



# 2023

# Policy Wording

Valid from 1 February 2023 | AXEE



truetraveller

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## SUMMARY OF COVER

The following table is only a summary of the main cover limits. **You** should read the rest of this policy for the full terms and conditions and to understand when these benefits may apply. The cover level selected is shown on **your** Validation Certificate.

SECTION	BENEFIT	True Value		Traveller		Traveller Plus	
		Insured up to	Excess	Insured up to	Excess	Insured up to	Excess
A	<b>Medical &amp; Repatriation Expenses</b>	€10,000,000	€150*	€10,000,000	€90*	€10,000,000	€45*
	Search & Rescue	N/A	N/A	€18,000	€90	€30,000	€45
	Emergency Dental Treatment	€300	€150	€420	€90	€600	€45
	Outpatient Physiotherapy	€300	€150	€420	€90	€600	€45
	Funeral Expenses Abroad	€1,200	€0	€3,000	€0	€4,000	€0
B	<b>Hospital Cash Allowance</b>	€12 a day up to €120	€0	€20 a day up to €200	€0	€30 a day up to €300	€0
	Mugging Benefit	€30 a day up to €300	€0	€60 a day up to €600	€0	€90 a day up to €900	€0
C	<b>Accidental Disability</b>	€12,000	€0	€18,000	€0	€30,000	€0
	Accidental Death	€6,000	€0	€12,000	€0	€18,000	€0
	Accidental Death (aged under 16)	€1,200	€0	€1,200	€0	€1,200	€0
D	<b>Cancellation</b>	€1,200	€150	€3,500	€90	€9,000	€45
	Loss of Deposit only		€0		€0		€0
E	<b>Curtailment</b>	€1,200	€150	€3,500	€90	€9,000	€45
F	<b>Travel Delay &amp; Abandonment</b>	N/A	N/A	€30 for every 12 hours up to €120	€0	€40 for every 12 hours up to €160	€0
	Trip Abandonment (after 24-hours)	N/A	N/A	€3,500	€0	€9,000	€0
G	<b>Missed Departure</b>	N/A	N/A	€600	€0	€1,200	€0
H	<b>Hijack</b>	N/A	N/A	€60 per day up to €1,800	€0	€120 per day up to €3,600	€0
I	<b>Personal Liability</b>	€1,000,000	€150	€2,000,000	€90	€2,000,000	€45
J	<b>Legal Expenses</b>	€9,000	€150	€18,000	€90	€30,000	€45
<b>Section K only applies if the appropriate premium has been paid and is shown on the Validation Certificate.</b>							
<b>K</b>	<b>Baggage, Money &amp; Travel Documents</b>						
K (i)	Overall Limit	€1,200	€150	€2,500	€90	€3,000	€45
	Single Item Limit	€125		€300		€360	
	Total Valuables Limit	€250		€425		€500	
	Specified Items (optional)	€550 per item		€550 per item		€900 per item	
	Delayed Baggage (after 12 hours)	€30 for every 12 hours up to €90	€0	€40 for every 12 hours up to €120	€0	€60 for every 12 hours up to €180	€0
K (ii)	Money & Documents	€550	€150	€750	€90	€1,200	€45
	Cash Limit	€180	€150	€300	€90	€600	€45
K (iii)	Passport & Visa Expenses	€180	€150	€300	€90	€600	€45
<b>Section L only applies if the appropriate premium has been paid and is shown on the Validation Certificate.</b>							
L	<b>Winter Sports Cover</b>						
	Owned Equipment	€350	€150	€550	€90	€750	€45
	Hired total	€180		€280		€350	
	Ski Hire	€180	€150	€250	€90	€425	€45
	Ski Pack	€250	€150	€300	€90	€420	€45
Piste Closure	€18 per day up to €180	€0	€25 per day up to €250	€0	€35 per day up to €350	€0	
<b>Section M Adventure, Extreme &amp; Ultimate Packs only apply if the appropriate premium has been paid and is shown on the Validation Certificate.</b>							
M	<b>Sports and Activities</b>						
	Traveller Pack	Covered		Covered		Covered	
	Adventure Pack	Optional		Optional		Optional	
	Extreme Pack	Optional		Optional		Optional	
	Ultimate Pack	Optional		Optional		Optional	
<b>Section N, O &amp; P only applies if the appropriate premium has been paid and is shown on the Validation Certificate.</b>							
N	<b>Travel Disruption</b>	Optional		Optional		Optional	
O	<b>Travel Resumption</b>	€1,800	€150	€1,800	€90	€1,800	€45
P	<b>Collision Damage Waiver Excess (Up to a maximum of 31 days for any one rental period)</b>						
	Accident Damage Excess Reimbursement	€1,800	€0	€1,800	€0	€1,800	€0
	Rental Car Key Cover	€600	€0	€600	€0	€600	€0

\* **Please note:** The Policy Excess is increased to €900 in respect of medical emergency repatriation by air ambulance or helicopter services within Nepal. (This increased Policy Excess will not be waived if the Excess Waiver option has been purchased and is shown on **your** Validation Certificate).

## IMPORTANT CONTACT DETAILS

<b>General Enquiries</b>	<b>Telephone</b>	<b>E-mail</b>
For policy sales, coverage inquiries or amendments	<b>+44 333 999 3140</b>	<b>insurance@truetraveller.com</b>
<b>Claims Service</b>	<b>Telephone</b>	<b>E-Mail</b>
24-hour Emergency Medical Assistance Service	<b>+44 20 7985 7446</b> <b>1 800 986 6380</b> (within USA or Canada) <b>1 800 001 0185</b> (within Nepal)	<b>assistance@truetraveller.com</b>
All other Travel Claims	<b>+44 20 3439 4285</b>	<b>claims@truetraveller.com</b>
<b>Other Useful Contacts</b>	<b>Telephone</b>	<b>Website</b>
Foreign Commonwealth & Development Office	<b>+44 20 7008 5000</b> (from overseas) <b>020 7008 5000</b> (within UK)	www.gov.uk/fcdo
European Health Insurance Card		ec.europa.eu/social/main.jsp?catId=559
Medicare Australia	<b>+61 132 011</b>	www.humanservices.gov.au

## IMPORTANT INFORMATION

**We** or the **Insurer** shall mean Inter Partner Assistance, S. A., member of AXA Group, with registered office at Boulevard du Régent 7, 1000, Brussels, Belgium, registered with the Commercial Register maintained by Greffe de Tribunal de commerce de Bruxelles under Registration No. 0415591055, acting in the Czech Republic through Inter Partner Assistance, branch office, with registered office at Hvězdova 1689/2a, 140 62 Prague 4, Czech Republic, Identification No. (IČO): 28225619, registered with the Commercial Register maintained by the Municipal Court in Prague under File Reference A 59647.

The **Policyholder** is True Traveller s.r.o.

The **Insured Person** shall mean **you**, to the benefit of whom the insurance has been concluded.

The **Beneficiary** shall mean a person to whom the right to insurance indemnity has arisen because of an insured event.

Unless herein provided otherwise, your rights and obligations hereunder apply to the **insured** and the **beneficiary**, as well.

The insurance is governed by the Act No. 89/2012 Coll., the Civil Code, as amended (hereinafter the “Civil Code”), and other generally binding regulations of the Czech Republic, these insurance terms and conditions, and the provisions of the insurance contract.

This contract is only valid when **you** have a valid Validation Certificate and have paid the appropriate premium.

It is very important that **you** carefully read the terms, conditions and exclusions of this insurance to ensure that **you** are properly covered for **your** planned trip.

Please check the details of **your** Validation Certificate and send any general enquiries by email to **insurance@truetraveller.com** or telephone **+44 333 999 3140**.

### **Who is Covered**

The persons insured as named on the Validation Certificate.

Cover is only available to:

i. Residents or **Citizens** of an **EEA** Country, Andorra, Bosnia-Herzegovina, Gibraltar, Kosovo, Monaco, Montenegro, North Macedonia, San Marino, or Switzerland. **You** must have a permanent residential address in, unrestricted right of entry to, and access to long-term medical care in – particularly if you require to be medically repatriated under this policy, **your Country of Residence**.

### **What is Covered**

**You** are covered for:

1. Holidays, leisure trips and business travel, but excludes cover for persons permanently residing outside of an **EEA** Country, Andorra, Bosnia-Herzegovina, Gibraltar, Kosovo, Monaco, Montenegro, North Macedonia, San Marino, or Switzerland.

**Single Trip Policies** are for continuous one-off trips to European & Worldwide destinations outside of **your Country of Residence**. For travel within **your Country of Residence**, cover is available if the trip is for a minimum of 2 nights and have pre-booked transport or accommodation. Note Section A (Medical & Repatriation Expenses), Section B (Cash in Hospital) and Section K (iii) (Passport & Visa Expenses) shall be inoperable when travelling within **your Country of Residence**.

For One Way Travel, all cover ceases on arrival at **your** final destination, where **you** then intend to reside at permanently.

