba diving to 18 metres (if qualified scuba diver or accompanied by qualified instructor and not diving alone or involved in cave diving)
- *segway riding (organised tours only, wearing correct safety equipment including a helmet)
- skateboarding (wearing pads & helmets)
- sledging/tobogganing (not on snow)
- snorkelling
- soccer- not main purpose of the **trip**
- softball
- spear fishing (without tanks)
- *speed sailing (no liability)
- sphering/ zorbing
- squash
- surfing
- swimming
- swimming with dolphins
- swimming/bathing with elephants
- Sydney harbour bridge (walking across clipped onto safety line)
- table tennis
- *tall ship crewing (no racing and no liability cover)
- ten pin bowling
- tennis
- trampolining
- tree canopy walking
- trekking/ walking /rambling up to 2,500 metres above sea level
- *trikke riding (organised tours only, wearing correct safety equipment including a helmet)
- tug of war
- volleyball
- wake boarding
- water polo
- water ski jumping
- water skiing
- whale watching
- wicker basket tobogganing
- wind surfing/sailboarding
- wind tunnel flying (pads and helmets to be worn)
- *yachting (if qualified and no liability cover)
- yoga

Winter Sports and Activities

Winter Sports and activities that can be covered if the additional premium has been paid and shown as purchased in **your** policy schedule.

There is no cover under Section 5b – Personal liability for sports or activities marked with *

- blade skating
- cross country skiing/nordic skiing
- dry slope skiing
- glacier skiing/walking
- husky dog sledging (organised, non-competitive and with experienced local driver)
- ice cricket
- ice go karting (within organisers guidelines and no liability cover)
- ice windsurfing (no liability cover)
- ice hockey
- kick sledging
- ski - blading
- *ski - dooing/snow mobiling
- ski biking
- ski boarding
- ski run walking
- skiing - on piste**
- skiing - big foot
- skiing - cross country
- skiing - mono
- skiing - nordic
- skiing - off piste** with a guide

- skiing alpine
- *sledging/sleigh riding (pulled by horse or reindeer as a passenger)
- sledging/tobogganing on snow
- snow biking
- snow blading
- snowboarding on piste**
- snowboarding - off piste** with a guide
- snow bobbing
- *snow carting
- snow carving (using non powered hand tools only and not working above 3 metres from the ground)
- *snow go karting (no liability cover)
- *snow mobiling/skidooing (no liability cover)
- *snow scooting
- *snowcat driving
- snow shoe walking
- snow tubing
- telemarking
- winter walking (using crampons and ice picks only)

** Off piste is areas of snow that have not been specially prepared for skiing on within a resort boundary, this doesn't include transiting between recognised and marked ski runs.

Important conditions relating to your policy

- Where **you** have selected an annual multi trip policy: the maximum duration of any one **trip** is shown in **your** policy schedule. If any **trip** exceeds **your** maximum number of days there is no cover under this policy for any additional days.
- **Your** policy automatically extends to provide cover if **you** are unable to return **home** by the end of the **insurance period** due to an event which is covered under the policy, providing **you** accept alternatives offered and don't intentionally delay **your** return.
- Where **you** have selected an Annual Multi-trip policy **your** policy is valid for travel within **your home area** where **you** have least 2 nights pre-booked accommodation or pre-booked transport at least 50 miles from **your home**, or travelling abroad where the **trip** starts and finishes in **your home area**.
- **Your** policy covers only persons permanently resident in the **UK** and registered with a **UK GP**.
- **Your** policy is valid when travelling abroad where the **trip** starts and finishes in the **UK**.
- Claims will only be considered if the cause of the claim falls within the **insurance period**.

Policy information

If **you** would like more information or if **you** feel the insurance may not meet **your** needs, please telephone **01293 665 910** or email jet2@rockinsurance.com.

Important Telephone Numbers

If you are abroad and need urgent assistance please contact the Emergency Medical Assistance Service on:

+44 (0) 204 517 9888

To discuss your policy please call:

01293 665 910

To discuss a claim please call:

0204 517 9888

You can also make a claim online rock.jet2.uk.axa.travel.

Making a claim

If **you** are abroad and need urgent assistance please contact the Emergency Medical Assistance Service on **+44 (0) 204 517 9888**.

How to make a claim for any of the following:

For all claims follow these steps:

1. Find the relevant section listed below and ensure that **you** have all the claims evidence **we** require. All claims evidence must be supplied at **your** own expense.
2. Please remember to keep copies of all correspondence **you** send to **us** for **your** future reference.

Claims evidence

In all claims **you** must provide details of any household, travel or other insurance under which **you** could also claim.

Claims evidence will be at **your** own expense.

Section 1 - Cancelling or cutting short a trip

To make a claim under this section of **your** policy where relevant **you** must provide **us** with:

- Tour Operator's booking invoice or other evidence of **your trip**.
- Hospital, doctor, dentist, pharmacist receipts and all receipts for additional expenses
- Tour Operator's cancellation invoice or unused flight tickets.
- Written confirmation that no refund is available in respect of privately booked accommodation and evidence of payment for that accommodation.
- Confirmation from a **medical practitioner** that **you** or **your travelling companion** are not fit to travel.
- Confirmation from the Clerk of the Courts office that **you** are required for Jury Service or as a witness in a court of law.
- Confirmation from **your** employer/**your travelling companion's** employer of redundancy and period of employment or leave cancelled.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- Confirmation of the delay to **Public Transport** from the company involved.
- Original Police report including crime reference number or incident report, obtained within 24 hours of the incident or as soon as possible after that.
- Confirmation from a relevant authority that **you** have been instructed to stay at/return **home**.
- A copy of a death certificate, where appropriate.

Section 2 - Medical emergency and repatriation expenses

To make a claim under this section of **your** policy where relevant **you** must provide **us** with:

- Receipts or bills for all in-patient/outpatient treatment or emergency dental treatment received.
- Receipts or bills for taxi fares to or from hospital claimed for, stating details of the date, name and location of the hospital concerned.
- Hospital, doctor, dentist, pharmacist receipts and all receipts for additional expenses; and (if travelling in Europe) a copy of **your** Global Health Insurance Card (GHIC).
- Receipts or bills or proof of purchase for any other transport, accommodation or other costs, charges or expenses claimed for, including calls to the Emergency Medical Assistance Service.
- In the event of death, a copy of the death certificate and receipts or bills for funeral, cremation or repatriation expenses.
- Information and medical history from **your** GP (if this is requested **you** may need to sign a release form with **your** surgery to obtain this).

- Details of any travel, private medical or other insurance under which **you** could also claim.

