

Travel Insurance

Insurance Product Information Document

Company: Great Lakes Insurance SE

Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: 10 Fenchurch Avenue, London EC3M 5BN, company number SE000083. Great Lakes Insurance SE, UK Branch, is authorised and regulated by Bundesanstalt für Finanzdienstleistungsaufsicht. Deemed authorised by the Prudential Regulation Authority. Firm Reference Number 769884. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

Administered by: Towergate Travel

This policy is administered by Towergate Travel. Towergate Travel is a trading name of Towergate Underwriting Group Limited. Registered in England with company number 4043759. Registered Address: 2 Minster Court, Mincing Lane, London EC3R 7PD. Towergate Underwriting Group Limited is authorised and regulated by the Financial Conduct Authority. Our register number is 313250.

Product: Frequent Traveller Multi Trip Travel Insurance

This document is a summary of the insurance contract. This is a 12 month frequent traveller multi-trip insurance policy. Important – this policy only covers trips taken with Belle Coaches within 12 months of the start date and is not renewable. Please see the policy documents for the full cover, terms, conditions and limits of the insurance contract.

Policy number: LAZ/24F

Sold by: Belle Coaches

What is this type of insurance?

This insurance provides a package of travel insurance benefits to cover multiple trips taken over a 12-month period within the geographical limits and the cover dates you have chosen. **This policy is not renewable.**



What is insured?

- ✓ **Emergency medical and repatriation expenses** – up to £2,000,000
- ✓ **Cancellation** – up to £2,000 for trips to the United Kingdom, Channel Islands, Isle of Man & Europe; not covered for Worldwide trips
- ✓ **Curtailment and loss of holiday** – up to £2,000 for trips to the United Kingdom, Channel Islands, Isle of Man & Europe; not covered for Worldwide trips
- ✓ **Personal accident** – up to £15,000, subject to age
- ✓ **Personal possessions** – up to £1,500
 - up to £200 any one article, pair or set of articles
 - up to £200 valuables limit
- ✓ **Personal money** – up to £200 (reduced to £50 if aged under 16)
- ✓ **Passport and other documents** – up to £200
- ✓ **Baggage delay on outward journey** – up to £100 after 12 hours
- ✓ **Missed departure** – up to £200 within the United Kingdom; up to £800 outside of the United Kingdom
- ✓ **Travel delay and abandonment** – £20 for the first full 12 hours and £10 for each subsequent full 12-hours delay after that up to a total of £60; or abandonment up to the sum insured shown in the **Cancellation** section above
- ✓ **Personal liability** – up to £2,000,000
- ✓ **Legal costs and expenses** – up to £25,000
- ✓ **COVID-19 cover** – up to £2,000 for trips to the United Kingdom, Channel Islands, Isle of Man, Europe for cancellation and curtailment; not covered for Worldwide trips for cancellation and curtailment; up to £1,000,000 for emergency medical and repatriation expenses outside of the United Kingdom



What is not insured?

- ✗ Some sections of the policy may be subject to an excess unless otherwise specified in your policy. This is the amount you pay when you make a claim.
- ✗ Pre-existing medical conditions that do not comply with the requirements set out in the policy wording.
- ✗ Travelling against medical advice or with the intention of obtaining medical treatment abroad.
- ✗ The policy includes restrictions regarding the health of close relatives and friends upon whom your trip may depend, even if they are not being insured by this policy.
- ✗ Certain hazardous sports and activities may not be covered under this policy – see policy wording for details.
- ✗ You drinking too much alcohol, or any form of alcohol abuse, where it is reasonably foreseeable that such consumption could result in a serious impairment of your faculties and/or judgement.
- ✗ Circumstances you were aware of before your policy was issued or journey was booked (whichever is the later) that might result in a claim.
- ✗ Medical treatment which can wait until you return home.
- ✗ Private medical treatment unless agreed by us.
- ✗ Baggage and personal money claims will be paid based upon the value of items at today's prices less a deduction for wear, tear and depreciation (loss of value).
- ✗ Contact lenses, dentures, hearing aids, samples or merchandise, bonds, coupons, securities, vehicles or accessories, tents, antiques, musical instruments, pictures, sports equipment whilst in use, pedal cycles, dinghies boats and/or ancillary equipment.
- ✗ Money and valuables whilst unattended or in luggage in transit.
- ✗ Claims arising from any epidemic or pandemic as declared by the World Health Organization.
- ✗ Claims arising from or related to any coronavirus including but not limited to COVID-19, or any related/mutated form of the virus. This exclusion does not apply to COVID-19 claims under the COVID-19 cover section.



Are there any restrictions on cover?

- ! Only available to residents of the United Kingdom
- ! If you are travelling within the United Kingdom you do not need to declare your medical conditions, but you must answer some questions to be covered for any medical conditions you have or have had
- ! If you are travelling outside of the United Kingdom you must telephone MediScreen if you have or have had any medical conditions. You may have to pay an additional premium to cover your medical conditions
- ! Cover is only available for the whole duration of a booked trip to a maximum of 17 consecutive days, and cover cannot be purchased once a trip has already begun



Where am I covered?

- ✓ The geographical regions of travel in your policy document
- ✓ You will not be covered if you travel to a country or region where the Foreign, Commonwealth & Development Office (FCDO) has advised against all travel or all but essential travel. For further details, visit gov.uk/foreign-travel-advice



What are my obligations?

- You must be fit to undertake any trip to be covered under the policy
- Ensure the policy meets your needs
- You must take care to protect yourself and your property
- You must tell us as soon as reasonably possible of any event which may result in a claim
- If you need medical assistance while abroad, you must contact us before going to a medical facility (other than a pharmacy), or as soon as you can
- You must ensure that you have had any recommended inoculations, vaccines (including COVID-19 where it has been offered to you) or medications relating to your destination prior to your trip



When and how do I pay?

You must pay when you buy the policy even if you are not travelling until a future date. You will be asked to pay in full by credit/debit card or pre-agreed payment method.



When does the cover start and end?

Frequent traveller multi trip policies start from the date that you request and end after 12 months. **This policy is not renewable.**



How do I cancel the contract?

If this insurance is not suitable, you can cancel this policy at any time. If you cancel within 14 days of receipt of the policy documents your premium will be refunded in full provided that you have not already taken your trip, made a claim or intend to make a claim. Please contact your issuing agent (refer to the contact details on your booking confirmation).

Valid for policies purchased from 30/05/2023 to 29/05/2024 for travel within 12 months of the policy start date

**Towergate Travel
HOLIDAY TRAVEL INSURANCE**



Policy Number
LAZ/24F
2024 ISSUE

12-MONTH FREQUENT TRAVELLER MULTI TRIP INSURANCE POLICY.

IMPORTANT – THIS POLICY ONLY COVERS TRIPS TAKEN WITH BELLE COACHES WITHIN 12-MONTHS OF THE START DATE AND IS NOT RENEWABLE.

This policy is a contract of insurance arranged and sold by Belle Coaches. Belle Coaches is a trading name of B R Shreeve & Sons Limited who are an Appointed Representative of ITC Compliance Ltd. ITC Compliance Limited is authorised and regulated by the Financial Conduct Authority. Registered in England No. 04874285. Registered Address: 3 Monarch Court, The Brooms, Emersons Green, Bristol BS16 7FH. FCA firm reference No. 313486. This document contains details of the cover, conditions and exclusions relating to each **insured person** in respect of whom a premium has been paid and is the basis on which all claims will be settled. It is validated by the issue of a booking confirmation invoice by Belle Coaches upon which the premium paid is stated and is valid in respect of policies issued from 30/05/2023 up to 29/05/2024 for travel within 12 months of the policy start date.

DEMANDS AND NEEDS

This travel insurance policy will suit the demands and needs of an individual, or group (where applicable) who have no excluded medical conditions, are travelling to countries included within the policy terms and who wish to insure themselves against the unforeseen circumstances/events detailed within this insurance policy. Subject to terms and conditions and maximum specified sums insured.

Important

This insurance policy will have been sold to **you** on a non-advised basis and it is important that **you** read this insurance policy (paying particular attention to the terms, conditions and exclusions) and ensure that it meets all of **your** requirements. If upon reading this policy **you** find it does not meet all of **your** requirements, please refer to the Statutory cancellation rights section on page 2.

This policy is underwritten by ERGO Travel Insurance Services Ltd (ETI) on behalf of Great Lakes Insurance SE (GLISE) except for Legal Costs and Expenses cover which is underwritten by DAS Legal Expenses Insurance Company. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: 10 Fenchurch Avenue, London EC3M 5BN, company number SE000083. Great Lakes Insurance SE, UK Branch, is authorised and regulated by Bundesanstalt für Finanzdienstleistungsaufsicht. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Firm Reference Number 769884. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website. ERGO Travel Insurance Services Ltd (ETI) is registered in England and Wales, company number 11091555. Registered office: 10 Fenchurch Avenue, London EC3M 5BN. Authorised and regulated by the Financial Conduct Authority, register number 805870. Details about the extent of GLISE's authorisation and regulation by the Prudential Regulation Authority, and regulation by the Financial Conduct Authority are available from **us** on request.

This policy is administered by Towergate Travel. Towergate Travel is a trading name of Advisory Insurance Brokers Limited which is authorised and regulated by the Financial Conduct Authority. Registered in England No. 4043759. Registered address 2 Minster Court, Mincing Lane, London EC3R 7PD. FCA firm reference No. 313250.