**Multi-Trip Policies** cover multiple trips from and back to **your Country of Residence** for a whole year. For travel within **your Country of Residence**, cover is available if the trip is for a minimum of 2 nights and have pre-booked transport or accommodation. Note Section A (Medical & Repatriation Expenses), Section B (Cash

in Hospital) and Section K (iii) (Passport/Visa & Driver's Licence Expenses) shall be inoperable when travelling within **your Country of Residence**.

One Way travel is not available on Multi-Trip policies. **You** cannot take out Multi-Trip cover if **you** have already left **your Country of Residence**.

2. Trips that include paid manual work when **you** take out an Adventure Pack if **you** have paid the appropriate additional premium.

3. Trips within the Geographical Region as shown on **your** Validation Certificate.

**You** must observe travel advice provided by the UK Foreign, Commonwealth and Development Office (FCDO). No cover is provided under any section of this policy if **you** choose to travel to a destination to which the FCDO has advised against all or all but essential travel unless **we** agree in writing to include. Travel advice can be obtained from the Foreign, Commonwealth and Development Office. Website: [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice)

4. Participating in Sports and Activities as detailed in Section M under the Traveller Pack

5. Participating in Sports and Activities as detailed in Section M when **you** have selected the Adventure, Extreme or Ultimate Pack and paid the appropriate additional premium. **You** are not covered for **hazardous activities**, other than as specified, unless **we** agree in writing to include them and it is shown on **your** Validation Certificate.

6. **Winter Sports** activities if **you** have paid the appropriate premium and it is shown on **your** Validation Certificate

### **Limits of Cover**

The limits of cover under each section are shown on the Summary of Cover and apply to each insured person. **Your** Validation Certificate shows the level of cover chosen, **your** policy coverage period, the applicable sections of the policy and cover limits, the people who are covered and if **you** have upgraded **your** cover to include Winter Sports, Sports and Activities or specified **your** personal belongings.

### **Policy Excess**

This policy has an excess as shown on the Summary of Cover which will be deducted in the event of a claim under certain sections. The excess is applicable per person, per policy section, to a maximum of two excesses being charged per insured incident, and can be summarised as follows:

Medical and Repatriation Expenses; Personal Liability; Legal Expenses	€150/€90/€45
Cash in Hospital, Accidental Disability, Delayed Baggage, Travel Delay, Avalanche Closure, Cancellation Loss of Deposit	No Excess Applicable
Nepal Air Ambulance/Helicopter Services	€900

**NOTE:** An excess waiver may apply to this policy if **you** have paid the appropriate premium and it is shown on the Validation Certificate. A higher excess of €900 applies in respect of medical emergency repatriation by air ambulance or helicopter services being required within Nepal. (This increased policy excess will not be waived if the excess waiver option has been purchased and is shown on **your** Validation Certificate)

If **your** return **home** is unavoidably delayed for an insured reason, cover will be extended free of charge for up to 31 consecutive days as a maximum from the expiry date listed on **your** Validation Certificate without an additional premium being charged.

If **you** are **hijacked**, cover shall continue whilst **you** are subject to the control of the person(s) or their associates making the **hijack** during the period of insurance for a period not exceeding twelve months from the date of the **hijack**.

### **When cover starts and ends**

**Single Trip Policies.** Cover under Section D – Cancellation starts from the date of issue stated on **your** Validation Certificate and ends when **you** leave **your home** to commence travel. Cancellation cover shall only apply for a period of up to 12 months prior to the trip departure date stated on **your** Validation Certificate.

Cover under all other sections of the policy starts when **you** leave **your home** to commence **your** trip. All cover ends on **your** return **home**, within 24-hours of **your** return to **your Country of Residence**, at the expiry of the Period of Insurance, or upon taking up permanent residency in a country other than **your Country of Residence**, whichever occurs first.

If **you** want to return **home** during **your** trip for any reason that does not give rise to a claim under this policy (except if **you** are claiming under Section O Travel Resumption), and **you** then wish to recommence **your** trip, **you** can do so at **your** expense (unless claiming under Section O Travel Resumption) under the same policy before the end date shown on **your** Validation Certificate. If **you** return **home** early, this does not change the end date or duration of **your** policy. Cover ceases for **your** visit until **you** resume **your** trip overseas. **You** are not covered for any incidents or treatment while in **your Country of Residence**.

If **you** end **your** trip early for any reason, there is no refund for any unused part of **your** policy.

### **Buying after you have left home**

If cover has been taken out after **you** have left **home** to commence **your** trip, there is a waiting period of 48 hours before the insurance takes full effect. During this 48-hour period, cover under Section A is limited to

serious injury caused in an accident that can be verified by an **Independent Witness**. Cover excludes any illness or minor injury existing or occurring during this time and will therefore be considered a pre-existing medical condition. Cover for Section K is also excluded during this period. The policy endorsement “Already Traveling” must be shown on **your** validation certificate.

**NOTE:** If **you** buy this policy after **you** have left **your Country of Residence**, there is no cover provided for Cancellation (Section D) of **your** trip

**Multi-Trip Policies.** For True Value and Traveller Policies, the maximum duration of any one trip shall not exceed 30 days. For Traveller Plus Policies, the maximum duration of any one trip shall not exceed 70 days. For any trip known to be exceeding the maximum duration, the entire period of travel including the first 70/30 days will not be insured.

Cover may be granted for **Winter Sports** up to a total of 30 days in all during the period of this insurance subject to the appropriate additional premium having been paid and shown on **your** Validation Certificate.

Cover under Section D – Cancellation starts from either the date of issue shown on **your** Validation Certificate, or the booking date of each individual trip to which this insurance relates, whichever is later.

Cover under all other sections of the policy starts from start date shown on **your** Validation Certificate, or the time **you** leave **your home** to commence **your** trip on the departure date of each individual trip to which this insurance relates, whichever is the latter. Cover for each trip ends on **your** return **home** or within 24-hours of **your** return to **your Country of Residence**, whichever is first. All cover under the Policy ends on the expiry of the Period of Insurance as shown on **your** Validation Certificate.

### **Cancellation Rights: Your cooling off period**

If **your** cover does not meet **your** requirements, please notify True Traveller in writing within 14 days of receiving **your** policy for a refund of **your** premium. 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, less any fees and charges. Please note that **your** cancellation rights are no longer valid after this initial 14-day period, however discretion may be exercised in exceptional circumstances such as bereavement or a change to the policy resulting in **us** declining to cover **your** medical conditions.

If **you** have taken out this policy after **you** have left **your Country of Residence**, the 14-day cooling off period does not apply.

### **Disclosure of Facts**

There is certain information that **we** need to know as it may affect the terms of the insurance cover **we** offer **you**. **You** must, to the best of **your** knowledge, have given accurate answers to the questions **you** have been asked when buying this policy. If **you** have not answered the questions truthfully it could result in **your** policy being invalid and that could leave **you** with no right to make a claim.

If **you** think that any of **your** answers might be incorrect, or if **you** need any help, please contact True Traveller as soon as possible and **we** will be able to confirm if **we** are still able to offer **you** cover under this policy.

### **Medical Conditions**

This insurance contains restrictions regarding pre-existing medical conditions in respect of the people travelling and of other people upon whose health the trip depends.

**You** are advised to read the Health Declaration contained in this policy. If **you** are in any doubt as to whether a medical condition is covered, **you** must contact The True Traveller on **+44 333 999 3140**.

**We** will not cover medical problems referred to in the Health Declaration unless this was declared to **us** and accepted by **us** in writing.

## **HEALTH DECLARATION**

This True Traveller Policy contains health restrictions, which **you** must read in order to comply with the terms of this policy. If **you** do not comply, **we** may cancel the policy, decline a claim or reduce the amount of any claim payment.

### **Exclusions**

If, at the time of taking out this policy, or when booking a trip, any of the following apply to **you**, this policy will not cover any related claim against Section A – Medical and Repatriation Expenses, Section D – Cancellation and Section E – Curtailment.

1. **You** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice).
2. **You** are travelling in order to get medical treatment, tests or consultations abroad.
3. **You** have been diagnosed as having a terminal illness.
4. **You** are receiving or waiting for medical tests or treatment for any medical condition or set of symptoms which have not been diagnosed.

### **Medical Questions**

**You** must advise **us** to the best of **your** knowledge if any of the following apply to **you**. If **you** say ‘YES’ to any of the following questions, **you** must complete the online medical screening as part of **your** online purchase.

1. **You** have, in the last two years, suffered from any medical or psychological conditions and for which **you**

have received treatment, been prescribed medication, or attended any consultations, investigations, or check-ups.

2. **You** have ever suffered from or received treatment, investigations or test for heart attack, angina, chest pain, any other heart condition, any form of stroke, mini-stroke or brain haemorrhage.

Failure to declare any medical conditions could leave **you** with no right to make a claim and may mean that **you** travel with insufficient cover.

### **Automatically Covered Pre-Existing Medical Conditions**

**You** do not need to call the Medical Screening Service in respect of the following automatically covered medical conditions as they will be covered for no additional premium provided that **you** do not also have another pre-existing medical condition which is not on this list.