Section 3 - Disruption or delay to travel plans

To make a claim under this section of **your** policy where relevant **you** must provide **us** with:

- Tour Operator's booking invoice or other evidence of **your trip**.
- Tour Operator's cancellation invoice or unused flight tickets.
- Confirmation from the carrier of the reason and duration of **your** delay.
- Confirmation from a garage/motoring organisation that breakdown assistance was provided.
- Evidence of service history and/or MOT history for **your** vehicle.
- Confirmation of the delay to **public transport** from the company involved.
- Confirmation from the Police (if involved) of the circumstances giving rise to the claim.
- Written confirmation that no refund is available in respect of privately booked accommodation and evidence of payment for that accommodation.

Section 4 – Personal belongings and money

To make a claim under this section of **your** policy where relevant **you** must provide **us** with:

- Courier's report/Property Irregularity Report (PIR) from the carrier (this must be obtained immediately **you** are aware of an incident).
- A Police report including crime reference number or incident report, from the local Police in the country where the incident occurred for all loss, theft or attempted theft
- Proof of purchase (e.g. original receipts, valuations issued prior to the loss, cash withdrawal slips and credit/debit card statements etc.).
- Written estimate for the cost of repair or written confirmation that the item is damaged beyond repair, where appropriate.
- Household Contents policy details.
- All travel tickets and tags for submission.
- A letter from the carrier confirming the number of hours **your baggage** was delayed for.

Section 5 – Legal and liability

Section 5a - Legal expenses and assistance

To make a claim under this section of **your** policy where relevant **you** must provide **us** with:

- Tour Operator's booking invoice or other evidence of **your trip**.
- Relevant documentation and evidence to support **your** claim, including photographic evidence.
- Details of any travel or other insurance under which **you** could also claim.

Section 5b - Personal liability

To make a claim under this section of **your** policy where relevant **you** must provide **us** with:

- Tour Operator's booking invoice or other evidence of **your trip**.
- Any claim form, summons, or other legal document as soon as **you** receive them.
- Any reasonable information or help **we** need to deal with the case and **your** claim.

Section 6 – Personal accident

To make a claim under this section of **your** policy where relevant **you** must provide **us** with:

- Tour Operator's booking invoice or other evidence of **your trip**.
- Detailed medical report from **your** consultant.
- Confirmation of executor or administrator of the estate.
- A copy of a death certificate, where appropriate.

Section 7 – Winter Sports

Please note: This section is optional, if **you** have purchased this cover it will be shown on **your** policy schedule.

To make a claim under this section of **your** policy, where relevant **you** must provide **us** with:

- Tour Operator's booking invoice or other evidence of **your trip**.
- Tour Operator's cancellation invoice or unused flight tickets.
- A Police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- Keep all travel tickets and tags for submission.
- Proof of ownership such as an original receipt, valuation or bank or credit card statements, for items lost, stolen or damaged.
- Repair report where applicable.

Exclusions and conditions

These conditions apply throughout **your** policy. **You** must comply with them to have the full protection of **your** policy.

If **you** do not comply with them **we** may take one or more of the following actions:

- cancel **your** policy
 - declare **your** policy void (treating **your** policy as if it never existed)
 - change the terms and/or premium of **your** policy
 - refuse to deal with all or part of any relevant claim or reduce the amount of any relevant claim payment.
1. Providing accurate and complete information
When taking out, renewing or making changes to this policy, **you** must take reasonable care to provide accurate and complete answers to all questions. **We** may ask **you** to provide further information and/or documentation to ensure that the information **you** provided when taking out, making changes to or renewing **your** policy was accurate and complete. Failure to do this may impact or invalidate any claim **you** make.
 2. Changes in **your** circumstances
You must tell **us** as soon as reasonably possible if **your** circumstances change or if any of the information shown in **your** policy schedule changes during the **insurance period**.
 3. **We** may not pay **your** claim if **you** do not:
 - Take all possible care to safeguard against accident, injury, loss, damage or theft.
 - Give **us** full details of any incident which may result in a claim under **your** policy as soon as is reasonably possible.
 - Pass on to **us** every claim form, summons, legal process, legal document or other communication in connection with the claim.
 - Provide all information and assistance that **we** may reasonably require at **your** expense (including, where necessary, medical certification and details of **your** household insurance). **We** will only ask for information relevant to **your** claim.
 4. **You** must not admit liability for any event, or offer to make any payment, without our prior written consent.
 5. The terms of **your** policy can only be changed if **we** agree. **We** may require **you** to pay an additional premium before making a change to **your** policy.

6. **You** must start each **trip** from **your home** in the **UK** and return to **your home** in the **UK** at the end of each **trip**.
7. **You** agree that **we** can:
 - Make **your** policy void where any claim is proven to be fraudulent.
 - Share information with other insurers to prevent fraudulent claims via a register of claims. A list of participants is available on request. Any information **you** supply on a claim, together with information **you** have supplied at inception of **your** policy and other information relating to a claim, may be provided to the register participants.
 - Take over and act in **your** name in the defence or settlement of any claim made under **your** policy.
 - Take over proceedings in **your** name but at our expense to recover for **our** benefit the amount of any payment made under **your** policy.
 - Obtain information from **your** medical records (with **your** permission) for the purpose of dealing with any cancellation or medical claims. No personal information will be disclosed to any third party without **your** prior approval.
8. **We** will not pay **you** more than the amounts shown in the Table of Benefits, these are subject to per **insured person** and per **trip** limits.
9. If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section 6 – Personal Accident)
10. No insurer shall be deemed to provide and no insurer shall be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, UK or United States of America.

General exclusions applying to your policy

Your policy does not cover **you** for any claim directly or indirectly resulting from any of the following:

1. Under all sections, any claim arising from a reason not listed under What is covered.
2. **Pre-existing medical condition(s)** as described in **Pre-existing medical condition(s)** section
3. Any claims where **you** were not fit to undertake **your trip** when booking **your trip** or purchasing **your** policy whichever is the later.
4. **Your** failure to obtain any recommended vaccines, inoculations or medications prior to **your trip**. Consideration will be given where **you** were medically unable to have any vaccination which is supported by **your** medical records.
5. **Your** inability to travel due to **your** failure to hold, obtain or produce a valid passport or any required visa in time for the booked **trip**.
6. Any circumstances known to **you** before **you** purchased **your** policy or at the time of booking any **trip** which could reasonably have been expected to lead to a claim under this policy.
7. Events which are caused by any of the following which were already taking place at the beginning of any **trip** or prior to purchasing **your** policy or booking **your trip**:
 - war,
 - invasion,
 - acts of foreign enemies,
 - hostilities or