Your policy

In return for having accepted **your** premium **we** will in the event of **bodily injury**, death, illness, disease, loss, theft, damage, destruction, legal liability or other specified events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy. The travel company booking confirmation and any endorsement are all part of the policy. **Your** policy is evidence of the contract of insurance.

HEALTH CONDITIONS

This policy may not provide cover for pre-existing medical conditions, so it is important that **you** review and respond to the questions below in order to have the full protection of **your** policy. If **you** do not take the appropriate action, or if **you** withhold information which **we** should reasonably be made aware of when considering the provision of cover, then **your** policy may be cancelled, or **Your** claim rejected or not fully paid.

If you are travelling within the United Kingdom

Please consider the following questions in relation to **you**, anyone to be covered by this policy, or any **close business associate**:

1. Are **you** aware of any reason why **your trip** could be cancelled or cut short, such as **your** health or the health of a **close relative** or **close business associate** or someone with whom **you** are going to travel or stay?
2. Are **you** travelling:
 - a) against the advice of a **medical practitioner**, or
 - b) for the purpose of obtaining medical treatment?
3. Have **you** been given a terminal prognosis?
4. Are **you** receiving or awaiting investigation or treatment for any **bodily injury**, illness or disease as a hospital day case or in-patient or have an undiagnosed condition or set of symptoms?

If **you** answer YES to any of the above 4 questions, then **your** pre-existing medical conditions will not be covered by this policy and **we** are unable to extend the cover to do so. If **you** are within **your** 14 day cooling off period and **you** decide this policy is no longer suitable for **your** needs, **you** may be entitled to a full refund of the premium paid. Please contact the holiday company that **you** purchased the policy from to discuss this further. If **you** answer NO to the above 4 questions, then please also proceed to questions 5 and 6 below to complete the assessment.

5. If **you** are on prescribed medication, are **your** medical condition(s) stable and well controlled?
6. If **you** suffer from stress, anxiety, depression or any other mental or nervous disorder, have **you** received written confirmation (at **your** cost) that **you** are fit enough to take this **trip** by either:
 - a) **your** GP, or
 - b) a registered mental health professional (e.g. if **you** are under the care of a Community Mental Health Team), or
 - c) a consultant specialising in the relevant field?

If **you** answer YES to question 5 and 6 above, then **you** do not need to contact **us** with details of **your** pre-existing medical conditions, and **your** insurance policy's standard terms, conditions and exclusions will apply. If **you** answer NO to question 5 or 6 above, then **your** pre-existing medical conditions will not be covered by this policy and **we** are unable to extend the cover to do so. If **you** are within **your** 14 day cooling off period and **you** decide this policy is no longer suitable for **your** needs, **you** may be entitled to a full refund of the premium paid. Please contact the holiday company that **you** purchased the policy from to discuss this further.

If you are travelling outside of the United Kingdom

Please consider the following questions in relation to **you**, anyone to be covered by this policy, or any **close business associate**:

1. Have **you** had a medical condition that **you** presented to **your** GP or other medical professional within the last 12 months?
2. Are **you** taking prescribed medication?
3. Do **you** have, or have **you** had any medical condition that is still requiring periodic review?
4. Are **you** awaiting any tests, treatment, investigation, referral or the results of these or have an undiagnosed condition or set of symptoms?

If **you** answer YES to any of the above 4 questions, please contact MediScreen on **0344 892 1698** to discuss extending cover for **your** health conditions. If **we** can extend cover, **we** may charge an additional premium for doing so. **Your** pre-existing medical conditions will not be covered, unless **you** tell **us** about them and **we** accept them in writing, and **your** policy may be cancelled, or **your** claim rejected or not fully paid.

MediScreen's office hours are 9am to 5pm Monday to Thursday and 9am to 4pm Friday excluding Bank Holidays.

Changes in health

IMPORTANT NOTE: this applies to all destinations, including **trips** solely within the **United Kingdom**. **You** must also notify MediScreen immediately on **0344 892 1698** if there is any change in **your** medical circumstances between the date **you** first purchased **your** insurance policy and the date **your** holiday is due to begin. If **you** do not take the appropriate action, or if **you** withhold information which **we** should reasonably be made aware of when considering the provision of cover, then **your** policy may be cancelled, or **your** claim rejected or not fully paid. If **we** can extend cover, **we** may charge an additional premium for doing so.

SIGNIFICANT OR UNUSUAL LIMITATIONS OR WHAT IS NOT COVERED

1. The cover under this policy is only available to **United Kingdom residents** for travel within the Geographical limits contained in this policy and which begins and ends in the **United Kingdom**. Repatriation will be to the **United Kingdom** only.
2. Cover is only available for the whole duration of a booked **trip** to a maximum 17 consecutive days, and cover cannot be purchased once a **trip** has already begun.
3. The excess amount deductible from a claim applies to each and every claim, per incident claimed for, under certain sections by each **insured person**.
4. If **your money, valuables**, any items of **baggage**, **your** passport or visa are lost or stolen, **you** must notify the local Police within 24 hours of discovery or as soon as possible thereafter. Please make sure **you** get a copy of the Police report. Failure to comply may result in **your** claim being rejected or the amount of any relevant claim reduced.
5. **You** are not covered for **valuables**, **your** passport or visa if left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
6. **Stolen property: You** are not covered for **baggage** stolen from:
 - a) an unattended coach/bus unless it was locked in the luggage compartment of the coach/bus and evidence of force or violent entry to the vehicle is available, or
 - b) the passenger compartment of any unattended vehicle.

STATUTORY CANCELLATION RIGHTS

You may cancel this policy within 14 days of receipt of the policy documents or before departure, whichever is less (the **cancellation period**), by writing to the issuer of this policy during the **cancellation period**. Any premium already paid will be refunded to **you** providing **you** have not travelled, no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred.

Cancellation outside the statutory period

You may cancel this policy at any time after the **cancellation period** by writing to the issuer of this policy. If **you** cancel after the **cancellation period** no premium refund will be made.

Non payment of premiums

We reserve the right to cancel this policy immediately in the event of non payment of the premium.

PLEASE REFER TO PAGE 7 FOR GENERAL EXCLUSIONS AND FOR EMERGENCY ASSISTANCE, REPATRIATION OR CHANGE IN TRAVEL PLANS AND HOW TO MAKE A CLAIM

DEFINITIONS

These definitions apply throughout **your** policy wording. Where the following words and phrases appear in this policy they will appear in bold and will always have these meanings. **We** have listed the definitions alphabetically.

Baggage **Your** suitcases (or similar luggage carriers) and their contents usually taken on a **trip**, together with the articles purchased, worn or carried by **you** for individual use during **your trip** (including golf equipment), but excluding **valuables** and **money**.

Bodily injury An identifiable injury caused solely and directly by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to the elements.

Close business associate Any person whose absence from business for one or more complete days at the same time as **your** absence prevents the effective continuation of that business.

Close relative Mother, father, sister, brother, wife, husband, fiancé(e), common-law spouse (including their immediate relatives), partner, daughter, son, grandparent, grandchild, parent-in-law, daughter-in-law, son-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-brother or step-sister, foster child and legal guardian.

Curtail/Curtailment Either:

- a) **you** abandoning or cutting short the **trip** after **you** leave **your home** by direct early return to **your home**, in which case claims will be calculated from the day **you** returned to **your home** and based on the number of complete days of **your trip** **you** have not used, or
- b) **you** attending a hospital as an in-patient or being confined to **your** accommodation within or outside the **United Kingdom** during a **trip** on the orders of a **medical practitioner**, in either case for a period in excess of 48 hours. Claims will be calculated from the day **you** were admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised or confined to **your** accommodation. Curtailment claims under paragraph b) will only be paid for the ill/injured/confined **insured person**, but where **we** or Towergate Assistance 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 travel and accommodation costs and expenses they have incurred, but not used by remaining with **you**.

Home **Your** residential address in the **United Kingdom**.

Loss of one or more limbs 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.

Loss of sight The complete 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 and
- 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).

Medical practitioner A registered practising member of the medical profession who is not related to **you** or any person with whom **you** are travelling.

Money Cash, bank or currency notes and coins in current use, cheques, postal and money orders, travel tickets, pre-paid coupons or vouchers, event and entertainment tickets and lift passes (in respect of winter sports **trips** where the appropriate premium has been paid) held by **you** for social, domestic and pleasure purposes.

Period of Insurance The period of 12 months for which **we** have accepted the premium as stated in the Schedule issued by B R Shreeve & Sons Limited. During this period any **trip** not exceeding 31 days is covered, but limited to 17 days in total in each **period of insurance** for winter sports (provided **you** have paid the appropriate winter sports premium to include this cover).

Cover under Section 1 – Cancellation will be operative from the date stated in the Schedule or the time of booking any **trip** (whichever is the later date) and terminates on commencement of any **trip**.

For all other sections of the policy the insurance starts when **you** leave **your home** or **your** place of business (whichever is the later) to start the **trip** and ends at the time of **your** return to **your home** or place of business (whichever is the earlier) on completion of the **trip**.

However any **trip** that had already begun when **you** purchased this insurance will not be covered, except where this policy replaces.

The **period of insurance** is automatically extended free of charge for the period of the delay in the event that **your** return to the **United Kingdom** is unavoidably delayed due to an event insured by this policy.