If **you** have a pre-existing medical condition in addition to any of the following automatically covered medical conditions, **you** must complete the online medical screening as part of **your** online purchase.

Provided the following requirement is met, the list of automatically covered medical conditions are:

- **You** have not been hospitalized (including day surgery or emergency department attendance) for that condition in the past 24 months.
- **Your** medications for that condition have remained unchanged for the past 6 months.

Acne
Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance and Hay Fever
Arthritis (the affected person must be able to walk independently at <b>home</b> without the use of mobility aids)
Asthma, providing that <b>you</b> have no other lung disease
Bell's Palsy
Benign Positional Vertigo
Breast Cancer/Prostate Cancer provided <b>you</b> :
<ul style="list-style-type: none"><li>• were diagnosed more than 12 months before <b>you</b> purchased this policy</li><li>• have not had any chemotherapy or radiotherapy in the 12 months before <b>you</b> purchased this policy and the cancer has not spread outside the breast or prostate at any time</li><li>• in the case of cancer of the prostate <b>you</b> must also have a PSA of 3.0 or less when purchasing this policy</li></ul>
Bunions
Carpal Tunnel Syndrome
Cataracts
Celiac Disease
Congenital Blindness
Congenital Deafness
Cystitis (providing there is no ongoing treatment)
Dry Eye Syndrome
Enlarged Prostate (benign only)
Essential Tremor
Folate Deficiency
Gastric Reflux
Glaucoma
Goitre
Gout
Hiatus Hernia
Incontinence
Insulin Resistance
Irritable Bowel Syndrome
Ligament or tendon injury (provided <b>you</b> are not currently being treated)
Macular Degeneration
Meniere's Disease
Migraine
Nocturnal Cramps
Osteopenia
Osteoporosis
Pernicious Anaemia
Plantar Fasciitis
Raynaud's Disease
Sinusitis (providing there is no ongoing treatment)
Sleep Apnoea
Solar Keratosis
Tinnitus
Trigeminal Neuralgia

Trigger Finger
Underactive Thyroid (Hypothyroidism)
Varicose veins in the legs
Vitamin B12 Deficiency

**For an immediate relative, close business associate, a travelling companion or someone you plan to stay with on your trip, who is not insured but, on whose health, your trip may depend**

This policy will not cover any claims under Section D – Cancellation, Section E – Curtailment or Section O – Travel Resumption, that results directly or indirectly from any medical condition **you** knew of at the time of taking out this insurance policy or booking a trip. This affects:

- An **immediate relative** who is not travelling and not insured under this policy;
- A travelling companion who is not insured under this policy;
- A **close business associate**; or
- Someone **you** plan to stay with on **your** trip.

Subject to the policy terms and conditions, these claims may only be considered if the patient’s **medical practitioner** is prepared to state that at the date **you** took out this policy or of booking a trip, he/she would have seen no substantial likelihood of his/her patient’s condition deteriorating to such a degree that **you** would need to cancel or **curtail your** trip. If the **medical practitioner** will not confirm this, **your** claim may not be covered. In the event of a claim the **medical practitioner** must complete the medical certificate on the claim form.

**Medical Screening Endorsements**

When **we** have agreed to provide cover following a medical screening, **we** will issue a **medical screening endorsement**. This endorsement will detail the premium which **you** have agreed to pay to include the specified medical condition(s) for cover under this policy and the period the endorsement is applicable for. Please note that the **medical screening endorsement** will form part of this contract along with the Validation Certificate.

**Change in Health**

If any of the reasons stated in the Health Declaration above occur between the date the policy is issued and before the first day of **your** trip, including prior to booking any individual journey in respect of a Multi Trip Policy, **you** must contact The True Traveller on **+44 333 999 3140**.

**You** must advise **us** to the best of **your** knowledge about anything which **you** think could give rise to a claim, particularly where **your** own health is concerned. **We** will not cover medical problems referred to in the Health Declaration unless this is declared to **us** and accepted by **us** in writing.

**We** will then decide if **we** can provide **you** with cover on existing terms. **We** may ask **you** to pay an additional premium, add special conditions to the policy or exclude cover for that medical condition. If **we** cannot provide cover, or if **you** do not want to pay the additional premium, **you** can make a cancellation claim if **you** have booked and paid for a trip that **you** have not yet made. Alternatively, **you** can cancel **your** policy and **we** will send **you** a pro-rata refund.

**We** reserve the right not to extend the policy where the booked trip could be detrimental to **your** wellbeing. Failure to contact **us** could leave **you** with no right to make a claim and may mean that **you** travel with insufficient cover.

**Pregnancy**

As is consistent with the treatment of all pre-existing medical conditions under the policy, the policy does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancy) or childbirth. This includes, but is not limited to, delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications. The policy does, however, cover **you** should complications arise with **your** pregnancy due to accidental bodily injury or unexpected illness which occurs while on **your** trip excluding costs incurred during the period between 12 weeks before and 12 weeks after the estimated date of delivery.

**This is not a Private Medical Health Insurance Policy**

**We** will pay for private treatment only if there is no appropriate reciprocal health agreement in existence and no public service available and **we** reserve the right to organise a transfer from a private medical facility to a public medical facility where appropriate.

In the event of medical treatment becoming necessary for which reimbursement will be sought, **we** or **our** representatives will require unrestricted access to all **your** medical records and information.

**DEFINITIONS**

Whenever the following words appear in **bold** in this policy, they will always have these meanings:

**Appointed adviser** the solicitor or appropriately qualified person, firm or company, including **us**, who is chosen



to act for **you** in **your** claim for compensation.

**Beneficiary** each insured person as shown on **your** Validation Certificate.

**Citizen** A Passport Holder who has a permanent residential address and unrestricted right of entry to that country.

**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.

**Couple** The lead insured, spouse (or co-habiting partner) named on the Validation Certificate.

**Country of Residence** an **EEA** country, Andorra, Bosnia-Herzegovina, Gibraltar, Kosovo, Monaco, Montenegro, North Macedonia, San Marino or Switzerland.

**Curtail/Curtailment** Return early to **home** before the scheduled return date.

**EEA:** Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

**Expert Witness** A person who testifies in a court of law because they have specialist knowledge in a field or area of expertise, entitling that person to testify about their opinion on the meaning of facts.

**Family You** and **your** spouse (or co-habiting partner) and **your** financially dependent children, aged 18 years or less in full time education, at the inception date of **your** policy all normally resident with **you** and named on the Validation Certificate.

**Hazardous Activities** Participating in any sport or activity which could pose an increased risk or danger to **you** and may require **you** to take additional precautions to avoid injury or claim (a list of included sports activities covered by this insurance are shown in Section M).

**Hijack/Hijacked** The unlawful seizure or wrongful exercise of control of an aircraft or conveyance in which **you** are travelling as a passenger.

**Home Your** residential address in **your Country of Residence**.

**Immediate Relative** The person that **you** live with, in a relationship for at least 6 months at the same address, whether married or cohabiting (as spouses) regardless of gender; **your** children (including step, fostered or adopted children), grandchildren, parents, grandparents, brothers, sisters, parents-in-law, sons/daughters in-law and brothers/sisters-in-law. **You** may be required to demonstrate the existence of the relationship.

**Independent Witness** shall mean a third party who is not directly involved with the insured event and is not related or does not have any connection to any of the parties involved in the insured event. Any information provided by the Independent Witness must not be biased towards any of the parties involved within **your** claim. Unless the Independent Witness can provide a clear, accurate and unbiased account of the Insured Event, any information provided from them may be discounted.

**Insured/Insured Person** each **insured person** as shown on **your** Validation Certificate.

**Insurer** Inter Partner Assistance S.A., a member of the AXA Group.

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

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

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

**Loss of limb** Physical, permanent and total loss of use at or above the wrist or ankle.

**Loss of sight** the complete, irrecoverable and irremediable loss of all sight in one or both eyes.

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

**Medical screening endorsement** An endorsement issued by the appointed medical screening service who are authorised to act on behalf of **us**.

**Money** Cash, any legal currency, travellers' cheques, cheques, postal and money orders held by **you** for social domestic and/or pleasure purposes.

**Non-Manual/Clerical Work** Means any professional, clerical or administrative work or working as a classroom teacher, classroom assistant, au pair, child-minder, bar and restaurant work.

**Permitted Manual Work** Means general farm work and fruit picking. This includes driving tractors and other similar farm vehicles so long as **you** comply with any appropriate license requirements; doctor, nurse, midwife and care work (including medical elective trips but not dental elective); light building and DIY e.g. painting, decorating or basic construction work using light power tools only. Permitted Manual Work is not covered if it involves the use of plant/trade/industrial machinery, non-domestic power tools or working at a height of over 2 metres.

**Permanent total disablement** Disablement as a result of which there is no business or occupation, which **you** can attend, and to which having lasted for a period of 12 months, is, at the end of that period, beyond hope of improvement.