- warlike operations (whether war be declared or not),
 - civil war,
 - **terrorist action**,
 - rebellion,
 - revolution,
 - insurrection,
 - civil commotion and/or
 - civil unrest assuming the proportions of or amounting to an uprising, military or usurped power
 - nuclear, chemical or biological attack.
8. **You** travel to a country, specific area or event when the Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or regulatory authority in a country to/from which **you** are travelling has advised against all or all but essential travel.
 9. Confiscation or destruction of property by any Customs, Government or other Authority of any country.
 10. Engaging in sports or activities which are not covered on **your** policy, there are many sports and activities which are covered as standard under the policy, please refer the Sports and Activities Section.
 11. **You** wilfully self-inflicted injury or illness.
 12. Any claim related to euthanasia.
 13. **You** are not covered for any claim arising directly or indirectly from:
 - **Your** consumption of alcohol, drugs and/or solvents impairing **your** physical ability and/or judgement.
 - **You** abusing alcohol, drugs and/or solvents.
 - **You** suffering from the symptoms of or illness due to alcohol, drug and/or solvent dependence and/or withdrawal.
 14. **You** putting **yourself** at needless risk (except in an attempt to save human life).
 15. **Your** own unlawful action or any criminal proceedings against **you**.
 16. Where **you** have selected an Annual Multi-trip policy: the maximum duration of any one **trip** is shown in **your** policy schedule. If any **trip** exceeds **your** maximum number of days there is no cover under this policy for any additional days.
 17. **Your** manual work involving the lifting or carrying of heavy items in excess of 25 kgs, use of power tools or machinery, work involving the use of scaffolding or ladders, working at a height above 6m, any electrical or construction work or any form of work underground
 18. Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance, this includes any claim for loss of enjoyment for any **trip**. *Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim, loss of earnings following injury, illness or disease or not being able to enjoy the **trip** due not enjoying **your trip** due to poor weather.*
 19. Any amount recoverable from any other source.
 20. **You** gaining access to controlled or restricted areas and/or the unauthorised use of swimming pools outside of the specified opening times. When travelling **you** must adhere to the guidelines issued for controlled areas, swimming pools etc.
 21. **You** climbing on or jumping from a vehicle, building, bridge, scaffolding, balcony or climbing or moving from any part of any building to another (apart from stairs, ramps or walkways) and falling, regardless of the height, unless **your** life is in danger or **you** are attempting to save human life.

22. Any claim where **you** are not wearing a helmet whilst on a motorcycle, moped, scooter, Segway or bicycle.
23. Any claim where **you** are not wearing a seatbelt when travelling in a motor vehicle, where a seatbelt is available.
24. Any person not insured or named on this policy. This policy is not intended to cover any costs which relate to anybody not insured on this policy; with this in mind please ensure that all persons travelling have sufficient insurance to cover their needs. This applies even where **you** have paid for the additional costs for example, if **you** have paid for another person's travel or accommodation costs. The only exception to this is if cover is agreed for someone to remain with **you** in the event of an illness or injury and the Medical Assistance team agree for another person to remain with **you**.
25. Any virtual currency including but not limited to crypto-currency, including fluctuations in value.
26. Loss or damage due to depreciation (loss in value), variations in exchange rate.

Your Cover

Section 1 - Cancelling or cutting short a trip

Introduction

The purpose of this section is to help **you** if **you** have to cancel or **cut short your trip** as a result of one of the reasons listed below under the heading of 'What is covered'. However, under certain circumstances, **your** tour operator or transport provider may be responsible for refunding **your** costs. If the loss **you** have suffered is covered by the compensation scheme of **your** tour operator or transport provider **we** will not provide cover for it under this policy. **You** may also be covered by **your** credit/debit card provider if the services **you**'ve paid are not provided as agreed e.g. if company becomes insolvent.

For further information on the cover provided by **your** tour operator, **your** airline or **your** credit/debit card provider please contact them directly.

The Denied Boarding Regulation (Regulation 261/2004 EC)

You may be entitled to compensation from **your** airline under The Denied Boarding Regulation (Regulation 261/2004 EC) if **your** flight:

- Departs from an EU airport, it can be operated by any airline, and/or
- Arrives at an EU airport and is operated by an EU airline

The regulation establishes the minimum rights for air passengers to ensure they are treated fairly in the event of one of the following:

1. Denied Boarding - Have **you** been denied boarding because the airline did not have enough seats on the flight?
2. Cancelled Flight - Has **your** flight been cancelled?
3. Long Delays - Has **your** flight been delayed for three hours or more?
4. Baggage - Has **your** checked-in baggage been damaged, delayed or lost?
5. Injury and Death by Accident(s) - Have **you** been injured during **your** flight?
6. Package Holidays - Did **you** get what **you** booked?

For full details of **your** entitlements, visit

[Delays and cancellations | UK Civil Aviation Authority \(caa.co.uk\)](#)

What is covered

Cover for cancelling a trip

We will pay **you** up to the amount shown in the Table of Benefits for **your** proportion only of **your** irrecoverable unused travel and accommodation costs and other **pre-paid charges** if **you** have to cancel **your trip** following any of the reasons which are shown in the table below.

Cover for cutting short **your** trip

We will pay **you** up to the amount shown in the Table of Benefits for **your** proportion only of **your** unused travel and accommodation costs and other **pre-paid charges** together with any reasonable additional travel and expenses if **you** have to **cut short your trip** following any of the reasons which are shown in the table below

If **you** need to cancel or **cut short your trip**, any **pre-paid charge** relating to Winter Sports will only be covered if **you** have the relevant cover under Section 7.

Cover for the following events:	Cover for cancelling a trip	Cover for having to cut short your trip
The death, injury illness, disease, or pregnancy complication of you, your travel companion or your close relative .	✓	✓
Compulsory personal quarantine , jury service attendance or being called as a witness at a Court of Law (other than in an advisory or professional capacity) of you or your travelling companions or the Police or other authorities requesting you to stay at or return home .	✓	✓
Redundancy of you or your travel companion .	✓	✓
You or your travel companion have leave withdrawn and are a member of the Armed Forces (including reserves and territorial), Emergency Services, medical or nursing professions (in the public sector) or Senior employees of the Government.	✓	✓
Catastrophe	✓	✓
The Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or other regulatory authority in a country which you are travelling to advising against all travel or all but essential travel within 21 days of your departure date, but not including where advice is issued due to a pandemic or regional quarantine .	✓	✗
The Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or other regulatory authority in a country in which you are travelling in advising you to evacuate or return to your home area , providing the advice came into force during your trip .	✗	✓
No suitable alternative public transport is provided within 12 hours of the scheduled time of departure following delay or cancellation of your public transport , or you being involuntarily denied boarding (because there are too many passengers for the seats available).	✓	✗
Theft of your passport and/or visa within the 72 hours before your scheduled time of departure if you are due to travel outside your home area or during your trip meaning you are unable to continue your trip .	✓	✓

Special conditions relating to claims

Special conditions are important in the event of a claim. If **you** are unable to show they have been followed this may affect **your** ability to claim.