Permanent total disablement Total and permanent disability which medical evidence confirms will prevent **you** from undertaking any relevant occupation.

Public transport Any publicly licensed aircraft, sea vessel, train, coach, taxi, bus or tram on which **you** are booked or had planned to travel.

Redundancy Any person being declared redundant who has been employed for 2 continuous years with the same employer at the time of being made redundant.

Ski equipment Skis, ski boots, ski poles and snowboards.

Terrorism An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Trip(s) Any holiday, business or pleasure **trip** or journey made by **you** within the area of travel shown in the Schedule issued by B R Shreeve & Sons Limited which begins and ends in **your home** area or place of business during the **period of insurance**, but excluding one way **trips** or journeys.

However any **trip** that had already begun when **you** purchased this insurance will not be covered.

Any **trip** not exceeding 31 days is covered, but limited to 17 days in total in each **period of insurance** for winter sports (provided **you** have paid the appropriate winter sports premium to include this cover). If any **trip** exceeds 31 days (or 17 days in the case of winter sports) there is no cover under this policy for any additional days over the 31 day period (or 17 day period in respect of winter sports **trips**), unless **you** have contacted **us** and **we** have agreed in writing to provide cover.

In addition, any **trip** solely within the **United Kingdom** is only covered where **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Each **trip** under annual multi trip cover is considered to be a separate insurance, with the terms, definitions, What is not covered and conditions contained in this policy applying to each **trip**. Where **we** have agreed to cover **your** medical conditions, this applies to each **trip** during the **period of insurance**.

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

United Kingdom England, Scotland, Wales, Northern Ireland and the Isles of Scilly.

United Kingdom residents Any person who is staying in or has lived in the **United Kingdom** for more than 12 months, or if studying or working in the **United Kingdom** for more than 6 months.

Valuables Jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment and other electronic entertainment devices (including but not limited to mobile phones, MP3 or 4 players, tablets, ebooks, CD's, DVD's, tapes, films, cassettes, cartridges and headphones) computer games and associated equipment, telescopes and binoculars.

We/Our/Us/Ourself – ERGO Travel Insurance Services Ltd on behalf of Great Lakes Insurance SE except in the Legal costs and expenses section where **we**, **us**, **our** refers to DAS Legal Expenses Insurance Company Limited.

You/Your/Yourself/Insured person – Any person aged up to 74 years at the time of purchase named on the travel company booking confirmation and for whom a premium has been paid.

GEOGRAPHICAL LIMITS

Area A – **United Kingdom** (please see definition above).

Area B – Channel Islands and the Isle of Man.

Area C – Albania, Andorra, Armenia, Austria, Azerbaijan, the Azores, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, the Faroe Islands, Finland (including Lapland), France, Georgia, Germany, Gibraltar, Greece (including Greek Islands), Hungary, Iceland, Ireland (Republic), Italy, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Madeira, Malta, Moldova, Monaco, Montenegro, the Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain (including Balearic Islands and Canary Islands), Sweden, Switzerland, Turkey and the Vatican City.

SECTION 1 – CANCELLATION

What is covered

We will pay you up to £2,000 for **trips** to the **United Kingdom**, Channel Islands, Isle of Man and Europe for the unused proportion of any travel and accommodation costs or prepaid non-refundable expenses which **you** have paid or legally have to pay if cancellation of the **trip** is necessary and unavoidable as a result of any of the following events:

1. The death, **bodily injury**, illness, disease, or complications arising as a direct result of pregnancy of:
 - a) **you**
 - b) any person who **you** are travelling or have arranged to travel with
 - c) any person who **you** have arranged to stay with
 - d) **your close relative**
 - e) **your close business associate**.
2. **You** or any person who **you** are travelling or have arranged to travel with being called as a witness at a Court of Law (but not as an expert witness) or for jury service attendance.
3. **Redundancy** of **you** or any person who **you** are travelling or have arranged to travel with which qualifies for payment under current **United Kingdom** redundancy payment legislation, and at the time of booking the **trip** there was no reason to believe anyone would be made redundant.
4. **You** or any person who **you** are travelling or have arranged to travel with, are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled or are called up for operational reasons, provided that the cancellation could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**.
5. The Police or other authorities requesting **you** to stay at **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.

Special conditions relating to claims

1. If **you** fail to notify the travel agent, tour operator or provider of accommodation and/or transport as soon as **you** find it necessary to cancel the **trip**, **our** liability will be restricted to the cancellation charges that would have applied if a delay had not occurred.

What is not covered

1. Any claims on medical grounds where **you** fail to provide a medical certificate or other suitable evidence from a **medical practitioner** of the need to cancel the **trip**.
2. Anything arising directly or indirectly from:
 - a) **your** reluctance to travel or financial reasons other than involuntary **redundancy**.
 - b) circumstances known to **you** before **you** booked **your trip** or purchased this insurance which could reasonably have been expected to lead to cancellation of the **trip**.
 - c) bankruptcy or liquidation of any travel agent, tour operator, **public transport** provider or transportation company.
 - d) the tour operator or anyone **you** have made travel or accommodation arrangements with failing to provide such arrangements.
 - e) being called as an expert witness or where normal employment would require **your** attendance at a court of law.
 - f) **your** failure to obtain the required passport or visa.
 - g) regulations set by the government of any country.
3. Any claims for costs related to pregnancy or childbirth unless the claim is certified by a **medical practitioner** as necessary due to complications of pregnancy and childbirth.
4. Anything mentioned in the General exclusions on page 7. **You** should also refer to the Health conditions on page 1.

SECTION 2 – CURTAILMENT AND LOSS OF HOLIDAY

This section of the policy sets out the cover **we** provide to each **insured person** in total per insured journey, up to £2,000, following necessary and unavoidable **curtailment** of, or loss of holiday on, an insured journey as a result of:

1. The death, **bodily injury** or illness, as certified by a **medical practitioner**, of **you**, **your close relative**, **close business associate** or travelling companion or of a friend with whom **you** had arranged to stay; or
2. **Your** attendance at a court of law as a witness (except as an expert witness) or for jury service where postponement of the jury service has been denied by the Clerk of the Courts Office; or
3. **You** or **your** travelling companion being a member of the armed forces, police, ambulance, fire or nursing service and **your** or their authorised leave being cancelled due to an unexpected emergency or a posting overseas at the time of **your trip**; or
4. **You** or **your** travelling companion being recalled **home** by a relevant authority due to severe damage to **your** or their **home** or place of business in the **United Kingdom** caused by serious fire, explosion, storm, flood, subsidence or burglary; or
5. **Your** involuntary **redundancy** or that of **your** travelling companion or **your** spouse, civil partner or cohabiting partner, notified after the start of the **trip**.

What is covered

1. **Your** reasonable additional travel and accommodation expenses which **you** incur in the **curtailment** of **your** insured journey; and
2. A pro-rata amount corresponding to the cost of the unused proportion of:
 - a) **Your** non-refundable pre-booked travel and accommodation expenses which **you** have paid or are contracted to pay; and
 - b) **Your** non-refundable pre-booked airport parking, car hire, airport lounge pass and excursions which **you** have paid or are contracted to pay; and
 - c) **Your** non-refundable visa or other relevant travel permission which **you** have paid.

What is not covered

1. Any claim as a result of **your** decision to **curtail** the **trip** for reasons other than those listed within this section.
2. Any claim for loss of holiday not resulting from **your** own **bodily injury** or illness.
3. Any claim arising from circumstances that could reasonably have been anticipated at the time the **trip** started.

4. **Curtailed** or loss of holiday arising from pregnancy or childbirth if:
 - a) The expected date of delivery is less than 12 weeks (16 weeks for a multiple birth) after the scheduled end of the **trip**; or
 - b) The **curtailment** or loss of holiday is not certified by a **medical practitioner** as necessary due to the complications of pregnancy or childbirth.
5. Any claim as a result of a failure to have the required passport, visa or other relevant travel permission.
6. Any claim where the carrier has refused to allow **you** to travel or to continue **your trip** or where the accommodation or other service provider has refused to allow **you** to use, or continue to use, the accommodation or service.
7. Any claim as a result of the failure in provision of any service connected with **your trip** including error, omission, financial failure, or default of, or by the provider of any service, travel agent, tour operator or organiser through whom the **trip** was booked.
8. Any claim as a result of the death or illness of any pet or animal.
9. Any claim as a result of **you** not wanting to travel or to continue **your trip** or due to personal or financial circumstances (other than as set out under this section).
10. Any claim caused by work commitment or amendment of **your** holiday entitlement by **your** employer (other than as set out under this section).
11. Any claim as a result of **your** late arrival at the airport, port or station after the check-in or booking-in time.
12. Any claim for management fees, maintenance costs or exchange fees associated with timeshares, holiday property bonds or similar arrangements.
13. Any claim for promotional vouchers or reward points such as Air Miles or Avios points.
14. Any claim for costs paid by **you** on behalf of other persons not insured under this policy.
15. Any claim as a result of **you** refusing medical treatment or not taking **your** prescribed medication in accordance with the advice of a **medical practitioner**.
16. Any claim as a result of importation or transportation restrictions on any medication that **you** or a travelling companion would need to take on a **trip**.
17. Any claim as a result of **you** accepting a hospital appointment, when **you** were already on a waiting list for such an appointment before the **trip** started.
18. Any claim arising from **redundancy** caused by or resulting from misconduct leading to dismissal or from resignation or from voluntary **redundancy**.
19. Any charges in respect of the **trip** for which there is no contractual liability or which are recoverable elsewhere.
20. Any claim arising from volcanic eruption and/or volcanic ash.
21. Anything mentioned in the General exclusions shown on page 7.