**Personal Accident** Accidental bodily injury caused solely and directly by outward violent and visible means.

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

**Personal baggage** **Your** suitcases (or similar luggage carriers) and their contents usually taken on a trip, together with articles worn or carried by **you** for **your** individual use during **your** trip. (Not including any specified items unless shown on **your** Validation Certificate).

**Public Transport** Any fare paying passenger on the following regular scheduled forms of transport: train, coach, bus, aircraft and sea vessel.

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

**Policyholder** True Traveller s.r.o.

**Redundancy** Any person being declared redundant, who is under 65 years and under the normal retiring age for someone holding that person's position, and who has been employed for 2 continuous years with the same employer at the time of being made redundant.

**Scuba Diving** Conventional scuba diving only. **We** do not cover solo diving, cave diving, any dive which takes **you** below **your** current qualification limit, any dive for gain or reward, or any dive below 18 metres under any circumstances (40 metres Adventure Pack and 50 metres Extreme Pack if the appropriate additional premium has been paid). **You** are limited to **your** current qualification limit, unless accompanied by a qualified instructor, taking part in a recognised course requirement of **your** chosen Diving association. **You** must hold a current B.S.A.C. (British Sub Aqua Club) or equivalent internationally recognised qualification and follow their relevant Association, Club or Confederation rules and guidelines at all times, or **you** must only dive under the constant supervision of a properly licensed Diving Instructor and follow their rules and instructions at all times. No air travel is permitted within 24-hours of scuba diving.

**Single Parent Family** **You** and **your** financially dependent children aged 18 years or less and in full time education, at the inception date of **your** policy, all normally resident with **you** and named on the Validation Certificate.

**Unattended** When **you** cannot see and/or are not close enough to **your** property or vehicle to prevent unauthorised interference or theft of **your** property or vehicle.

**Valuables** Watches (including Smart Watches), furs, jewellery, photographic equipment, binoculars, telescopes, drones, computers and or accessories (including laptops, games & gaming consoles), PDA's and tablet devices (including iPad's and eBooks) video cameras, audio visual equipment, musical instruments, televisions, sports and leisure equipment (e.g. SCUBA equipment, surf boards, tennis racquets), mobile phones and satellite navigation devices.

**Volunteering** Means **your** participation in community or wildlife-based conservation/project work when arranged by a professional organisation. This may include caring, teaching or nursing. It may also cover community/charity based supervised building/renovation projects or other **Permitted Manual Work**, provided the activity does not involve the use of plant/trade/industrial/agricultural machinery (other than tractors), non-domestic power tools or working at a height of over 2 metres.

**We/us/our** Inter Partner Assistance S.A., a member of the AXA Group.

**Winter Sports** Conventional skiing/snowboarding only. **We** do not cover any competition, free-style skiing, ski jumping, ski-flying, ski acrobatics/aerials, ski stunting, parapenting, use of bobsleighs or skeletons, repetitive travel in ski run helicopters.

**Winter Sports Equipment** Skis, bindings, ski boots, ski poles and snowboards.

**You/your** each insured person as shown on **your** Validation Certificate.

## **GEOGRAPHICAL AREAS**

### **Area 2: EUROPE**

Europe means the continent of Europe West of the Ural Mountains, the United Kingdom, the Isle of Man, the Channel Islands, Iceland, Jordan, Madeira, the Canary, Azores, Mediterranean Islands as well as all countries bordering the Mediterranean.

### **Area 3: AUSTRALIA and NEW ZEALAND**

(a) For any period of cover purchased Area 3 can include a 48-hour stop-over anywhere in the World for both outward and return travel.

(b) If the period of cover purchased is two months or more Area 3 can be extended to include a maximum of 7 days/nights anywhere in the World.

(c) If the period of cover purchased is six months or more Area 3 can be extended to include a maximum of 14 days/nights anywhere in the World.

Should **you** require medical treatment in Australia, residents of Belgium, Finland, Italy, Malta, the Netherlands, Norway, Ireland, Slovenia, and Sweden **MUST** enrol with MEDICARE.

### **Area 4: WORLDWIDE EXCLUDING NORTH AMERICA**

North America means the USA & Canada

(a) For any period of cover purchased Area 4 can include a 48-hour stop-over anywhere in the world for both outward and return travel.

(b) If the period of cover purchased is two months or more Area 4 can be extended to include a maximum of 7 days/nights anywhere in the World.

(c) If the period of cover purchased is six months or more Area 4 can be extended to include a maximum of 14 days/nights anywhere in the World.

### **Area 5: WORLDWIDE**

Includes travel to the USA and Canada.

## SECTION A. MEDICAL & REPATRIATION EXPENSES

### For emergencies abroad call us first

For medical emergencies: if **you** are taken to hospital as an emergency by ambulance or other emergency service, **you** will need to make sure that **you** or a travelling companion call **us** within 48 hours. The only exception to this 48-hour notification requirement is if there are extreme circumstances which prevent such notification within 48 hours, in which case **we** should be contacted as soon as practically possible.

For non-urgent medical help: if **you** need to see a doctor or need to go to Accident & Emergency or a clinic, call **us** first. This way **we** may be able to help **you** locate the safest and most appropriate source of treatment.

In either case **you** may reverse the call charges or ask to be called back.

If **your** outpatient treatment is likely to cost more than €600 or **you** are admitted into hospital abroad, someone must call the 24-hour Emergency Medical Assistance Service helpline as soon as possible. If **you** have to cut short **your** trip under Section A (Medical & Repatriation Expenses) or Section E (Curtailed), the 24-hour Emergency Medical Assistance Service must authorise this in advance. Failure to contact the 24-hour Emergency Medical Assistance Service may mean that **we** are not able to provide cover, or **we** may reduce the amount **we** pay for your medical treatment, or additional travel expenses.

Where **you** have a valid claim, and **your** medical expenses exceed €600 **we** will look to settle the bill directly with the medical provider where possible.

For non-medical emergencies: if something happens during **your** trip, and **you** need **our** help, please contact **us**. If **we** identify that the event causing the emergency is not covered by this policy, **we** will still try to assist **you** in resolving the problem, but it would be at **your** own cost.

The 24-hour Emergency Assistance Service telephone number is: **+44 20 7985 7446** (from overseas) or **1 800 986 6380** (within USA/Canada)

**PLEASE NOTE: This is a travel insurance policy and not private medical insurance.**

**NOTE:** If **you** are travelling to a country in the European Union, **you** should take a European health insurance card (EHIC). This may entitle **you** to free or reduced cost healthcare in the EU. If **you** are travelling to Australia and require medical treatment, **you** must enrol with Medicare if possible. For more information on Medicare visit [www.humanservices.gov.au](http://www.humanservices.gov.au).

In the event of medical treatment becoming necessary for which reimbursement will be sought, **we** or **our** representatives will require unrestricted access to all **your** medical records and information.

Repatriation by specially equipped air ambulance will be available where medically necessary.

### Covered

**You** are covered up to the limit as shown on the Summary of Cover for costs incurred

1. normal and necessary receipted expenses of emergency medical or surgical treatment incurred outside **your Country of Residence**, including specialists, hospital, nursing attendance charges, inpatient physiotherapy, decompression chambers, ambulance /necessary transport charges (including helicopter rescue/air ambulance charges if necessary on medical grounds and authorised by the 24-hour Emergency Medical Assistance Service). **We** reserve the right to repatriate **you** to **your Country of Residence** when in the opinion of the 24-hour Emergency Medical Assistance Service **you** are fit to travel.
2. emergency dental treatment overseas which the dentist treating **you** certifies in writing is solely required for the immediate relief of sudden and acute onset of pain, limited to the amount shown on the Summary of Cover;
3. outpatient physiotherapy treatment, limited to the amount shown on the Summary of Cover, following **your** sudden illness or injury overseas where:
  - a) treatment is prescribed by a **medical practitioner**; and
  - b) treatment is given by a registered and licenced practitioner.
4. reasonable and necessary additional accommodation (room only) and travelling expenses **home** (Economy Class), including those of one relative or friend if **you** have to be accompanied **home** on the advice of the attending **medical practitioner** or if **you** are a child and require an escort **home**;
5. reasonable travel and accommodation expenses (room only) for one of **your immediate relatives** to travel to be with **you** if their presence is considered medically necessary on the advice of the treating **medical practitioner**.
6. the cost of taxi fares, for travel to or from hospital relating to **your** admission, discharge, attendance for outpatient treatment, or appointments, or for collection of medication prescribed by the hospital only.
7. the cost of telephone calls to the 24-hour Emergency Medical Assistance Service notifying and dealing with the emergency, or any costs incurred by **you** when **you** receive calls on **your** mobile device from the 24-hour Emergency Medical Assistance Service.
8. in the event of death, reasonable cost for the conveyance of the body or ashes to **your Country of Residence** (the cost of burial or cremation is not included), or local funeral expenses abroad limited the

amount shown in the Summary of Cover.