- You** must get the prior approval of the Emergency Medical Assistance Service to confirm it is necessary to return **home** prior to having to **cut short your trip** for any of the reasons listed above.
- If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.
- You** must provide a written police report as evidence if a claim is made due to the theft of **your** passport and /or visa.

What is not covered

- The **excess**.
- Any claim arising from a reason not listed in the 'what is covered' section
- Any claim where **you** have been unable to evidence **your** loss, please refer to the claims evidence section.
- Any claim where **you** cannot travel or choose not to travel because the Foreign, Commonwealth & Development Office (FCDO), or any other equivalent government body in another country, advises against travel due to a pandemic.

5. Circumstances known to **you** before **you** purchased **your** policy or at the time of booking any **trip** which could reasonably have been expected to lead to cancelling or **cutting short** of the **trip**.
6. The cost of **your** unused original tickets where **you** or **we** have paid for **you** to come home following **cutting short your trip**. In addition if **you** have not purchased a return ticket, **we** will not cover any costs incurred whilst returning **you** to **your home** unless agreed by the Emergency Medical Assistance Service.
7. The cost of Air Passenger Duty (APD) at the rate published by HMRC, whether irrecoverable or not.
8. **Pre-existing medical conditions** as described in the **Pre-existing medical conditions** section.
9. Any claims for **redundancy** that are voluntary, including compromise agreement or resignation. **We** will also not cover misconduct or dismissal.
10. Costs paid for using any reward scheme (for example Avios or supermarket loyalty points) unless evidence of specific monetary value can be provided.
11. Any property maintenance costs or fees incurred by **you** as part of **your** involvement in a Timeshare or Holiday Property Bond scheme.
12. Any cancellation claims relating to loss or theft of **your** passport or visa if left **unattended** at any time, unless stored securely in **your home**. During **your trip you** will not be covered to **cut short your trip** due to loss of **your** passport unless it was deposited in a safe, safety deposit box or left in locked accommodation.
13. Any unused or additional costs incurred by **you** which are recoverable from:
 - a) The providers of the accommodation, their booking agents, travel agent or compensation scheme.
 - b) The providers of the transportation, their booking agents, travel agent, compensation scheme or ATOL.
 - c) **Your** credit or debit card provider or Paypal.
14. Any costs for **your Package** holiday if it was cancelled by **your** travel provider or **you** were unable to travel due to a change in FCDO travel advice.
15. Any claims relating to the insolvency of the **public transport** operator and/or accommodation provider.
16. Denied boarding due to **your** anti-social behaviour, drug use, alcohol or solvent abuse or **your** inability to provide any valid **important documents** or other documentation required by the **Public Transport** operator or their handling agents.
17. Pregnancy, without any accompanying **pregnancy complication**. This policy excludes any costs incurred as a result of normal pregnancy or childbirth. This section is designed to provide cover for unforeseen events, **accidents**, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
18. The death or illness of any pet or animal.
19. **Your** unused and/or additional travel costs where the cancellation or delay is caused by the insolvency of the **public transport** operator.
20. Any claim due to a **regional quarantine**.
21. Any claim from **you** not wanting to travel due to the need to quarantine on return to **your home area**.
22. **Your** inability to travel due to **you** not producing vaccine certificates, medical tests/documents which are needed to travel. Consideration will be given where **you** were medically unable to have any vaccination which is supported by **your** medical records.
23. Any additional costs for tests/documentation the government or other regulatory authority introduce and are needed in order for **you** to travel to/from/in **your** destination or to return to **your home area** regardless of whether **you** knew when booking or not.
24. Anything mentioned in the Exclusions and Conditions Section which are applicable to all sections of the policy.

Section 2 - Medical emergency and repatriation expenses

Introduction

The purpose of this section is to help **you** if **you** require unforeseen emergency medical treatment whilst on a **trip**. Under certain circumstances, **you** may be covered by a reciprocal health agreement, **you** can find out more about these under the Reciprocal Health Agreement Section.

What is covered

We will pay **you** up to the amount shown in the Table of Benefits for the following expenses which are necessarily incurred during a **trip** as a result of **you** suffering unforeseen injury due to an **accident**, illness, disease and/or **personal quarantine**:

1. Emergency medical, surgical, hospital, ambulance and medical fees and charges incurred outside of **your home area**.
2. Emergency dental treatment for the immediate relief of pain only incurred outside of **your home area**.
3. Up to the amount shown in the Table of Benefits for every complete 24 hour period **you** are in hospital or confined to **your** accommodation on the advice of a **medical practitioner** and towards meal expenses for a nominated person who is staying or travelling with **you**.
4. Costs of telephone calls to and from the Emergency Medical Assistance Service notifying and dealing with the problem for which **you** are able to provide evidence.
5. The cost of taxi fares for **your** travel to or from hospital relating to **your** admission, discharge or attendance for outpatient treatment or appointments and/or for collection of medication prescribed for **you**.
6. If **you** die outside **your home area** the cost of funeral expenses abroad plus the cost of returning **your** ashes or **your** body to **your home**. If **you** die on a **trip** within **your home area** the reasonable additional cost of returning **your** ashes or body to **your home**.
7. Additional transport and/or accommodation expenses incurred, up to the standard of **your** original booking, if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of the Emergency Medical Assistance Service:
 - a) Reasonable additional transport and/or accommodation expenses for someone to stay with **you** or travel to **you** from the **UK** or escort **you home**.
 - b) Additional travel expenses to return **you** to **your home** or a suitable hospital nearby if **you** cannot use the return ticket.
 - c) Reasonable additional accommodation expenses if **you** have to move accommodation nearer the hospital following the extended stay.
 - d) Reasonable taxi or hire car costs for **your** travel to and from the hospital only.
8. With the prior authorisation of the Emergency Medical Assistance Service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home** if it is medically necessary. These expenses will be for the identical class of travel utilised on the outward journey unless the Emergency Medical Assistance Service agree otherwise, if the Emergency Medical Assistance Service confirm an alternative method of travel is required this will only apply for the ill or injured **insured person**.
9. Reasonable costs for one person or a specialist vehicle recovery company to collect and return **your** vehicle if **you** were not able to drive the vehicle to **your home** following **your** illness/injury/death.

Special conditions relating to claims

Special conditions are important in the event of a claim. If **you** are unable to show they have been followed this may affect **your** ability to claim.

1. **You** must tell the Emergency Medical Assistance Service as soon as possible of any injury due to an **accident**, illness or disease which requires **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.

If **you** suffer injury due to an **accident**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to the **UK** at any time during the **trip**. **We** will do this, if in the opinion of the Emergency Medical Assistance Service or **us** (based on information provided by the **medical practitioner** in attendance), **you** can be moved safely and/or travel safely to **your home area** or a suitable hospital nearby to continue treatment.