Additional conditions applying to this section

1. **You** must advise **us** or **our** assistance company immediately of the need to **curtail your trip**, obtain **our** prior approval before incurring any expenses and allow **us** to make the necessary travel arrangements to bring **you home**.
2. **We** will only pay for economy class tickets, where available, unless the medical advisor of **our** assistance company in consultation with the treating **medical practitioner** considers that there is a medically necessity for other arrangements to be made.
3. If **you** fail to notify the tour operator, travel agent or transport or accommodation provider immediately when **you** become aware of the need to **curtail your trip**, **our** liability will be restricted to the **curtailment** charges that would have applied had such a failure not occurred.
4. If **you curtail your trip** for medical reasons, **you** must provide **us** with a medical certificate from a **medical practitioner** stating that this necessarily and reasonably prevented **you** from continuing **your trip**.
5. If **your** claim is for any other insured reason, **you** will be required to provide **us** with appropriate documentary evidence.
6. **We** will calculate claims for **curtailment** or loss of holiday proportionately, taking into account the number of complete days of **your** planned **trip** that **you** have not used while **you** are:
 - a) Hospitalised abroad; or
 - b) Confined to **your** accommodation abroad for medical reasons; or
 - c) Being repatriated to the **United Kingdom**; or
 - d) In the **United Kingdom** following repatriation.

SECTION 3 – TRAVEL DELAY AND ABANDONMENT

This section does not apply to **trips** within the **United Kingdom** (unless involving travel to or from Northern Ireland).

What is covered

We will pay **you** either:

1. A benefit of £20 for the first full 12 hours **you** are delayed and £10 for each full 12 hour's delay after that, up to a total payment of £60 provided **you** eventually travel, or
 2. Up to the amount under Section 1 – Cancellation, if **you** choose to abandon the **trip** before departure from the **United Kingdom** after the first full 12 hours **you** are delayed and no alternative form of transport is offered within that period
- if the **public transport** on which **you** are booked to travel from or to the **United Kingdom** (including for residents of Northern Ireland any departure point in the Republic of Ireland) is cancelled and/or unavoidably delayed for more than 12 hours beyond the scheduled time of departure as a result of failure or disruption of the **public transport**.

Special conditions relating to claims

1. **You** must check in according to the itinerary given to **you** unless **your** tour operator or travel company has asked **you** not to travel to the departure point.
2. **You** must obtain written confirmation from the **public transport** provider stating the period and the reason for the cancellation and/or delay.

What is not covered

1. Any claims arising from withdrawal from service temporarily or otherwise of the **public transport** on which **you** are booked to travel on the orders or recommendation of the Civil Aviation Authority, Port Authority or similar regulatory body in any country.
2. Any claims arising from strike or industrial action existing or being publicly announced by the date **you** purchased this policy.

3. Circumstances known to **you** before **you** booked **your trip** or purchased this insurance which could reasonably have been expected to lead to cancellation of, or delay to the **public transport** on which **you** are booked to travel.
4. Any costs incurred by **you** which are recoverable from the **public transport** operator or accommodation provider, or for which **you** receive or are expected to receive compensation, reimbursement, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.
5. Any delays caused by the failure of the tour operator to fulfil the scheduled **trip**.
6. Anything mentioned in the General exclusions shown on page 7.

SECTION 4 – MISSED DEPARTURE

What is covered

We will pay **you** up to £200 in respect of **trips** to England, Scotland, Wales and the Isles of Scilly and up to £800 for **trips** to Europe, the Channel Islands, Northern Ireland and the Isle of Man, for necessary hotel and travelling expenses incurred in reaching **your** booked destination (or in the case of a **cruise** joining **your** ship at the next possible port of call), if:

1. the vehicle **you** are travelling in breaks down or is involved in an accident, is delayed by strike, industrial action or adverse weather, or
2. an accident or breakdown happening ahead of **you** on a public road which causes an unexpected delay to the vehicle in which **you** are travelling, or
3. the **public transport** **you** are using is delayed resulting in **you** arriving too late to board the **public transport** on which **you** are booked to travel from or to the **United Kingdom** (including for residents of Northern Ireland any departure point in the Republic of Ireland).

Special conditions relating to claims

1. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.

What is not covered

1. Any claims arising from strike or industrial action existing or being publicly announced by the date **you** purchased this policy.
2. Any claims arising if **you** are not proceeding directly to the departure point.
3. Circumstances known to **you** before **you** booked **your trip** or purchased this insurance which could reasonably have been expected to result in **you** arriving too late to board the **public transport** on which **you** are booked to travel.
4. Anything mentioned in the General exclusions shown on page 7.

SECTION 5 – PERSONAL ACCIDENT

What is covered

We will pay one of the following benefits, which will be paid to **you** or **your** legal personal representative, if **you** sustain **bodily injury** during **your trip** which shall solely and independently of any other cause, result within one year in **your** death, **loss of one or more limbs**, **loss of sight** or **permanent total disablement**.

| BENEFIT | Up to age 15 years inclusive | Age 16 years to 65 years inclusive | Age 66 years and over |
|---|------------------------------|------------------------------------|-----------------------|
| 1. Death | £15,000 | £15,000 | Not covered |
| 2. Loss of one or more limbs and or loss of sight in one or both eyes | £15,000 | £15,000 | £15,000 |
| 3. Permanent total disablement | £7,500 | £15,000 | £15,000 |

The total amount payable under this section is £15,000 per **insured person**.

Special conditions relating to claims

1. Benefit is not payable to **you** under more than one of items 1, 2 or 3.

What is not covered

1. Any claims for death, loss or disablement caused directly or indirectly by a **bodily injury** which existed prior to the commencement of the **trip**.
2. Anything mentioned in the General exclusions shown on page 7.

SECTION 6 – EMERGENCY MEDICAL AND REPATRIATION EXPENSES

What is covered

This section includes assistance by Towergate Assistance who must be contacted as soon as possible in the event of death, **bodily injury**, illness, disease or if hospitalisation occurs or if repatriation, abandonment of the **trip** or **curtailment** has to be considered.

We will pay **you** up to £2,000,000 for the following expenses which are necessarily incurred within 12 months of the incident, if during **your trip** **you** suffer unforeseen **bodily injury**, illness or disease, or as a result of any of the other events occurring as shown below:

1. Outside the **United Kingdom** for emergency medical and surgical treatment and hospital and nursing home charges. Claims for emergency dental treatment (for pain relief only) are limited to £350.
2. In the event of death up to £1,000 for local funeral expenses abroad.
3. The cost of taxi fares and telephone calls necessarily incurred up to a maximum of £100.
4. For reasonable additional travelling expenses if **you** have to return to **your home** earlier than planned due to:
 - a) death, **bodily injury**, illness or disease of a **close relative** or a **close business associate** resident in the **United Kingdom**, or
 - b) the Police or other authorities asking **you** to return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.

For **trips** solely within the **United Kingdom** additional travelling expenses are limited to £2,500 per **insured person**.

Special conditions relating to claims

1. All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected or the amount of any relevant claim reduced if receipts are not produced.
2. If **you** suffer **bodily injury**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to **your home** at any time during the **trip**. **We** will do this, if in the opinion of Towergate Assistance or **us** (based on information provided by the **medical practitioner** in attendance), **you** can be moved safely and/or travel safely to **your home** or a suitable hospital nearby to continue treatment.
3. 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 **home**. Our decisions regarding the treatment or surgery that **we** will pay for (including repatriation to **your home**) will be based on this.

If **you** do not accept our decisions and do not want to be repatriated, then **we** will cancel **your** cover under the medical related sections being Section 1 – Cancellation, Section 5 – Personal accident, Section 6 – Emergency medical and repatriation expenses and Section 7 – Hospital benefit of **your** policy and refuse to deal with claims from **you** for any further treatment and/or **your** repatriation to **your home**.

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

What is not covered

1. Any sums which can be recovered by **you** and which are covered under any National Insurance Scheme or Reciprocal Health Arrangement.
2. Any claims that are not confirmed as medically necessary by the attending **medical practitioner** or Towergate Assistance and any additional travelling expenses not authorised by **us** or Towergate Assistance if **you** have to return **home** earlier than planned or be repatriated, or if abandonment of the **trip** or **curtailment** has to be considered.
3. Any claims arising directly or indirectly for:
 - a) any form of treatment or surgery which in the opinion of Towergate Assistance or **us** (based on information provided by the attending **medical practitioner**), can be reasonably delayed until **your** return to the **United Kingdom**.
 - b) any expenses which are not usual, reasonable or customary to treat **your bodily injury**, illness or disease.
 - c) any expenses incurred in obtaining or replacing medication and/or treatment which at the time of departure is known to be required or to be continued outside the **United Kingdom**.
 - d) any additional hospital costs arising from single or private room accommodation unless confirmed as medically necessary by Towergate Assistance, based on information provided by the attending **medical practitioner**.
 - e) any treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by Towergate Assistance.
 - f) the costs of any non-emergency treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury**, illness or disease which necessitated **your** admittance into hospital.
4. Any claims for costs related to pregnancy or childbirth unless the claim is certified by a **medical practitioner** as necessary due to complications of pregnancy and childbirth.
5. 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 prior to travel, including medication to prevent malaria.
6. Anything mentioned in the General exclusions shown on page 7. **You** should also refer to the Health conditions on page 1.