9. Up to the limits shown in the Summary of Cover for costs that are charged to **you** by a government, regulated authority or private organisation connected with finding and rescuing **you**, following an injury or where weather or safety conditions are such that it becomes absolutely necessary for the local authorities or professional guide to instigate a search and rescue operation. This does not include the cost of medical evacuation (by the most appropriate transport) for a medical emergency, which is covered under Section A MEDICAL EXPENSES.

#### **Not Covered**

1. any expenses incurred within, or after **you** have returned to **your Country of Residence**.
2. the policy excess shown on the Summary of Cover. This applies to each person making a claim;
3. any sums which can be recovered from another source, or which are covered under any National Insurance scheme or reciprocal health arrangement;
4. any medical or repatriation costs greater than €600 which have not been authorised by the 24-hour Emergency Medical Assistance Service;
5. any expenses incurred for illness, injury or treatment required because of:
  - a) surgery or medical treatment which in the opinion of the attending **medical practitioner** and the 24-hour Emergency Medical Assistance service can be reasonably delayed until **your return home**;
  - b) medication and or treatment which at the time of departure or start date of **your** policy cover, whichever is the later, is known to be required or to be continued during **your** trip, to include recommended vaccines or inoculations;
  - c) undertaking an activity against the advice of a **medical practitioner**;
  - d) a voluntary termination of pregnancy, where there is no accompanying pregnancy complication.
6. if the Health Declaration is not complied with and **you** do not have an appropriate **medical screening endorsement** from the Medical Screening Service (see Health Declaration);
7. the cost of any routine or elective (non-emergency) treatment or surgery, including specialist review or referral, exploratory tests, treatment or surgery which are not directly related to the injury, which necessitated **your** admittance to hospital;
8. dental treatment not required for the immediate relief of acute pain, such as for example major dental work like crowns, bridges, dental prostheses, treatment involving the use of precious metals and cosmetic dentistry.
9. claims that are not confirmed as medically necessary by the attending **medical practitioner** or the 24-hour Emergency Assistance Service;
10. any additional hospital costs arising from single or private room accommodation unless medically necessary;
11. any claim arising from **your** failure to obtain any recommended vaccines, inoculations, or medications prior to **your** trip. Consideration will be given where **you** were medically unable to have any vaccination which is supported by **your** medical records.
12. cosmetic surgery, unless considered necessary as a medical emergency and agreed with the 24-hour Emergency Assistance Service;
13. claims where **you** have not followed local safety advice and recommendations at the time.
14. claims where **you** have knowingly endangered either **your** own life or those in **your** party if **your** experience or skill levels fall below those required to participate in **your** activity, particularly when **you** are not with a professionally qualified guide or instructor.
15. for costs other than **your** proportion of a search and rescue operation.
16. for costs beyond the point where **you** are recovered by search and rescue or the time where the search and rescue authorities advise that continuing the search is no longer viable.
17. claims relating to an Adventure, Extreme, Ultimate Activity Pack or **Winter Sports** activity where the appropriate applicable additional premium has not been paid and detailed on **your** Validation Certificate.
18. further costs **you** incur if **we** wish to bring **you** back **home** early, but **you** refuse (where in the opinion of the treating **medical practitioner** and the 24-hour Emergency Assistance Service **you** are fit to travel);
19. treatment and services provided by a hospital, private clinic, health spa, consultancy services, counselling services and rehabilitation centre, unless **we** have agreed that this is medically necessary.
20. anything mentioned in the General Exclusions.

## **SECTION B. HOSPITAL CASH ALLOWANCE**

This benefit is payable only if the hospital admission has been covered under the terms of Section A Medical & Repatriation Expenses. The benefit payment is intended to contribute towards miscellaneous expenses that may be incurred whilst **you** are an in-patient (e.g. **your** taxi fares, **your** internet access and **your** telephone calls while in hospital). This policy does not provide compensation for loss of holiday/enjoyment.

#### **Covered**

1. **You** are covered up to the limit as shown on the Summary of Cover of payment of the amount shown for each complete 24-hours **you** spend in hospital as the result of being admitted as an inpatient to a registered hospital overseas. This is in addition to any medical expenses incurred under Section A Medical & Repatriation

Expenses.

2. **You** are covered if **you** suffer bodily injury as a result of mugging, the benefit under this section is increased to the limit as shown on the Summary of Cover. **You** must obtain a police report of the mugging incident which necessitated **your** admission into hospital.

#### **Conditions**

In the event of a claim, **you** must provide documentation confirming the date and time of admission and discharge.

#### **Not Covered**

Anything mentioned in the General Exclusions.

## **SECTION C. ACCIDENTAL DISABILITY**

#### **Covered**

**You** are covered up to the limit as shown on the Summary of Cover in respect of **loss of limb, loss of sight, permanent total disablement**, or death, if **you** have a **personal accident** during **your** trip which, up to 12 months from the date of the accident, is the sole cause of **your** consequent disability.

**We** will only pay the benefit for **permanent total disablement** if **your medical practitioner** confirms that **you** cannot do any work for 12 months after the date of the accident and there is little or no hope of improvement. **You** must accept and agree to examination by **our** doctor or specialist should **we** consider it necessary to validate the claim.

**NOTE:** The **permanent total disablement** benefit will not apply if **you** are aged under 16 years at the time of the accident.

#### **Not Covered**

1. any claim for loss or disablement caused directly or indirectly by:
  - a) disease or any physical defect or illness; or
  - b) an injury which existed prior to the beginning of the trip;
2. any claim not resulting from an unintentional accident;
3. anything mentioned in the General Exclusions.

## **SECTION D. CANCELLATION**

**NOTE:** Cancellation cover under this section is only available before **you** leave **home**. If the policy is purchased after **you** have left **your home**, there is no cover provided for Cancellation of **your** trip under this section. Also refer to Section E Curtailment.

#### **Covered**

**You** are covered up to the limits as shown on the Summary of Cover for loss of travel, accommodation, tour expenses and tuition/course fees, which were cancelled before **you** were due to leave **your home** in **your Country of Residence** for which **you** have paid or are contracted to pay, providing the cancellation is necessary and unavoidable (and is not as a result of mere disinclination to begin **your** trip as arranged) due to any cause listed below occurring during the Period of Insurance:

1. injury, serious illness, death of:
  - a) **you**;
  - b) any person with whom **you** are intending to travel;
  - c) any person with whom **you** are intending to stay;
  - d) an **immediate relative** of **yours**;
  - e) a **close business associate** of **yours**;

**NOTE:** Under a, b & d above only, this will include being diagnosed with COVID-19.

2. **you** being called for jury service, attending court as a witness (but not as an **expert witness**);
3. **redundancy** for **you** or for any person with whom **you** had arranged to travel;
4. **your home** or place of business being made uninhabitable, within 14 days of travel;
5. the police asking to see **you** after theft from **your home** which occurred within 14 days of travel;
6. **your** previously agreed leave being cancelled where **you** are a member of the armed forces, police or government security staff, and compulsory **personal quarantine**.

The following cover only applicable to **TRAVELLER PLUS** policies

7. The Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or other regulatory authority in a country in which **you** are travelling advising against all travel to the area **you** are travelling to/in, but not including where advice is issued due to a pandemic or **regional quarantine**, providing the advice came into force after **you** purchased this insurance or booked the trip (whichever is the later) and was within 21 days of **your** departure date.

#### **Conditions**

**You** must comply with the terms of contract of the travel agent, tour operator or provider of transport, accommodation and/or the course organiser and seek financial compensation and a refund of **your** tickets, expenses and fees from them in accordance with the terms of the contract and where applicable exercise **your** rights under consumer protection legislation to obtain a refund and / or compensation.

**NOTE:** Check the General Conditions & Claims Procedure for further details.

### **Not Covered**

1. the policy excess shown on the Summary of Cover of any incident. The excess is applicable per person, per policy section, to a maximum of two excesses being charged per insured incident;
2. medically related claims where a certificate has not been obtained from a **medical practitioner**, confirming that cancellation of the trip is medically necessary;
3. additional costs as a result of not immediately telling the travel agent, tour operator or provider of transport or accommodation that **you** need to cancel the trip. **We** will only pay the cancellation charges that would have applied at the time **you** knew it was necessary to cancel **your** trip, if a valid claim exists;
4. any costs recoverable from elsewhere. For example, payments recoverable from **your** credit or debit card issuer;
5. anything caused directly or indirectly by prohibitive regulations by the Government of any country;
6. if the Health Declaration has not been complied with and **you** do not have an appropriate **medical screening endorsement** from the Medical Screening Service (see the Health Declaration)
7. any costs incurred on behalf of other party members who are not specified on **your** Validation Certificate;
8. any costs claimed under another section of this policy;
9. any costs as a result of **your** failure to obtain the required passport, medical tests/documents, visa or vaccination documentation;
10. **your** carriers' refusal to allow **you** to travel for whatever reason;
11. Any claim where **you** cannot travel or choose not to travel because the Foreign, Commonwealth & Development Office (FCDO) (or any other equivalent government body in another country) advises against travel due to a pandemic.
12. Any unused or additional costs incurred by **you** which are recoverable from:
  - The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
  - The providers of the transportation, their booking agents, travel agent, compensation scheme or any other travel licensing scheme.
  - **Your** credit or debit card provider or PayPal.
13. Any claim due to a **regional quarantine**.
14. anything mentioned in the General Exclusions.