2. This is not a private medical insurance policy. The intention of this section is to pay for emergency medical/surgical/dental treatment only and not for treatment or surgery that can be reasonably delayed until **your** return to **your home area**. Our decisions regarding the treatment or surgery that **we** will pay for (including repatriation to **your home area**) will be based on this.

If **you** do not accept **our** decisions and do not want to be repatriated, then **we** will not provide any cover under the following sections:

- Section 1 - Cancelling or cutting short a trip
- Section 2 - Medical emergency and repatriation expenses
- Section 6 - Personal accident

We will then refuse to deal with claims from **you** for any further treatment and/or **your** repatriation to **your home area**.

Cover for **you** under all other sections will continue for the remainder of **your trip**.

What is not covered

1. The **excess** (except under point 2 and point 3 of What is covered).
2. Any claim where **you** have been unable to evidence **your** loss, please refer to the claims evidence section.
3. Any claim caused by participating in a sport or activity where the policy doesn't cover the sport or activity which **you** are taking part in.
4. Pregnancy, without any accompanying **pregnancy complication**. This policy excludes any costs incurred as a result of normal pregnancy or childbirth. This section is designed to provide cover for unforeseen events, **accidents**, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
5. **Pre-existing medical conditions** as described in the **pre-existing medical conditions** section unless **we** have agreed in writing to cover **you**.
6. The cost of **your** unused original tickets where **you** or **we** have paid for **you** to come home following **cutting short your trip** or had to extend **your trip**. In addition if **you** have not purchased a return ticket, **we** will deduct the cost of an economy flight (based on the cost on the date **you** come **home**) from any costs **we** have incurred whilst returning **you** to **your home**.
7. Any claims arising directly or indirectly from:
 - a) The cost of treatment or surgery, including exploratory tests, which are not related to the injury due to an **accident** or illness which necessitated **your** admittance into hospital.
 - b) Any expenses which are not usual, reasonable or customary to treat **your** injury due to an **accident**, illness or disease as advised by **our** chief medical officer.
 - c) Any form of treatment or surgery which in the opinion of the Emergency Medical Assistance Service or **us** (based on information provided by the **medical practitioner** in attendance), can be delayed reasonably until **your** return to **your home area**.

d) Expenses incurred in obtaining, replenishing or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued whilst on **your trip**.

Where possible and with the agreement of **your medical practitioner**, **you** should always travel with plenty of extra medication in case of travel delays.

e) Additional costs arising from single or private room accommodation.

f) Treatment or services provided by a health spa, convalescent, physiotherapist or nursing home or any rehabilitation centre unless agreed by the Emergency Medical Assistance Service.

g) Any costs incurred by **you** to visit another person in hospital or costs incurred by others to visit **you** in hospital.

h) Any expenses incurred after **you** have returned to **your home area**.

i) Any expenses incurred in the **UK**:

i. for private treatment, or

ii. which are funded by, or are recoverable from the Health Authority in **your** usual country of residence, or

iii. which are funded by a reciprocal health agreement between these countries and/or islands.

j) Expenses incurred as a result of a tropical disease where **you** have not had the NHS recommended inoculations and/or not taken the NHS recommended medication.

k) Any expenses incurred after the date on which **we** attempt to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.

8. Expenses incurred for medical tests required in the area **you** are travelling to/in/from or returning to **your home area**, or by the **public transport** provider (unless specifically needed for a repatriation arranged by **our** Emergency Assistance Line).

9. Anything mentioned in the Exclusions and Conditions Section which are applicable to all sections of the policy.

You should also refer to the **Pre-existing medical conditions** section.

Section 3 - Disruption or delay to travel plans

Introduction

The purpose of this section is to help **you** if **you** experience certain disruptions to **your** travel plans and **you** are left out of pocket. However, under certain circumstances, **your** tour operator or transport provider may be responsible for providing assistance and compensation. If the loss **you** have suffered is covered by the compensation scheme of **your** tour operator or transport provider **we** will not provide the same cover under this policy. **You** may also be covered by **your** credit/debit card provider if the services **you**'ve paid for are not provided as agreed e.g. if a company becomes insolvent.

For further information on the cover provided by **your** tour operator, **your** airline visit or **your** credit/debit card provider please contact them directly.

The Denied Boarding Regulation (Regulation 261/2004 EC)

You may be entitled to compensation from **your** airline under The Denied Boarding Regulation (Regulation 261/2004 EC) if **your** flight:

- Departs from an EU airport, it can be operated by any airline, and/or
- Arrives at an EU airport and is operated by an EU airline

The regulation establishes the minimum rights for air passengers to ensure they are treated fairly in the event of one of the following:

1. Denied Boarding - Have **you** been denied boarding because the airline did not have enough seats on the flight?
2. Cancelled Flight - Has **your** flight been cancelled?
3. Long Delays - Has **your** flight been delayed for three hours or more?
4. Baggage - Has **your** checked-in baggage been damaged, delayed or lost?
5. Injury and Death by Accident(s) - Have **you** been injured during **your** flight?
6. Package Holidays - Did **you** get what **you** booked?

For full details of **your** entitlements, visit

[Delays and cancellations | UK Civil Aviation Authority \(caa.co.uk\)](#)

What is covered

1. Missed Departure

If **you** fail to arrive at the departure point in time to board the **public transport** on which **you** are booked to travel as a result of:

- a) the failure of other **public transport** or
- b) an accident to or breakdown of the vehicle in which **you** are travelling whilst on **your** journey to **your** departure point or
- c) an accident, breakdown or an unexpected traffic incident happening which causes an unexpected delay whilst on **your** journey to **your** departure point or
- d) strike or adverse weather conditions,

Then **we** will pay **you up** to the amount shown in the Table of Benefits for reasonable additional accommodation (room only) and **public transport** costs (economy only) so that **you** may continue **your** trip.

2. Delayed Arrival

If **you** arrive later than planned at **your** destination due to a delay of **public transport** **we** will pay **you** up to the amounts shown in the Table of Benefits for each 10 hour period of delay **you** suffer up to the maximum shown.

Special conditions relating to claims

Special conditions are important in the event of a claim. If **you** are unable to show they have been followed this may affect **your** ability to claim.

1. **You** must seek financial compensation, assistance or a refund of **your** costs from **your** travel provider and invoke **your** rights under EU Air Passenger Rights legislation in the event of cancellation or delay of flights if applicable.
2. **You** must allow enough time to arrive at the departure point and check in for **your** outward or return journey.

What is not covered

1. The **excess** (except under point 2 of what is under What is covered).
2. Any claim where **you** have been unable to evidence **your** loss, please refer to the claims evidence section.
3. The cost of Air Passenger Duty (APD) at the rate published by HMRC, whether irrecoverable or not.
4. Any strike or adverse weather that was publicly announced prior to **you** purchasing **your** policy or within 7 days of booking any **trip**.