SECTION 7 – HOSPITAL BENEFIT

What is covered

We will pay **you** the following amounts if **you** have to stay in hospital as an in-patient or are confined to **your** accommodation on the orders of a **medical practitioner** (or the ship's doctor in the case of a cruise) as a result of **bodily injury**, illness or disease **you** sustain:

1. £15 for every complete 24 hours up to a maximum of £450 for **trips** outside the **United Kingdom**, or
2. £10 for every complete 24 hours up to a maximum of £100 for **trips** solely within the **United Kingdom**.

We will pay these amounts in addition to any medical expenses, additional accommodation, travelling or repatriation expenses incurred under Section 5 – Medical and other expenses, provided **we** pay a claim under that section. This payment is meant to help **you** pay for additional expenses such as taxi fares and phone calls incurred by **your** visitors during **your** stay in hospital.

Special conditions relating to claims

1. **You** must tell Towergate Assistance as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient or confinement to **your** accommodation on the orders of a **medical practitioner**.
2. Documentation must be submitted to confirm the date and time of admission and discharge.

What is not covered

1. Hospitalisation, compulsory quarantine or confinement to **your** accommodation as a result of a tropical disease where **you** have not had the NHS recommended inoculations and/or not taken the NHS recommended medication prior to travel, including medication to prevent malaria.
2. Anything mentioned in the General exclusions shown on page 7.

SECTION 8 – PERSONAL POSSESSIONS & PERSONAL MONEY

What is covered

Subsection A – Baggage

1. We will pay **you** up to £1,500 for the accidental loss of, theft of, damage to or destruction of **baggage** and **valuables**. The amount payable in the event of a total loss, will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value), or **we** may replace, reinstate or repair the lost or damaged **baggage** and/or **valuables**.

The maximum **we** will pay **you** for the following items is:

- £200 for any one article, pair or set of articles (for example golf equipment).
- £200 in total for all **valuables**.

In the event of a claim in respect of a pair or set of articles **we** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed.

Subsection B – Delayed baggage

- We** will also pay **you** up to £100, for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the outward journey and not returned to **you** within 12 hours, as long as **we** receive written confirmation from the carrier or tour representative, confirming the number of hours the **baggage** was delayed.

Any amount **we** pay **you** under this subsection will be deducted from **your baggage** claim under Subsection A – **Baggage** if **your baggage** proves to be permanently lost.

Subsection C – Personal money

- We** will pay **you** up to £200 if **your own personal money** is lost or stolen whilst being carried on **your** person or left in a locked hotel safe or safety deposit box. If **you** are aged under 16 at the time of the incident, the maximum **we** can pay **you** is £50.

Special conditions relating to claims

- You** must exercise reasonable care for the safety and supervision of **your** property.
- You** must get a written report from the local Police in the country where the incident occurred within 24 hours or as soon as possible thereafter of the discovery in the event of loss, theft or attempted theft of all **baggage**, **valuables** or personal **money**. Failure to comply may result in **your** claim being rejected or the amount of any relevant claim reduced.
- You** must get a written carriers report if **your baggage** is lost, damaged or destroyed in transit (or a Property Irregularity Report (PIR) in the case of an airline).
- You** must provide suitable evidence of purchase/ownership and value of all items lost, stolen, damaged or destroyed.

What is not covered

- Loss, theft of, damage or destruction:
 - due to delay, confiscation or detention by customs or other officials or authorities.
 - of contact lenses, dentures, hearing aids, samples or merchandise, bonds, coupons, securities, stamps or documents of any kind (other than as defined in the personal **money** definition), vehicles or accessories (other than wheelchairs and pushchairs only), tents, antiques, musical instruments, pictures, sports gear whilst in use (other than **ski equipment** in respect of winter sports **trips** where the appropriate premium has been paid), pedal cycles, dinghies, boats and/or ancillary equipment.
 - caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, vermin, any process of cleaning or restoring, mechanical or electrical breakdown.
 - of **valuables** left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
- Loss, damage or destruction due to cracking, scratching breakage or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles being transported by a carrier, unless the breakage is due to fire, theft or an accident to the vessel, aircraft, sea vessel, train or vehicle in which they are being carried.
- Baggage** stolen from:
 - an unattended coach/bus unless it was in the locked luggage compartment of the coach/bus and evidence of force and violent entry to the vehicle is available.
 - the passenger compartment of any unattended vehicle.
- Any shortages due to error, omission or depreciation in value.
- Any property more specifically covered under any other insurance.
- Anything mentioned in the General exclusions shown on page 7.

SECTION 9 – PASSPORT AND OTHER DOCUMENTS

What is covered

We will pay **you** up to £200 for unavoidable additional travel or accommodation expenses **you** incur abroad in obtaining a new passport or visa, if **your** passport or visa is lost or stolen.

Special conditions relating to claims

- You** must exercise reasonable care for the safety and supervision of **your** passport and visa.
- You** must get a written report from the consulate and local Police in the country where the incident occurred within 24 hours or as soon as possible thereafter of the discovery in the event of loss or theft of **your** passport or visa. Failure to comply may result in **your** claim being rejected or the amount of any relevant claim reduced.

What is not covered

- Loss, destruction or damage:
 - due to confiscation or detention by customs or other officials or authorities.
 - to **your** passport or visa if left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
- Anything mentioned in the General exclusions shown on page 7.

SECTION 10 – PERSONAL LIABILITY

What is covered

We will pay **you** up to £2,000,000 (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 that happened during the **trip** leading to claims made against **you** for accidental:

- Bodily injury**, death, illness or disease to any person who is not a member of **your** family or household or employed by **you**.
- Loss of or damage to any property which does not belong to, is not in the charge of and is not in the control of **you**, any member of **your** family or household or anyone employed by **you**.

- Damage to **your** temporary holiday accommodation that does not belong to **you** or any member of **your** family or household or an employee.

Special conditions relating to claims

- You** must give **us** written notice of any incident, which may result in a claim as soon as possible.
- You** must send **us** every court claim form, letter of claim or other document as soon as **you** receive it.
- You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.
- 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.
- 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

- Fines imposed by a Court of Law or other relevant bodies.
- Anything caused directly or indirectly by:
 - liability which **you** are responsible for because of an agreement (such as a hire agreement) that was made.
 - injury, loss or damage arising from:
 - ownership or use of aircraft, horse-drawn or mechanical/motorised vehicles, vessels (other than rowing boats, punts or canoes), animals (other than horses, domestic dogs or cats), or firearms (other than guns being used for sport).
 - the occupation (except temporarily for the purposes of the **trip**) or ownership of any land or buildings.
 - the carrying out of any trade or profession.
 - racing of any kind.
 - any deliberate act.
- Anything mentioned in the General exclusions shown on page 7.

SECTION 11 – LEGAL COSTS AND EXPENSES

Important – cover under this section is underwritten and administered by DAS Legal Expenses Insurance Company Limited ('DAS'). **DAS** is the underwriter and provides the legal protection insurance and legal advice helpline.

DAS LEGAL EXPENSES INSURANCE COMPANY

DAS Legal Expenses Insurance Company Limited Registered Address: DAS Legal Expenses Insurance Company Limited, DAS Parc, Greenway Court, Bedwas, Caerphilly CF83 8DW. Registered in England and Wales. Company Number 103274. Website: www.dasinsurance.co.uk

DAS Legal Expenses Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FRN202106) and the Prudential Regulation Authority.

This section, policy and the Schedule shall be read together as one document and describe the contract between the **insured person** and **DAS**.

DAS agrees to provide the insurance described in this section, in return for payment of the premium and subject to the terms, conditions, exclusions and limitations set out in this section, provided that:

- reasonable prospects** exist for the duration of the claim.
- the **date of occurrence** of the **insured incident** is during the **period of insurance**.
- any legal proceedings will be dealt with by a court, or other body which **DAS** agree to, within the **countries covered**, and
- the **insured incident** happens within the **countries covered**.

What DAS will pay

DAS will pay an **appointed representative**, on **your** behalf, **costs and expenses** incurred following an **insured incident**, provided that:

- the most **DAS** will pay for all claims resulting from one or more event arising at the same time or from the same originating cause is £25,000.
- the most **DAS** will pay in **costs and expenses** is no more than the amount **DAS** would have paid to a **preferred law firm**. The amount **DAS** will pay a law firm (where acting as an **appointed representative**) is currently £100 per hour. This amount may vary from time to time.
- in respect of an appeal or the defence of an appeal, **you** must tell **DAS** within the time limits allowed that **you** want to appeal. Before **DAS** pay the **costs and expenses** for appeals, **DAS** must agree that **reasonable prospects** exist.
- for an enforcement of judgment to recover money and interest due to **you** after a successful claim under this section, **DAS** must agree that **reasonable prospects** exist, and
- where an award of damages is the only legal remedy to a dispute and the cost of pursuing legal action is likely to be more than any award of damages, the most **DAS** will pay in **costs and expenses** is the value of the likely award.

What DAS will not pay

In the event of a claim, if **you** decide not to use the services of a **preferred law firm**, **you** will be responsible for any costs that fall outside the **DAS standard terms of appointment** and these will not be paid by **DAS**.