## **SECTION E. CURTAILMENT**

**You** must contact the 24-hour Emergency Assistance Service immediately in the event of a serious injury, illness or hospitalisation, or where repatriation has to be considered. Their authorisation must be obtained before **you** cut **your** trip short. The 24-hour Emergency Assistance Service telephone number is: **+44 20 7985 7446** (from overseas) or **1 800 986 6380** (within USA/Canada).

### **Covered**

**You** are covered up to the limit as shown on the Summary of Cover for the value of the portion of **your** travel, accommodation expenses and tuition/course fees, calculated from the date of **your** early return to **your home in your Country of Residence** or the date of **your** hospitalisation as an inpatient, which have not been used and which were paid by **you**. **You** are also covered for reasonable additional travelling expenses (Economy Class) incurred by **you** for returning to **your home** earlier than planned due to a cause listed below.

1. injury, serious illness, death of:
  - a) **you**;
  - b) any person with whom **you** are intending to travel;
  - c) any person with whom **you** are intending to stay;
  - d) an **immediate relative** of yours;
  - e) a **close business associate** of yours;

NOTE: Under a, b & d above only, this will include being diagnosed with COVID-19.

2. **your home** or place of business being made uninhabitable or the police requesting **your** presence following a theft from **your home**.

The following cover only applicable to **TRAVELLER PLUS** policies

3. If **you** have to **curtail your** trip as a result of the Travel Advice Unit of the Foreign Commonwealth and Development Office (FCDO), the World Health Organisation (WHO) or similar body recommending evacuation from the country or specific area in which **you** are travelling, providing the directive came into force after **you** purchased this insurance and after **you** have left **your Country of Residence** to commence the trip (whichever is the later).

### **Conditions**

1. **you** must contact the 24-hour Emergency Assistance Service for assistance/advice if **you** need to cut short **your** trip for an insured reason.
2. **you** must use or revalidate **your** original ticket for **your** early return. If this is not possible **you** must provide evidence that additional costs were necessary. Any refunds due on unused original tickets will be deducted from **your** claim. **If you do not have an original return ticket, you will not be reimbursed for costs incurred for your early return.**

3. if **you** require the 24-hour Emergency Assistance Service to pay for arrangements, they may first need to contact the relevant **medical practitioner** to confirm **your** claim falls within the terms of **our** cover.
4. If **you** make **your** own arrangements, **you** must supply all necessary documentation to substantiate that **your** claim falls within the terms of cover.
5. This policy does not provide compensation for loss of holiday/enjoyment.

#### **Not Covered**

1. the policy excess shown on the Summary of Cover. This applies to each person making a claim;
2. any unused or additional costs incurred by **you** which are recoverable from:
  - The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
  - The providers of the transportation, their booking agents, travel agent, compensation scheme or or any other travel licensing scheme.
  - **Your** credit or debit card provider or PayPal.
3. any claim due to a **regional quarantine**.
4. claims that are not confirmed as medically necessary by the 24-hour Emergency Assistance Service, and where a medical certificate has not been obtained from the attending **medical practitioner** confirming it medically necessary to **curtail** the trip;
5. additional travelling expenses incurred which are not authorised by the 24-hour Emergency Assistance Service;
6. unused prepaid travel tickets where repatriation has been arranged by the 24-hour Emergency Assistance Service;
7. if the Health Declaration has not been complied with and **you** do not have an appropriate **medical screening endorsement** from the Medical Screening Service (see the Health Declaration)
8. any costs claimed under another section of this policy;
9. anything mentioned in the General Exclusions.

## **SECTION F. TRAVEL DELAY & ABANDONMENT**

(Cover not applicable to **TRUE VALUE** policies)

This section does not apply to trips within **your Country of Residence**.

#### **Covered**

**You** are covered if **your** flights, sea crossing, coach or train departure to or from **your Country of Residence** are delayed for more than 12 hours beyond the intended departure time (as specified on **your** travel ticket) as a result of:

- a) strike or industrial action (provided that when this policy was taken out, and or when the trip was booked there was no reasonable expectation that the trip would be affected by such cause);
- b) adverse weather conditions;
- c) mechanical breakdown or technical fault of the aircraft, coach, train or sea vessel then **you** are covered to a benefit of:
  1. €30 per person for each complete 12 hours **you** are delayed up to a maximum of €120 on the Traveller Policy, or €40 per person for each complete 12 hours **you** are delayed up to a maximum of €160 on the Traveller Plus Policy, or
  2. up to the limits as shown on the Summary of Cover for Trip Abandonment if **you** abandon the trip having been delayed on **your** outward journey for more than 24-hours.

#### **Conditions**

1. In the event of a claim due to delayed **public transport**, **you** must provide documentation from the transport company, confirming the period of and the reason for the delay.
2. **you** must check in, according to the itinerary supplied to **you** unless **your** transport provider/operator has requested **you** not to travel to the airport/port.

#### **Not Covered**

1. the policy excess shown on the Summary of Cover of any incident. This applies to each person making a claim and is only applicable if **you** abandon **your** trip;
2. If **you** have not checked-in in sufficient time for **your** outward or return journey;
3. any claims arising from withdrawal from service temporarily or otherwise of the aircraft, coach, train or sea vessel on the order or recommendation of an authorised Aviation Authority or a Port Authority or similar body in any country;
4. abandonment of a trip once **you** have departed from **your Country of Residence**
5. Internal flights
6. anything mentioned in the General Exclusions.



## **SECTION G. MISSED DEPARTURE**

(Cover not applicable to **TRUE VALUE** policies)

This section does not apply to trips within **your Country of Residence**.

### **Covered**

**You** are covered up to the limit as shown on **your** Summary of Cover for reasonable additional accommodation (room only) and **public transport** travel expenses (Economy class) necessarily incurred in reaching **your** overseas destination from **your country of residence** or returning to **your country of residence** if **you** fail to arrive in time to board any onward connecting **public transport** on which **you** are booked to travel, including connections within **your country of residence** on the return journey **home** as a result of:

1. the failure of other **public transport**;
2. strike or industrial action;
3. adverse and unforeseeable weather conditions;
4. the vehicle in which **you** are travelling being involved in an accident or breakdown, or **you** being delayed as a result of a major accident on a motorway. In the event of a claim due to vehicle breakdown or a road accident, **you** must obtain a police or roadside assistance report;
5. **you** being denied boarding (because there are too many passengers for the seats available);

**NOTE:** If the same expenses are also covered under Section F – Travel Delay and Abandonment **you** can only claim for these under one section for the same event.

### **Conditions**

1. **you** must get (at **your** own expense) written confirmation from the **public transport** operator (or their handling agents) of the cancellation, number of hours of delay and the reason for these together with details of any alternative transport offered.
2. **you** must comply with the terms of contract of the **public transport** operator and seek financial compensation, assistance or a refund of **your** ticket from them, in accordance with the terms and/or (where applicable) **your** rights under EU Air Passengers Rights legislation or other passenger protection scheme in the event of denied boarding, cancellation or long delay of flights.
3. **you** must check in, according to the itinerary supplied to **you** unless **your** transport provider operator has requested **you** not to travel to the airport/port.

### **Not Covered**

1. the policy excess shown on the Summary of Cover of any incident. This applies to each insured person making a claim;
2. if enough time has not been allowed for **your** journey in order to meet the check-in time(s) specified by the transport providers or agent;
3. if **you** are not proceeding directly to the departure point;
4. any costs incurred by **you** which are recoverable from the **public transport** operator or for which **you** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance;
5. claims arising which relate to an event which is occurring, or **you** were aware could occur at the time **you** purchased this insurance or booked **your** trip (whichever is the later);
6. any costs claimed under another section of this policy
7. anything mentioned in the General Exclusions.

## **SECTION H. HIJACK**

(Cover not applicable to **TRUE VALUE** policies)

### **Covered**

**You** are covered up to the limit as shown on the Summary of Cover for the duration of the **hijack**.

### **Not Covered**

1. if **you** or **your family** or **your business associates** have engaged in activities that could be expected to increase the risk of **hijack**;
2. anything mentioned in the General Exclusions.

## **SECTION I. PERSONAL LIABILITY**

**You** must NOT admit liability at any time. The Claims Service must be notified immediately:

E-mail: [claims@truetraveller.com](mailto:claims@truetraveller.com)

Phone on **+44 20 3439 4285**

**NOTE:** If **you** are using a mechanical/motorised vehicle, make sure that **you** are adequately insured for third party liability, as **you** are not covered under this insurance for third party liability.