An example of publicly announced adverse weather would be the point which an impending weather event is officially named by the Met Office, Environment Agency or any similar body.

5. Any unused or additional costs incurred by **you** which are recoverable from:
 - a) The providers of the accommodation, their booking agents, travel agent or compensation scheme.
 - b) The providers of the transportation, their booking agents, travel agent, compensation scheme or ATOL.
 - c) **Your** credit or debit card provider or Paypal.
6. Any travel and accommodation costs, charges and expenses where the **public transport** operator has offered reasonable alternative travel arrangements within the timeframe shown in the Table of Benefits of the scheduled time of departure.
7. Claims arising from:
 - a) Breakdown of any vehicle owned by **you** which has not been maintained in accordance with manufacturer's instructions or in the event of an accident or breakdown when a repairers report is not provided.
 - b) Any costs incurred as a result of **you** not planning **your** journey correctly, **you** must allow enough time to complete **your** journey and arrive at the time stipulated by the travel provider.
 - c) Any property maintenance costs or fees incurred by **you** as part of **your** involvement in a Timeshare or Holiday Property Bond scheme are not covered.
 - d) Any inbound **public transport** cancelled by a provider due to **you** missing **your** outbound **public transport**.
8. Any costs associated with rearranging **your** travel plans due to the **public transport** provider changing their scheduled timings which in turn impacts **your** planned itinerary.
9. Any claim where **you** were unable to take **your public transport** due to delays in security and/or customs.
10. Any costs for **your Package** holiday if it was cancelled or impacted by **your** travel provider.
11. **Your** inability to travel due to **you** not producing vaccine certificates, medical tests/documents which are needed to travel.
12. Anything mentioned in the Exclusions and Conditions Section which are applicable to all sections of the policy.

Section 4 - Personal belongings and money

Introduction

The purpose of this section is to help **you** in the event of something happening to **your** suitcases (or containers of a similar nature), their contents **sports equipment** and **your** cash. Below explains the cover **we** provide if **your** articles are lost, stolen or damaged.

What is covered

1. **We** will pay **you** up to the amount shown in the Table of Benefits for the following items if they are accidentally lost, damaged or stolen whilst on **your trip**.

- a) **Baggage**

- b) **Valuables**

- c) Replacement of essential items if lost in transit due to carrier error during the outward journey

- d) Cash

The maximum **we** will pay **you** for any one item, pair or set of items under this section is shown in the Table of Benefits as the single article limit.

Any claim under point 1b and 1c will be deducted from **your baggage** limit.

If **you** have to claim **you** will be entitled to the full replacement cost of **your** items, with no depreciation or deductions for wear and tear.

2. **We** will pay **you** up to the amount shown in the Table of Benefits to obtain a replacement of **your important documents** which have been lost, damaged or stolen whilst outside of **your home area**. This is to enable **you** to return **home** or continue **your trip**.

The intention of this is to help pay for travel and accommodation costs in getting to the embassy to obtain suitable replacements. **You** must check whether any temporary documentation will enable **you** to continue **your** planned **trip**.

Special conditions relating to claims

Special conditions are important in the event of a claim. If **you** are unable to show they have been followed this may affect **your** ability to claim.

1. **You** must report any theft to the Police in the country where the theft occurred as soon as possible and get a crime reference number or incident report.
2. **You** must report any loss, theft or damage while in the care of a carrier, transport company, authority, hotel or accommodation provider and get a written record of the event.
3. If any items are lost, stolen or damaged whilst in the care of an airline **you** must report this within the time limit contained in their terms and conditions and get a Property Irregularity Report.

What is not covered

1. The **excess** (except under point 1c of What is covered and 1d if the **insured person** claiming is under 18).
2. Any claim where **you** have been unable to evidence **your** loss, please refer to the claims evidence section.
3. Any claim for **sports equipment** where the policy doesn't cover the sport or activity which **you** are taking part in.
4. Any claim for **ski equipment** (please refer to Section 7 – Winter sports if **you** have paid the premium for the additional cover).
5. Loss, theft of or damage to **valuables**, cash, **important documents** or **personal money** left **unattended** at any time unless deposited in a safe, safety deposit box or left in locked accommodation.

6. Loss, theft of or damage to **baggage** and **sports equipment** contained in an **unattended** vehicle unless it is locked out of sight in a secure baggage area (being a locked dashboard, boot or luggage compartment, fixed storage unit of a motorised or towed caravan, locked luggage box which is locked to a roof rack) and entry has been gained by unauthorised access.
7. Loss, theft or damage:
 - a) Due to delay, confiscation or detention by customs or any other authority,
 - b) To motor accessories (excluding keys which are covered only for a car which is owned by **you**),
 - c) To tobacco products, tobacco substitutes and perishable goods (such as food and drinks)
 - d) Caused by wear and tear, or
 - e) Mechanical or electrical breakdown.
8. Any virtual currency including but not limited to crypto-currency, including fluctuations in value.
9. Anything mentioned in the Exclusions and Conditions Section which are applicable to all sections of the policy.

Section 5 - Legal and liability

Introduction

This section is split in to two parts.

The purpose of the Legal expenses and assistance section is to help **you** in the event **you** need to claim compensation if someone else causes **you** illness, injury or death.

The purpose of the Personal liability section is to help **you** in the event **you** are found liable for damage to someone else's property or cause another person illness, injury or death.

Section 5a - Legal expenses and assistance

Introduction

The purpose of this section is to provide **you** with a legal assistance to pursue a claim for compensation if **you** suffer an injury, illness or death.

Words with special meanings in this section (which are shown in italics)

Lawyer

Means the legal representative or other appropriately qualified person acting for **you**. **You** have the right to choose the lawyer acting for **you** in the following circumstances:

- a) Where the commencement of court proceedings to pursue **your** claim is required.
- b) Should any conflict of interest or dispute over settlement arise.

What is covered

We will pay up to the amount shown in the Table of Benefits for legal costs to pursue a civil action for compensation, against someone else who causes **you** injury due to an **accident**, illness or death.

Where there are two or more **insured persons** insured by this policy, then the maximum amount **we** will pay for all such claims shall not exceed the amount shown in the table of benefits.

Prospects of success

We will only provide cover where **your** claim or any appeal **you** are pursuing or defending is more likely than not to be successful. If **you** are seeking damages or compensation, it must also be more likely than not that any judgement obtained will be enforced.

If **we** consider **your** claim is unlikely to be successful or any judgement will not be enforced **we** or **you** may request a second opinion from an independent **lawyer**. If **you** seek independent legal advice any costs incurred will not be covered by this policy.

If the independent **lawyer** agrees **your** claim is unlikely to be successful or any judgement is unenforceable then **you** cannot make a claim under this section.