Definitions applicable to this section

The following words have these meanings wherever they appear in this section in **bold**:

Appointed representative The **preferred law firm** or law firm **DAS** will appoint to act on behalf of **you**.

Costs and expenses

- All reasonable, proportionate and necessary costs chargeable by the **appointed representative** and agreed by **DAS** in accordance with the **DAS standard terms of appointment**.
- The costs incurred by opponents in civil cases if **you** have been ordered to pay them, or **you** pay them with **DAS's** agreement.

Countries covered Worldwide.

DAS DAS Legal Expenses Insurance Company Limited.

DAS standard terms of appointment The terms and conditions (including the amount **DAS** will pay to an **appointed representative**) that apply to the relevant type of claim, which could include a conditional fee agreement (no win, no fee). Where a law firm is acting as an **appointed representative** the amount is currently £100 per hour. This amount may vary from time to time.

Date of occurrence The date of the event that leads to a claim. If there is more than one event arising at different times from the same originating cause, the **date of occurrence** is the date of the first of these events. (This is the date the event happened, which may be before the date **you** first became aware of it.)

Insured incident A specific or sudden accident that causes death or **bodily injury** to **you**.

Preferred law firm A law firm or barristers' chambers **DAS** choose to provide legal services. These legal specialists are chosen as they have the proven expertise to deal with **your** claim and must comply with **DAS's** agreed service standard levels, which **DAS** audit regularly. They are appointed according to the **DAS standard terms of appointment**.

Reasonable prospects The prospects that **you** will recover losses or damages (or obtain any other legal remedy that **DAS** have agreed to, including an enforcement of judgment), makes a successful defence or make a successful appeal or defence of an appeal, must be at least 51%. **DAS**, or a **preferred law firm** on **DAS's** behalf, will assess whether there are **reasonable prospects**.

You, your Any person named on the travel insurance certificate and schedule.

Exclusions applying to Section 11 (also see the General exclusions)

What is covered

Costs and expenses to pursue **your** legal rights following a specific or sudden accident that causes death or **bodily injury** to the **insured person**.

What is not covered

DAS will not pay a claim relating to the following:

1. Any claim relating to any illness or **bodily injury** that happens gradually.
2. Any psychological injury or mental illness unless the condition follows a specific or sudden accident that has caused physical **bodily injury** to **you**.
3. Defending **your** legal rights, but **DAS** will cover defending a counter-claim.
4. Any claim relating to clinical negligence.
5. A claim where **you** have failed to notify **DAS** of the **insured incident** within a reasonable time of it happening and where this failure adversely affects the **reasonable prospects** of a claim or **DAS** consider their position has been prejudiced.
6. An incident or matter arising before the start of this cover.
7. **Costs and expenses** incurred before **DAS's** expressed acceptance.
8. Fines, penalties, compensation or damages that a court or other authority orders **you** to pay.
9. Any legal action **you** take that **DAS** or the **appointed representative** have not agreed to, or where **you** do anything that hinders **DAS** or the **appointed representative**.
10. A dispute with **DAS** not otherwise dealt with under Condition 7 applying to this section.
11. **Costs and expenses** arising from or relating to judicial review, coroner's inquest or fatal accident inquiry.
12. Any **costs and expenses** that are incurred where the **appointed representative** handles the claim under a contingency fee arrangement (other than a conditional fee agreement (no win, no fee) which could apply under the **DAS Standard Terms of Appointment**).
13. A claim against Great Lakes Insurance SE, ERGO Travel Insurance Services Ltd or their respective agents.
14. Any claim where the **insured person** is not represented by a law firm or barrister.

Conditions applying to Section 11

1. a. On receiving a claim, if legal representation is necessary, **DAS** will appoint a **preferred law firm** as **your appointed representative** to deal with **your** claim. They will try to settle **your** claim by negotiation without having to go to court.
b. If the appointed **preferred law firm** cannot negotiate settlement of **your** claim and it is necessary to go to court and legal proceedings are issued or there is a conflict of interest, then **you** may choose a law firm to act as the **appointed representative**.
c. If **you** choose a law firm as **your appointed representative** who is not a **preferred law firm**, **DAS** will give **your** choice of law firm the opportunity to act on the same terms as a **preferred law firm**. However if they refuse to act on this basis, the most **DAS** will pay is the amount **DAS** would have paid if they had agreed to the **DAS standard terms of appointment**. The amount **DAS** will pay a law firm (where acting as the **appointed representative**) is currently £100 per hour. This amount may vary from time to time.
d. The **appointed representative** must co-operate with **DAS** at all times and must keep **DAS** up to date with the progress of the claim.
2. a. **You** must co-operate fully with **DAS** and the **appointed representative**.
b. **You** must give the **appointed representative** any instructions that **DAS** ask **you** to.
3. a. **You** must tell **DAS** if anyone offers to settle a claim. **You** must not negotiate or agree to a settlement without **DAS's** written consent.
b. If **you** do not accept a reasonable offer to settle a claim, **DAS** may refuse to pay further **costs and expenses**.
c. **DAS** may decide to pay **you** the reasonable value of **your** claim, instead of starting or continuing legal action. In these circumstances **you** must allow **DAS** to take over and pursue or settle any claim. **You** must also allow **DAS** to pursue at their own expense and for their own benefit, any claim for compensation against any other person and **you** must give **DAS** all the information and help **DAS** need to do so.
4. a. **You** must instruct the **appointed representative** to have **costs and expenses** taxed, assessed or audited if **DAS** ask for this.
b. **You** must take every step to recover **costs and expenses** and court attendance expenses that **DAS** have to pay and must pay **DAS** any amounts that are recovered.
5. If the **appointed representative** refuses to continue acting for **you** with good reason, or if **you** dismiss the **appointed representative** without good reason, the cover **DAS** provide will end immediately, unless **DAS** agree to appoint another **appointed representative**.

6. If **you** settle or withdraw a claim without **DAS's** agreement, or do not give suitable instructions to the **appointed representative**, **DAS** can withdraw cover and will be entitled to reclaim from **you** any **costs and expenses** **DAS** has paid.
7. If there is a disagreement about the handling of a claim and it is not resolved through **DAS's** internal complaints procedure the Financial Ombudsman Service may be able to help. This is a free complaint resolution service for eligible complaints. (Details available from www.financial-ombudsman.org.uk)
Alternatively, there is a separate arbitration process available that can be used to settle any dispute with **DAS**. The arbitrator will be a jointly agreed barrister, solicitor or other suitably qualified person. If there is a disagreement over the choice of arbitrator, **DAS** will ask the Chartered Institute of Arbitrators to decide. The arbitrator will decide who will pay the costs of the arbitration. For example, costs may be split between the parties or one party may pay all the costs.
8. If there is a disagreement between an **insured person** and **us** on the merits of the claim or proceedings, or on a legal principle, **DAS** may suggest the **insured person** obtains at their own expense an opinion on the matter from an independent and appropriate expert. The expert must be approved in advance by **DAS** and the cost expressly agreed in writing between the **insured person** and **DAS**. Subject to this **DAS** will pay the cost of getting the opinion if the expert's opinion indicates that it is more likely than not that the **insured person** will recover damages (or obtain any other legal remedy that **DAS** have agreed to) or make a successful defence. This does not affect the **insured person's** rights under Section Condition 7.
9. **You** must:
 - a. keep to the terms and conditions of this section.
 - b. take reasonable steps to avoid and prevent claims.
 - c. take reasonable steps to avoid incurring unnecessary costs.
 - d. send everything **DAS** asks for, in writing, and
 - e. report to **DAS** full and factual details of any claim as soon as possible and give **DAS** any information **DAS** need.
10. **DAS** will, at **DAS's** discretion, void this section (make it invalid) from the date of claim, or alleged claim, and/or **DAS** will not pay the claim if:
 - a. a claim **you** have made to obtain benefit under this policy is fraudulent or intentionally exaggerated, or
 - b. a false declaration or statement is made in support of a claim.
11. Apart from **DAS**, **you** are the only person who may enforce all or any part of this policy and the rights and interests arising from or connected with it. This means that the Contracts (Rights of Third Parties) Act 1999 does not apply to this section in relation to any third-party rights or interest.
12. If any claim covered under this section is also covered by another policy, or would have been covered if this section did not exist, **DAS** will only pay their share of the claim even if the other insurer refuses the claim.
13. This section is governed by the law that applies in the part of the **United Kingdom**, Channel Islands or Isle of Man where **you** normally live. Otherwise, the law of England and Wales applies. All Acts of Parliament mentioned in this section include equivalent laws in Scotland, Northern Ireland, the Isle of Man and the Channel Islands as appropriate.

SECTION 12 – COVID-19 COVER

PLEASE NOTE: this section of cover extends the cover provided under Section 1 – Cancellation and Section 6 – Emergency medical and repatriation expenses of this policy as follows:

A. Cancellation

We will pay **you** up to £2,000 for the unused proportion of any travel and accommodation costs or prepaid non-refundable expenses which **you** have paid or legally have to pay if cancellation of the **trip** is necessary and unavoidable as a result of any of the following events:

1. **You, your close relative**, a member of **your** household or travelling companion or a friend with whom **you** had arranged to stay has a diagnosis of COVID-19 within 14 days prior to **your** booked departure date, as certified by a **medical practitioner** following a medically approved test showing a positive result for COVID-19.
2. **You** being denied boarding on **your** pre-booked outbound travel due to **you** contracting COVID-19, as certified by a **medical practitioner** following a medically approved test showing a positive result for COVID-19 or having a confirmed temperature above 38 degrees Celsius.