### **Covered**

**You** are covered up to the limit as shown on the Summary of Cover, for legal expenses and legal liability for damages incurred by **you** which are caused by an accident that happened during the trip, and leads to claims made against **you** as a result of:

1. accidental bodily injury to a person who is not a member of **your family** or household or employed by **you**

or a travelling companion;

2. loss of or damage to any property which does not belong to **you**, is not in the charge of, and is not in the control of **you** or any member of **your family**, household or employee;
3. loss of or damage to temporary holiday accommodation that does not belong to **you**, or any member of **your family**, household or employee.

**NOTE: 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.

#### **Not Covered**

1. the policy excess shown on the Summary of Cover of any incident. This applies to each person making a claim;
2. fines imposed by a Court of Law or other relevant bodies;
3. anything caused directly or indirectly by:
  - a) liability which **you** incur as a result of an agreement that **you** made which would not apply in the absence of that agreement;
  - b) injury, loss or damage arising from:
    - i) ownership or use of aircraft (including drones), horse-drawn or mechanical/motorised vehicles, vessels (other than rowing boats, punts or canoes), animals (other than horses) or firearms or any weapons;
    - ii) the occupation (except temporarily for the purpose of the trip) or ownership of any land or buildings;
    - iii) the pursuit or exercise of any trade, profession or gainful occupation, or the supply of goods and services by **you**;
    - iv) racing of any kind;
    - v) any deliberate act;
    - vi) suicide, attempted suicide, self-inflicted injury, alcohol or drug abuse, alcoholism, drug addiction, solvent abuse, wilful exposure to exceptional risk (unless **you** are trying to save someone's life);
  - c) liability covered under any other insurance;
4. anything mentioned in the General Exclusions.

## **SECTION J. LEGAL EXPENSES**

If **you** require legal services, **our** Claims Service must be notified immediately by email on [claims@truetraveller.com](mailto:claims@truetraveller.com) or by phone on **+44 20 3439 4285**.

#### **Covered**

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

1. nominate an **appointed adviser** to act for **you**. If **you** and **we** cannot agree on an **appointed adviser**, the matter can be referred to an alternative resolution facility;
2. for each event giving rise to a claim pay up to the amount shown on the Summary of Cover for **legal costs** for **legal action** for **you** (but no more than the limits shown on the Summary of Cover in total for all persons insured on the policy).

#### **Conditions**

1. **You** must conduct **your** claim in the way requested by the **appointed adviser**.
2. **You** must keep **us** and the **appointed adviser** fully aware of all the facts and correspondence including any claim settlement offers made to **you**.
3. **We** will not be bound by any promises or undertakings which **you** give to the **appointed adviser**, or which **you** give to any person about payment of fees or expenses, without **our** consent.
4. **We** can withdraw cover after **we** have agreed to the claim, if **we** think a reasonable settlement is unlikely or that the cost of **legal action** could be more than settlement.

#### **Not Covered**

1. Any claim:
  - a) reported to **us** more than 60 days after the event giving rise to the claim;
  - b) where **we** think a reasonable settlement is unlikely or where the cost of **legal action** could be more than the settlement;
  - c) involving **legal action** between members of the same household, an **immediate relative**, a travelling companion or one of **your** employees;
  - d) where another insurer or service provider has refused **your** claim or where there is a shortfall in the cover they provide;
  - e) against a travel agent, tour operator or carrier, **us**, the **insurer**, another person insured by this policy or **our** agent.
2. **Legal Costs**:
  - a) for **legal action** that **we** have not agreed to;
  - b) if **you** refuse reasonable settlement of **your** claim. **You** should use alternative resolution facilities such as mediation in this situation;
  - c) if **you** withdraw from a claim without **our** agreement. If this occurs **legal costs** that **we** have paid must be repaid to **us** and all **legal costs** will become **your** responsibility;

- d) that cannot be recovered by **us, you** or **your appointed adviser**, when **you** receive compensation. Any repayment will not be more than half of the compensation **you** receive;
- e) awarded as a personal penalty against **you** or the **appointed adviser** (for example not complying with court rules and protocols);
- f) for bringing **legal action** in more than one country for the same event;
- g) the funding of any appeal costs or actions to enforce a judgement or legally binding decision;
- h) anything mentioned in the General Exclusions.

## **SECTION K. BAGGAGE, MONEY & TRAVEL DOCUMENTS**

**NOTE:** Items of value may be more appropriately covered under a household All Risks Section or a separate All Risks policy where the full replacement value may be insured.

### **Covered**

#### **(i) Baggage**

If **you** have paid the appropriate additional premium to include and if shown on **your** Validation Certificate (please refer to **your** Validation Certificate and Summary of Cover) **you** are covered up to the limit on the Summary of Cover for the value or repair to any of **your personal baggage you** take with **you** or buy on **your** trip (not hired, loaned or entrusted to **you**), which is lost, stolen, damaged or destroyed (after making proper allowance for wear and tear and depreciation) limited to:

- a) the single item limit as shown on **your** Summary of Cover for any one item, pair or set of items;
- b) the **valuables** limit as shown on **your** Summary of Cover for all **valuables** combined, in total; or
- c) specified items value where personal items are specifically shown on **your** Validation Certificate and the appropriate additional premium is paid.

#### **Delayed Baggage**

**You** are covered up to the limit on the Summary of Cover for the cost of buying replacement necessities if **your personal baggage** is delayed in reaching **you** on **your** outward journey for at least 12 hours and **you** have a written report from the carrier (e.g. airline, shipping company etc.) or tour representative. Receipts will be necessary in the event of a claim.

### **Conditions**

1. any amount **we** pay **you** under Delayed Baggage will be deducted from the final claim settlement if **your baggage** is permanently lost.
2. **you** must obtain written proof of the incident from the police, **your** accommodation management, tour operator or carrier, within 24-hours of the discovery in the event of loss, burglary or theft of the **baggage**. Failure to do so may result in **your** claim being declined.
3. in the event of a claim for damaged items, proof of the damage must be supplied. The damaged articles must be retained by **you** and if requested, submitted to the claims handlers so as to substantiate a claim. NOTE: Failure to do so may result in a claim being denied.
4. in the event of a claim for a pair or set of items, **we** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed.
5. Claims for loss, theft or damage to spectacles or sunglasses are limited to €120 per pair.
6. if the repair cost is more than the value of an item, **we** will assess the claim as if the item has been lost.

### **Not Covered**

1. the policy excess shown on the Summary of Cover. This applies to each person making a claim;
2. any item left **unattended** or where **you** do not exercise reasonable care for the safety and supervision of **your personal baggage**;
3. any item, pair or set of items with a value of over €120, if a receipt, valuation report or other acceptable proof of ownership and value cannot be supplied to support **your** claim;
4. if **your personal baggage** is lost, damaged or delayed in transit and **you** do not:
  - a) notify the carrier (i.e. airline, shipping company etc.) immediately and obtain a written carrier's report (or Property Irregularity Report (PIR) in the case of an airline); or
  - b) follow up in writing within 7 days of the loss, damage or delay to obtain a written carrier's report (or Property Irregularity Report (PIR) in the case of an airline) if **you** are unable to obtain one immediately.
5. loss, destruction, damage or theft of the following property:
  - a) contact or corneal lenses, hearing aids, dentures and false body parts or other prostheses;
  - b) antiques, precious stones that are not set in jewellery, glass or china, pictures;
  - c) dinghies, boats and/or ancillary equipment, vehicles or vehicle accessories (other than wheelchairs and pushchairs);
  - d) tools of trade;
  - e) perishable items such as food;
  - f) **valuables** and specified items shown on **your** Validation Certificate left **unattended** at any time (including in a vehicle or in the custody of carriers) unless they are with **you** or locked in a safe or safety deposit box;
  - g) pedal cycles unless declared as a specified item and it is specifically shown on **your** Validation Certificate and the appropriate additional premium has been paid.
6. loss, destruction, damage or theft:

- a. due to confiscation or detention by customs or other officials or authorities;
  - b. due to wear and tear, denting or scratching, moth or vermin;
  - c. transportation by any postal or freight service, or if sent under an air-way bill or bill of lading.
7. mechanical breakdown or derangement, for breakage of fragile or brittle articles being transported by a carrier, unless the breakage is due to fire or other accident to the vessels, aircraft or vehicle in which they are being carried.
8. **personal baggage** stolen from:
- a) an **unattended** vehicle unless it was in the locked glove compartment or rear boot or luggage area of the vehicle and is covered so as not to be visible from the outside of the vehicle and there is evidence of forcible and violent entry; or
  - b) an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am.
9. any shortage due to error, omission or depreciation in value;
10. any property more specifically insured or recoverable under any other source;
11. stamps, documents, deeds, samples or merchandise, manuscripts or securities of any kind;
12. sports or activity equipment whilst in use, other than Ski Equipment under Section L unless an additional premium has been added and this is shown on **your** Validation Certificate.
13. anything mentioned in the General Exclusions.