Special conditions relating to claims

1. **We** shall have complete control over the legal case through agents **we** nominate, by appointing agents of **our** choice on **your** behalf with the expertise to pursue **your** claim.
2. **You** must follow **our** agent's advice and provide any information and assistance required within a reasonable timescale.
3. **You** must advise **us** of any offers of settlement made by the negligent third party and **you** must not accept any such offer without **our** permission.
4. **We** may include a claim for **our** legal costs and other related expenses.
5. **We** may, at **our** own expense, take proceedings in **your** name to recover compensation from any third party for any legal costs incurred under this policy. **You** must give **us** any assistance **we** require from **you** and any amount recovered shall belong to **us**.

What is not covered

1. Legal costs and expenses incurred in pursuit of any claim against **us**, **our** appointed agents, someone **you** were travelling with, a person related to **you**, or another **insured person**.
2. Legal costs and expenses incurred prior to **our** written acceptance of the case.
3. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
4. Any claim where legal costs and expenses are variable depending on the outcome of the claim.
5. Legal costs and expenses incurred if an action is brought in more than one country.
6. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
7. The costs of any Appeal.
8. Claims by **you** other than in **your** private capacity.
9. Anything mentioned in General exclusions applying to **your** policy.

Section 5b - Personal liability

What is covered

We will pay **you** up to the amount shown in the Table of Benefits (including legal costs and expenses) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause for accidental:

1. Injury due to an **accident**, death, illness or disease to any person who is not in **your** employment or who is not a **close relative** or persons residing with **you**.
2. Loss of or damage to property that does not belong to and is neither in the charge of nor under the control of **you**, a **close relative** and/or anyone in **your** employment other than any temporary holiday accommodation occupied (but not owned) by **you**.

Special conditions relating to claims

1. **You** must give **us** written notice of any incident, which may result in a claim as soon as possible.
2. **You** must send **us** every court claim form, summons, letter of claim or other document as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.
4. **We** will be entitled to take over and carry out in **your** name the defence of any claims for compensation or damages or otherwise against any third party. **We** will have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** will give **us** all necessary information and assistance which **we** may require.
5. If **you** die, **your** legal representative(s) will have the protection of this cover as long as they comply with the terms and conditions outlined in this policy.

What is not covered

1. The **excess**.
2. Any claim where **you** have been unable to evidence **your** loss, please refer to the claims evidence section.
3. Compensation or legal costs arising directly or indirectly from:
 - a) Liability which has been assumed by **you** under agreement (such as a hire agreement) unless the liability would have existed without the agreement.
 - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
 - c) Ownership, possession or use of mechanically propelled vehicles, aircraft or watercraft (other than surfboards or manually propelled rowing boats, punts or canoes).
 - d) The transmission of any contagious or infectious disease or virus.
 - e) **Your** ownership, care, custody or control of any animal.
 - f) Any claim where the incident occurred within the **UK**.
4. Anything mentioned in the Exclusions and Conditions Section which are applicable to all sections of the policy.

Section 6 - Personal accident

Introduction

The purpose of this section is to provide **you** with a financial lump sum in the event **you** suffer death, **loss of sight**, **loss of a limb** or **permanent total disablement**, as a result of an accident during **your trip**. This section will not be applicable if **you** suffer any of the above as the result of an illness.

Words with special meanings in this section (which are shown in italics)

Loss of limb

Loss by permanent severance of an entire hand or foot or the total, complete and permanent loss of use of an entire hand or foot.

Permanent Total Disablement

A condition which is of a permanent and irreversible nature which is shown by medical evidence to be likely to continue for the remainder of **your** life and as certified by a registered **medical practitioner**, to the reasonable satisfaction of **our** Chief Medical Officer, and which prevents **you** from engaging in any work or occupation for remuneration or profit.

Loss of sight

The 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; or
- b) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale (which means only seeing at 3 metres what **you** should see at 60 metres).

What is covered

We will pay one of the benefits shown in the Table of Benefits below if **you** sustain injury due to an **accident** which shall solely and independently of any other cause, result within two years either in

1. **your** death,
2. **loss of limb** and /or **loss of sight**,
3. **permanent total disablement**.

Special conditions relating to claims

Special conditions are important in the event of a claim. If **you** are unable to show they have been followed this may affect **your** ability to claim.

1. **Our medical practitioner** may examine **you**, and where deemed necessary, **you** may be referred to a specialist for further consultation.

What is not covered

1. Any claim where **you** have been unable to evidence **your** loss, please refer to the claims evidence section.
2. Benefit is not payable to **you**:
 - a) Under more than one of benefit 1, 2 or 3 above.
 - b) Under benefit 2 if the permanent loss of use of an entire hand or foot is only partial and not total and complete (being 100%).
 - c) Under benefit 3 until one year after the date **you** sustain injury due to an **accident**.
3. Benefit 1 will be paid to the deceased **insured person's** estate.
4. Any claim which is caused by either:
 - a) Medical or surgical procedures or
 - b) Illness, infection or bacteria or
 - c) Any gradually developing bodily deterioration.
5. Any claim which is related to suicide or an intentional accident.
6. Anything mentioned in the Exclusions and Conditions Section which are applicable to all sections of the policy.

Section 7 - Winter Sports

Introduction

This section is available to purchase as an optional upgrade.

The purpose of this section is to provide cover whilst **you** are on a Winter sports **trip** that involves activities or sports that are on snow or ice. It's important to check the sports and other activities section of the wording to ensure that any activities that **you** plan to participate in as part of **your** Winter sports **trip** are covered. The policy will not cover any professional sports or entertainment and racing events.

Please note: Where **you** have purchased an Annual Multi-trip policy **you** are only covered for 21 days of Winter Sports activity during the **insurance period**.

Please note: Cover only applies for this section if Winter Sports is shown as purchased in **your** policy schedule and the additional premium has been paid.

What is covered

We will pay **you** up to the amounts shown in the Table of Benefits for:

1. Ski equipment

- a) The accidental loss of, theft of or damage to **your** own **ski equipment** - The maximum **we** will pay **you** for any one item, pair or set of items under this section is shown in the Table of Benefits as the single article limit.
- b) The cost of hiring replacement **ski equipment** if **your** owned **ski equipment** is lost, stolen or damaged (including temporary loss in transit for more than 24 hours).

2. Ski pack

Up to the amount shown in the Table of Benefits for the unused portion for **your** **ski pack** following **your** **accident**, bodily injury, illness or disease.

3. **Avalanche and piste closure**

Up to the amount shown in the Table of Benefits after a 24 hours period, if an avalanche or piste closure (due to too much or not enough snow) results in **your** resort being closed. This only applies to trips taken outside of the **UK** during the published ski season for **your** resort and excludes cross country skiing anywhere.