What is covered

1. The cost of all travel charges that **you** have paid and/or are contracted to pay before the departure date and cannot recover in respect of any part of the **trip** that **you** are necessarily required to cancel.

B. Curtailment

We will pay **you** up to £2,000 for the unused proportion of any travel and accommodation costs or prepaid non-refundable expenses which **you** have paid or legally have to pay if **curtailment** of the **trip** is necessary and unavoidable as a result of any of the following events:

1. Death of **your close relative** contracting COVID-19, as certified by a **medical practitioner** following a medically approved test showing a positive result for COVID-19.
2. The hospitalisation as a result of COVID-19 for treatment with mechanical ventilation, of **your close relative** or a member of **your** household living in the **United Kingdom**.

In addition, where **you** are unable to continue with a pre-booked excursion following **your** self-isolation as ordered by a relevant Government authority due to contracting COVID-19, as certified by a **medical practitioner** following a medically approved test showing a positive result for COVID-19.

What is covered

1. All reasonable additional travel expenses incurred by **you** in returning to **your** home address in the **United Kingdom**.

C. Emergency medical and repatriation expenses

C.1. Trips outside the United Kingdom

We will pay **you** up to £1,000,000, in the event of an unforeseen medical emergency during a **trip** outside the **United Kingdom** as a result of **you** contracting COVID-19, as certified by a **medical practitioner** following a medically approved test showing a positive result for COVID-19.

What is covered

- Emergency medical and repatriation expenses:
 - Reasonable and necessary medical and hospital expenses, including the cost of ambulance transport where medically necessary to take **you** to hospital; and
 - Returning **you** to the **United Kingdom** provided this is medically safe and authorised by **us** or Towergate Assistance; and
 - The cost of a medical escort where this is deemed necessary by **us** or Towergate Assistance, in the event of **your** emergency repatriation to the **United Kingdom**; and
- Reasonable additional travel and accommodation expenses (room only) for **you** to extend **your** stay until **you** are medically fit to return to the **United Kingdom**; and
- Reasonable additional travelling and accommodation expenses to repatriate **you** to the **United Kingdom** when **you** are denied boarding on **your** pre-booked return travel due to **you** contracting COVID-19.
- Confinement benefit: a benefit payment of £30 for each complete 24 hour period up to £300 where **you** are ordered into self-isolation in **your** holiday accommodation by a relevant Government authority, as a result of **you** contracting COVID-19.

C.2. Trips inside the United Kingdom

We will pay **you** up to £2,500, in the event of an unforeseen medical emergency during a **trip** inside the **United Kingdom** of 2 or more consecutive nights in pre-booked accommodation as a result of **you** contracting COVID-19, as certified by a **medical practitioner** following a medically approved test showing a positive result for COVID-19.

What is covered

- Extra transport and accommodation for **you** and one other person who stays with **you**, or who has to travel to **you** from within the **United Kingdom** and/or travel back with **you**, if this is necessary due to medical advice.
- Your** body or ashes to be transported home.

What is not covered applying to all sub-sections

Applicable in addition to any exclusion listed under Section 1 – Cancellation, Section 6 – Emergency medical and repatriation expenses and Section 7 – Hospital benefit of this policy including anything mentioned in the General exclusions:

- Travel or accommodation costs where a credit or voucher has been provided in lieu of a cash refund.
- Claims arising directly or indirectly from COVID-19 resulting in a national or local lockdown or any restrictions of movement affecting the area where **your** home is located, the country or specific area or event to which **you** were travelling to or through.
- Any claim where **you** are experiencing symptoms of COVID-19, or have been told to self-isolate at the time **you** purchased this insurance, or at the time of booking any **trip**, whichever is later, or in the case of claims under sub-section C, started **your** **trip** whichever was later.
- Your** quarantine when it has been imposed on a community, geographic location or vessel, or travellers returning from a specified location, imposed by a government or public authority.
- Any claim where **you** contract COVID-19 and **you** have not had the recommended vaccination(s) (consideration will be given where **you** were medically unable to have the vaccination, and this is shown in **your** medical records).
- Any claim where **you** have not returned to the **United Kingdom** when advised to do so by the UK Government including the Foreign, Commonwealth & Development Office (FCDO).
- Any claim arising as a result of **you**, or **your** travelling companion being unable to complete the full COVID-19 vaccination course before **your** scheduled departure date due to delays in supply, or changes in Government policy.
- Any claim where **you** have travelled during a Government imposed lockdown.
- Any claim where **you** do not hold the required confirmation of vaccination documentation, for example a vaccination passport.
- Any claim made under Section 12 – COVID-19 cover in addition to a claim under either Section 1 – Cancellation or Section 6 – Emergency medical and repatriation expenses of this policy.
- Any costs incurred by **you** which **you** are eligible to recover from **your** tour operator, airline, credit/debit card provider or any other source.
- Anything mentioned in the General exclusions shown on page 7.

Additional conditions applying to all sub-sections

In addition to the additional conditions applying to Section 1 – Cancellation and Section 6 – Emergency medical and repatriation expenses of this policy the following will apply:

We will require (at **your** own expense) the following evidence where relevant:

- A copy of the positive test result for COVID-19 **you** received from a registered **medical practitioner**.
- Written confirmation from the scheduled **public transport** operator (or their handling agents) confirming the exact reason for which **you** were denied boarding, together with details of any alternative transport offered.
- Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.
- Any other official document or medical report confirming **your** diagnosis for COVID-19 which leads to **your** self-isolation or need to cancel **your** **trip**.

GENERAL EXCLUSIONS

You are not covered for anything caused directly or indirectly by:

- Your** suicide, deliberately injuring **yourself**, being under the influence of drink or drugs (unless prescribed by a doctor), alcoholism, drug abuse and/or addiction, solvent abuse and putting **your** self at needless risk (unless **you** are trying to save someone's life).
- Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
- You** participating in professional or organised sports, winter sports (unless the appropriate premium has been paid), racing, speed or endurance tests or dangerous pursuits.
- Air travel other than as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft.
- Bankruptcy/liquidation of any tour operator, travel agent, **public transport** provider or transportation company.
- Unless **we** provide cover under this insurance, any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following **bodily injury**, illness or disease.
- War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion and/or civil unrest assuming the proportions of or amounting to an uprising, military or usurped power.
- Loss or damage to any property and expense or legal liability caused by or contributed to or arising from:
 - ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning nuclear fuel.
 - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
 - pressure waves from aircraft and other flying objects travelling faster than the speed of sound.
- You** travelling on motorcycles up to 125cc but not wearing a crash helmet (whether legally required locally or not) and travelling on any quad bike, all-terrain vehicle or motorcycle over 125cc.
- You** mountaineering or rock climbing using picks, ropes or guides or pot-holing.
- Your** manual work or hazardous occupation of any kind.
- You** taking part in dangerous expeditions or the crewing of a vessel outside European waters.
- Any payment which **you** would normally have made during **your** travels, if nothing had gone wrong.
- Your** participation in any illegal act.
- Your** travel to a country or specific area or event to which the travel advice unit of the Foreign, Commonwealth & Development Office (FCDO) has advised against all, or all but essential travel. **You** can go online at www.gov.uk/foreign-travel-advice
- Withdrawal from the European Union** the withdrawal, or the disorderly failure to withdraw, of the **United Kingdom**, in whole or in part from the European Union and any transitional arrangements to that withdrawal however named and whether temporary or otherwise, resulting in delay and disruption to, or cancellation of, travel arrangements from any port, airport, station or terminal as a consequence of:
 - legislative, regulatory or administrative changes or uncertainty; or
 - the total or partial failure of any computer, information or administrative system to function or to deal with required processing volumes in a timely manner; or
 - customs, immigration, security or other border controls; or
 - the closure of airspace or of any port, airport, station or terminal to traffic from or to the **United Kingdom**.
- Claims arising from any epidemic or pandemic as declared by the World Health Organization (WHO).
- Any coronavirus including but not limited to COVID-19, or any related/mutated form of the virus. This exclusion does not apply to COVID-19 claims under Section 12 – COVID-19 cover of this policy.

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply **we** may cancel the policy or refuse to deal with relevant claims or reduce the amount of any relevant claim payments.

- No payment will be made under Section 1, 4, 5 or 6 without appropriate medical certification.
- If **we** require medical certificates, information, evidence and receipts, these must be obtained by **you** at **your** expense.
- In the event of a claim, if **we** require a medical examination **you** must agree to this and in the event of death **we** are entitled to a post mortem examination both at **your** expense.
- 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 4 – Personal accident).
- You** must take all reasonable steps to avoid **bodily injury**, death, illness, disease, loss, theft, damage, destruction or legal liability and take all reasonable steps to safeguard **your** property and to recover any lost or stolen articles.
- Throughout **your** dealings with **us** **we** expect **you** to act honestly. If **you** or anyone acting for **you**:
 - knowingly provides information to **us** as part of **your** application for **your** policy that is not true and complete to the best of **your** knowledge and belief; or
 - knowingly makes a fraudulent or exaggerated claim under **your** policy; or
 - knowingly makes a false statement in support of a claim; or
 - submits a knowingly false or forged document in support of a claim; or
 - makes a claim for any loss or damage caused by **your** wilful act or caused with **your** agreement, knowledge or collusion.