Special conditions relating to claims

Special conditions are important in the event of a claim. If **you** are unable to show they have been followed this may affect **your** ability to claim.

1. **You must** report any theft to the police in the country where the theft occurred as soon as possible and get a crime reference number or incident report of the loss, theft or attempted theft of **your own ski equipment**.
2. **You** must report any loss, theft or damage while in the care of a carrier, transport company, authority, hotel or accommodation provider and get a written record of the event.

What is not covered

1. The **excess** which is only payable under point 1a.
2. Any claim where **you** have been unable to evidence **your** loss, please refer to the claims evidence section.
3. Loss, theft or damage to **ski equipment** left **unattended** at any time.
4. Loss, theft of or damage to **ski equipment** contained in or stolen from an **unattended** vehicle at any time unless it is locked out of sight in a secure baggage area (being a locked dashboard, boot or luggage compartment, fixed storage unit of a motorised or towed caravan, locked luggage box which is locked to a roof rack) and entry has been gained by unauthorised access.
5. Loss, theft or damage:
 - a) due to delay, confiscation or detention by customs or any other authority
 - b) due to depreciation (loss in value) or variations in exchange rate
 - c) to motor accessories (excluding keys which are covered only for a car which is owned by **you**)
 - d) caused by wear and tear, or
 - e) mechanical or electrical breakdown.
6. The closure or impending closure of the skiing facilities in **your** resort existing or being publicly announced by **your** tour operator, resort or the media by the date **you** purchased this insurance or at the time of booking **your trip**.
7. Any circumstances where transport costs, compensation or alternative skiing facilities are provided to **you**.
8. Any claim where **you** did not leave **your home** to start **your trip**.
9. Anything mentioned in the General exclusions applicable to all sections of the policy.

Complaints Procedure

You have the right to expect the best possible service and support. If **we** have not delivered the service that **you** expected or **you** are concerned with the service provided, **we** would like the opportunity to put things right. If **you** feel **we** have fallen short of **our** standards, please contact:

If your complaint is about the sale of your policy;	
Write to us :	The Compliance Manager ROCK Insurance Group Griffin House 135 High Street Crawley, West Sussex RH10 1DQ
Email us :	complaints@rockinsurance.com
Phone us :	01293 665 900

If your complaint is about a claim on your policy:	
Write to us :	Complaints Team AXA Partners The Quadrangle 106-118 Station Road Redhill RH1 1PR
Phone us :	0204 517 9888
Email us :	claimcomplaints@axa-assistance.co.uk

When **you** make contact please provide the following information:

- **Your** name, address and postcode, telephone number and email address (if **you** have one).
- **Your** policy number and/or claim number and the type of policy **you** hold.
- The reason for **your** complaint.
- Any written correspondence should be headed 'COMPLAINT' and **you** may include copies of supporting material.

What to do if you are still not satisfied.

If **you** are not happy with the response or **your** complaint has not been resolved within eight weeks **you** may have the right to ask the Financial Ombudsman Service to review **your** complaint. **You** must approach the Financial Ombudsman Service within six months of **our** final response to **your** complaint. **We** will remind **you** of the time limits in the final response.

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: **0300 123 9123** or **0800 023 4567**

Fax: 020 7964 1001

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

Website: www.financial-ombudsman.org.uk

We must accept the Ombudsman's final decision, but **you** are not bound by it and may take further action if **you** wish.

Your rights as a customer to take legal action remain unaffected by the existence or use of **our** complaints procedure. However the Financial Ombudsman Service may not adjudicate on any cases where litigation has commenced.

Data Protection Notice and Fraud

By providing **your** personal information in the course of purchasing this policy and using **our** services, **you** acknowledge that **we** may process **your** personal information. **You** also consent to **our** use of **your** sensitive information. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice available at <https://www.axapartners.com/en/page/en.privacy-policy>

Processing **your** personal information is necessary in order to provide **you** with an insurance policy and other services. **We** also use **your** data to comply with **our** legal obligations, or where it is in **our** legitimate interests when managing **our** business. If **you** do not provide this information **we** will be unable to offer **you** a policy or process **your** claim.

We use **your** information for a number of legitimate purposes, including:

- Underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention.
- Use of sensitive information about the health or vulnerability of **you** or others where relevant to any claim or assistance request, in order to provide the services described in this policy. By using **our** services, **you** consent to **us** using such information for these purposes.
- Monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control.
- Technical studies to analyse claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory). Detailed analysis on claims to better monitor providers and operations. Analysis of customer satisfaction and construction of customer segments to better adapt products to market needs.
- Obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim.
- Sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

We may disclose information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law.

We will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

When carrying out these activities, **we** may transfer **your** personal information outside the UK or the European Economic Area (EEA). Where this happens **we** will make sure that the appropriate safeguards have been implemented to protect **your** personal information. This includes ensuring similar standards to the UK and EEA are in force and placing the party **we** are transferring personal information to under contractual obligations to protect it to adequate standards.

We keep **your** personal information for as long as reasonably necessary to fulfil the relevant purposes set out in this notice and in order to comply with **our** legal and regulatory obligations.

You are entitled to request a copy of the information **we** hold about **you**. **You** also have other rights in relation to how **we** use **your** data, as set out in **our** website privacy notice. Please let **us** know if **you** think any information **we** hold about **you** is inaccurate so that **we** can correct it.

If **you** want to know how to make a complaint to the UK Information Commissioner or have any other requests or concerns relating to **our** use of **your** data, including obtaining a printed copy of the website privacy notice please write to **us** at:

Data Protection Officer
AXA
106-108 Station Road
Redhill
RH1 1PR

Email: dataprotectionenquiries@axa-assistance.co.uk

Fraud prevention, detection and claims history

In order to prevent and detect fraud **we** may at any time:

- Share information about **you** with other organisations and public bodies including the Police;
- Check and/or file **your** details with fraud prevention agencies and databases, and if **you** give **us** false or inaccurate information and **we** suspect fraud, **we** will record this. **We** and other organisations may also search these agencies and databases to;
- Help make decisions about the provision and administration of insurance, credit and related services for **you** and members of **your** household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage **your** accounts or insurance policies;
- Check **your** identity to prevent money laundering, unless **you** furnish **us** with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases **we** access or contribute to.

In case you need us

In the event of an emergency, please contact us on the number(s) below. Please state your name and policy number.

24 hour Medical
Emergency Assistance

0204 517 9888

If you're calling from
outside the UK

+44 (0) 204 517 9888

If you need to make a claim, please contact us on the number below. Please state your name and policy number.

Claims Team

Monday - Friday, 09:00 - 17:00

0204 517 9888



We're here to help

Call our customer service number

01293 665 910

Monday - Friday: 08:30 - 18:00

Saturday: 09:00 - 17:00

Sunday and Bank Holidays: Closed

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