Then:

- a) **we** may prosecute fraudulent claimants;
 - b) **we** may make the policy void from the date of the fraudulent act;
 - c) **we** will not pay any fraudulent claims;
 - d) **we** will be entitled to recover from **you** the amount of any fraudulent claim already paid under **your** policy since the start date;
 - e) **we** may inform the Police of the circumstances.
7. **We** accept as evidence of cover the booking confirmation issued to **you** by the travel company showing that the premium has been paid.
8. **You** must not make any payment, admit liability, offer or promise to make any payment without written consent from **us**.

9. **We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.
10. **We** may at any time pay to **you** **our** full liability under the policy after which no further payments will be made in any respect.
11. If at the time of making a claim there is any other policy covering the same risk **we** are entitled to contact that insurer for a contribution.
12. **You** and **we** are free to choose the laws applicable to this policy. As **we** are based in England, **we** propose to apply the laws of England and Wales and by purchasing this policy **you** have agreed to this.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

Towergate Travel and the insurers of this policy are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** obligations, **you** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim. Further information is available from the FSCS at www.fscs.org.uk

THE CONSUMER INSURANCE (DISCLOSURE AND REPRESENTATION) ACT 2012

This act abolished the duty of disclosure, but imposes on the individual entering into an insurance contract a duty to take reasonable care not to make a misrepresentation to the insurer. In other words, this means that **you** must answer all questions posed by the insurer accurately, truthfully and to the best of **your** knowledge. If **you** do not the insurer may cancel **your** policy, or reject or only pay a proportion of **your** claim depending on whether the misrepresentation was deliberate, reckless or simply careless.

EMERGENCY ASSISTANCE, REPATRIATION OR CHANGE IN TRAVEL PLANS

In the event of death, **bodily injury**, illness or disease resulting in any of the above, immediate contact must be made with:

TOWERGATE ASSISTANCE – Telephone: **+44 (0) 1212 962979**

When calling state **your** identity, **your** policy number and the identity and telephone number of the treating doctor.

HOW TO MAKE A CLAIM FOR ALL SECTIONS (other than Legal costs and expenses as shown below)

If **you** need to make a claim, please contact ETI Services on **01612 198702** (opening hours 9am-5pm Monday to Friday excluding Bank Holidays) and ask for a Claim form and Claims evidence sheet or write to: **ETI Services, PO Box 9, Mansfield, Nottinghamshire NG19 7BL**

Email: info@eti-services.co.uk

You can also complete a claim form online at: towergatetravel.davies-group.com

IN RESPECT OF LEGAL COSTS AND EXPENSES CLAIMS PLEASE CONTACT

DAS Legal Expenses Insurance Company Limited, DAS Parc, Greenway Court, Bedwas, Caerphilly CF83 8DW Telephone: **+44 (0) 117 934 0548**

You should fill in the claim form and send it to **us** as soon as possible with all the information and documents required. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim promptly and efficiently. Please keep copies of all the documentation **you** send to **us**.

POLICY CHANGES

If **you** need to make any changes to **your** policy during the **period of insurance** please contact **B R Shreeve & Sons Limited** on **01502 574 669** or write to **B R Shreeve & Sons Limited, Hadenham Road, Lowestoft, Suffolk NR33 7NF** or email info@bellecoaches.co.uk

COMPLAINTS PROCEDURE

If **you** have cause for complaint, it is important **you** know **we** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

WHEN YOU CONTACT US

Please give **us** **your** name and a contact telephone number.

Please quote **your** policy and/or claim number, and the type of policy **you** hold.

Please explain clearly and concisely the reason for **your** complaint.

INITIATING YOUR COMPLAINT

Any enquiry or complaint **you** have regarding a claim notified under **your** policy, may be addressed to:

ERGO Travel Insurance Services Ltd, Afon House, Worthing Road, Horsham RH12 1TL, England

Email: contact@ergo-travel.co.uk

Any complaint **you** have regarding **your** policy, may be addressed to:

The Managing Director, Towergate Travel, 3000 Hillwood Drive, Hillwood Business Park, Chertsey, Surrey KT16 0RS

Telephone: **01932 344300**

If **you** wish to complain under the Legal costs and expenses section, please contact **DAS** by:

Phoning: **0344 893 9013** Emailing: customerrelations@das.co.uk

Writing to the **Customer Relations Department, DAS Legal Expenses Insurance Company Limited, DAS Parc, Greenway Court, Bedwas, Caerphilly CF83 8DW**

Completing a **DAS** online complaint form at www.dasinsurance.co.uk/complaints

BEYOND TOWERGATE TRAVEL –

REFERRAL TO THE FINANCIAL OMBUDSMAN SERVICE

If **we** have given **you** **our** final response and **you** are still dissatisfied, **you** may refer **your** case to the Financial Ombudsman Service.

The Financial Ombudsman Service is an independent body that arbitrates on complaints about general insurance products. It will only consider complaints after **we** have provided **you** with written confirmation that **our** complaints procedure has been exhausted.

The Financial Ombudsman can be contacted at:

Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR

Telephone: **0800 023 4567** or **0300 123 9123** Fax: **(020) 7964 1001**

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

Website: www.financial-ombudsman.org.uk

This procedure will not affect your rights in law.

DAS EUROLAW LEGAL ADVICE

DAS will give **you** confidential legal advice over the phone on any personal legal problem under the laws of the United Kingdom of Great Britain and Northern Ireland, any European Union Country, Isle of Man, the Channel Islands, Switzerland and Norway.

You can contact **DAS's** UK-based call centre 24 hours a day, seven days a week. However, **DAS** may need to arrange to call **you** back depending on **your** enquiry. Advice about the law in England and Wales is available 24 hours a day, seven days a week. Legal advice for the other countries is available 9am-5pm, Monday to Friday, excluding public and bank holidays. If **you** call outside these times, a message will be taken and a return call arranged within the operating hours.

To help check and improve service standards, **DAS** may record all calls.

To contact the above service, phone **DAS** on **+44 (0) 117 934 0548**. When phoning, please quote the policy number.

DAS will not accept responsibility if the Helpline Service is unavailable for reasons **DAS** cannot control.

DATA PROTECTION NOTICE

Consent

We will only use **your** personal data when the law allows **us** to. Most commonly **we** will use **your** personal data under the following two circumstances:

1. When **you** gave explicit consent for **your** personal data, and that of others insured under **your** policy, to be collected and processed by **us** in accordance with this Data Protection Notice.
2. Where **we** need to perform the contract which **we** are about to enter into, or have entered into with **you**.

How do we use your personal data?

We use **your** personal data for the purposes of providing **you** with insurance, handling claims and providing other services under **your** policy and any other related purposes (this may include underwriting decisions made via automated means). We also use **your** personal data for research or statistical purposes and to provide **you** with information, products or services that **you** request from **us** or which **we** feel may interest **you**. We will also use **your** personal data to safeguard against fraud and money laundering and to meet **our** general legal or regulatory obligations.

We collect and process **your** personal data in line with the General Data Protection Regulation and all other applicable Data Protection legislation. The Data Controller is ERGO Travel Insurance Services Ltd. The Data Processors are Towergate Underwriting Group Limited and their sub-agent.

Special categories of personal data

Some of the personal data **you** provide to **us** may be more sensitive in nature and is treated as a Special Category of personal data. This could be information relating to health or criminal convictions, and may be required by **us** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for **us** to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Sharing your personal data

We will keep any information **you** have provided to **us** confidential. However, **you** agree that **we** may share this information with Great Lakes Insurance SE and other companies within the ERGO Group and with third parties who perform services on **our** behalf in administering **your** policy, handling claims and in providing other services under **your** policy. Please see **our** Privacy Policy for more details about how **we** will use **your** information.

We will also share **your** information if **we** are required to do so by law, if **we** are authorised to do so by **you**, where **we** need to share this information to prevent fraud.

We may transfer **your** personal data outside of the European Economic Area ("EEA"). Where **we** transfer **your** personal data outside of the EEA, **we** will ensure that it is treated securely and in accordance with all applicable Data Protection legislation.

Your rights

You have the right to ask **us** not to process **your** personal data for marketing purposes, to see a copy of the personal information **we** hold about **you**, to have **your** personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask **us** to provide a copy of **your** personal data to any controller and to lodge a complaint with the local data protection authority.

The above rights apply whether **we** hold **your** personal data on paper or in electronic form.

Your personal data will not be kept for longer than is necessary. In most cases this will be for a period of seven years following the expiry of the insurance contract, or **our** business relationship with **you**, unless **we** are required to retain the data for a longer period due to business, legal or regulatory requirements.

Further information

Any queries relating to how **we** process **your** personal data or requests relating to **your** Personal Data Rights should be directed to:

Data Protection Officer, ERGO Travel Insurance Services Ltd, Afon House, Worthing Road, Horsham RH12 1TL, United Kingdom

Email: dataprotectionofficer@ergo-travel.co.uk

Phone: +44 (0) 1403 788 510

DAS PRIVACY

When **you** purchase and use a **DAS** product **DAS** will process personal information about **you** and anyone else whose details are provided to **DAS** to provide **you** with a service or a claim.

DAS process **your** personal information in accordance with **DAS's** Privacy Notice. **You** can find **DAS's** Privacy Notice online at www.dasinsurance.co.uk/legal/privacy-statement. Alternatively **you** can make a request for a printed copy to be sent to **you** by contacting dataprotection@das.co.uk