## **(ii) Money & Documents**

### **Covered**

If **you** have paid the appropriate additional premium to include and if shown on **your** Validation Certificate (please refer to **your** Validation Certificate and Summary of Cover) **you** are covered up to the limit on the Summary of Cover for accidental loss or theft of **your own money** whilst being carried on **your** person or left in a locked safety deposit box. **We** will only pay up to the limit shown on the Summary of Cover for cash. This is limited to €60 if **you** are under 16 years. **You** are covered up to the amount shown on the Summary of Cover for accidental loss or theft of air tickets or other travel documents including reasonable expenses incurred as a result of loss, theft or damage.

### **Conditions**

In the event of a claim for loss of cash **you** must provide evidence of the initial withdrawal of the cash and also evidence of how **you** coped financially immediately after the loss (e.g. currency exchange/withdrawal slips, bank/credit card statements).

### **Not Covered**

- 1. the policy excess shown on the Summary of Cover. This applies to each person making a claim;
- 2. if **you** do not exercise reasonable care in protecting **your money** and documents against loss, theft or damage;
- 3. if **you** do not obtain a written police report within 24-hours of the discovery in the event of loss, burglary or theft of **money**;
- 4. any shortages due to error, omission or depreciation in value;
- 5. anything mentioned in the General Exclusions

## **(iii) Loss of Passport & Visa Expenses**

This section does not apply to trips within **your Country of Residence**.

### **Covered**

If **you** have paid the appropriate additional premium to include and if shown on **your** Validation Certificate (please refer to **your** Validation Certificate and Summary of Cover) **you** are covered up to the limit on the Summary of Cover for:

- 1. reasonable additional travel or accommodation expenses **you** have to pay whilst abroad, over and above any payment which **you** would normally have made during the trip if no loss had been incurred, as a result of **you** needing to replace a lost or stolen passport/visa;
- 2. any additional fees payable specifically for **you** to obtain the replacement passport itself over and above that payable in **your Country of Residence**;
- 3. The equivalent (pro rata) value of the remaining period of **your** original passport at the time of loss;
- 4. The replacement costs of any temporary passport, as well as Visa or Temporary Work permits which were issued in **your** original passport.

### **Conditions**

**You** must provide receipts for all costs incurred.

### **Not Covered**

- 1. the policy excess shown on the Summary of Cover. This applies to each person making a claim;
- 2. any costs that **you** would have incurred had **you** not lost **your** passport;
- 3. if **you** do not exercise reasonable care for the safety or supervision of **your** passport;
- 4. if **you** do not obtain a written police report within 24-hours of the loss;
- 5. loss, destruction or damage arising from confiscation or detention by customs or other officials or authorities;
- 6. anything mentioned in the General Exclusions.

## **SECTION L. WINTER SPORTS COVER**

### **Covered**

If **you** have paid the appropriate additional premium to include and if shown on **your** Validation Certificate (please refer to **your** Validation Certificate and Summary of Cover) **you** are also covered for:

#### **(i) Winter Sports Medical**

The Medical and Repatriation section of this policy is extended to cover **you** whilst participating in **Winter Sports**

#### **(ii) Winter Sports Liability**

The Personal Liability section of this policy is extended to cover **you** whilst participating in **Winter Sports**

#### **(iii) Winter Sports Equipment**

**You** are covered up to the amount shown on the Summary of Cover for the value or repair of **your own winter sports equipment** (after making proper allowance for wear and tear and depreciation) or hired **winter sports equipment**, if they are lost, stolen or damaged during **your** trip, limited to the single item limit for any one item.

In the event of a claim **you** must provide the following documentation:

1. Loss or theft: a report from the police, resort management or tour operator; plus receipt or proof of ownership and confirmation of second hand value from a specialist dealer.
2. Damage: confirmation from a specialist dealer of the damage sustained and repair costs, or confirmation that damage is beyond economic repair, plus the second-hand value prior to damage.

#### **(iv) Equipment Hire**

**You** are covered up to the amount shown on the Summary of Cover for the reasonable cost of hiring **winter sports equipment** for the rest of **your** trip or until **your own winter sports equipment** has been returned to **you**, if:

- a) **your** equipment is lost or broken; or
- b) **your** equipment is delayed for at least 12 hours on **your** outward journey.

#### **Conditions**

In the event of a claim **you** must provide the following documentation:

1. Loss or theft: a report from the police, resort management or tour operator; plus receipts showing original and additional hire charges.
2. Damage: confirmation from the hire company of damage sustained and additional charges incurred.
3. Delay: confirmation from the airline or transport company that **your** equipment was delayed over 12 hours on the outward journey plus a receipt showing the original and additional hire charges.

#### **(v) Winter Sports Pack**

**You** are covered up to the amount shown on the Summary of Cover for the value of the unused portion of **your** resort pass, ski school, and lift pass costs if:

- a) **you** have an accident, or **you** are ill;
- b) **your** resort pass is lost or stolen.

#### **Conditions**

In the event of a claim **you** must provide the following documentation:

1. Accident or illness: medical report confirming the reason and length of time **you** were unable to undertake **your** planned activity plus a copy of the lift pass and evidence of initial cost.
2. Loss or theft: report from police or resort management plus evidence of initial cost and cost of replacement pass.

#### **(vi) Piste Closure**

**You** are covered up to the amount shown on the Summary of Cover if during the period of **your** stay, on-piste skiing at the resort that **you** had pre-booked is not available due to a lack of snow or excessive snow or avalanche conditions, then **we** will pay:

- a) up to the amount shown on the Summary of Cover per day towards transport costs to reach another resort or,
- b) compensation of up to the amount shown on the Summary of Cover per full day if skiing is unavailable due to the total closure of all on-piste skiing activity

In the event of a claim **you** must provide documentation from the resort's management confirming how long the piste was closed at **your** resort and the reason.

#### **Not Covered**

1. the policy excess as shown on the Summary of Cover. This applies to each person making a claim;
2. if **you** do not adhere to the International Ski Federation code or the resort regulations;
3. anything not covered in the Baggage Section (applicable to Part L (iii) & L (iv) above);
4. anything not covered in the Medical and Repatriation Expenses Section (applicable to Part L (i) & L (v) above)
5. anything not covered in the Personal Liability Section;
6. ski jumping, the use of bobsleighs and skeletons; taking part in International and National events and their heats and officially organised practice or training for these events;
7. anything mentioned in the General Exclusions.

## SECTION M. SPORTS & ACTIVITIES

Subject to the General Exclusions and the relevant exclusions under each section of this Policy Document, which continue to apply; the following recreational, non-professional (amateur) activities detailed under **Traveller Pack** are automatically covered at standard premiums.

**Adventure Pack, Extreme Pack, Ultimate Pack** and **Winter Sports** activities are only covered where the appropriate applicable additional premium has been paid and is detailed on **your** Validation Certificate. If the **Extreme Pack** has been selected, **you** are also covered for **Adventure Pack** activities. If the **Ultimate Pack** has been selected, **you** are also covered for both the **Adventure** and **Extreme Pack** activities.

To establish if cover can be provided for any professional or competitive activity, please refer to The True Traveller for a quotation as an additional premium may be payable. Call them on **+44 333 999 3140**.

Traveller Pack	
Activity & Special Conditions (if applicable)	Exclusions
Abseiling (a)	
Aerobics	
Athletics	
Archery (a) or (b)	No Personal Liability Cover
Badminton	
Ballet	
Banana Boating (a) Excludes Flying Fish	
Baseball	
Basketball	
Black Water Rafting (grades 1-3) (a)	
Bowls	
Bungee Jumping (2 jumps) (a)	
Camel riding (day tour) (a)	No Personal Liability Cover
Canoeing (inland/coastal - grades 1-3)	
Caving (sightseeing/tourist attraction) Recreational Visit only	
Cheerleading	
Clay pigeon shooting (a) or (b)	No Personal Liability Cover
Cricket	
Croquet	
Cruising (Cruise Ship) (a)	
Curling	
Cycling (incidental to the trip)	
Cycling (on an organised tour) (a)	
Dodge Ball	
Dragon Boating (inland/coastal waters)	
Dune Bashing (a) or (b)	No Accidental Disability Cover, No Personal Liability Cover
Walking with Elephants (a)	No cover available for riding Elephants.
Field Hockey	
Fitness Training	
Fishing (inland/coastal waters)	Sports/Leisure fishing only – no commercial or rock fishing
Floorball	
Flying (as a fare paying passenger in a licenced scheduled or chartered aircraft or helicopter)	
Football (Soccer)	
Go Karting (a)	No Personal Liability Cover
Golf	
Gymnastics	
Horse riding (leisure/social/non-competitive)	No racing/jumping
Hot Air ballooning (a)	No Personal Liability Cover
Ice skating (indoor)	
Ice skating (outdoor) on a commercially managed rink (a)	
Jet boating (inland/coastal waters) (a) or (b)	No Personal Liability Cover
Jet skiing (inland/coastal - grades 1-3) (a) or (b)	No Personal Liability Cover
Kayaking (inland/coastal - grades 1-3)	
Kite boarding (on land or water)/Kite surfing	
Lacrosse	
Martial Arts training (non-contact)	
Motorcycling (on road up to 125cc) (b) (Helmet must be worn)	No touring where the motorbike is the main mode of transport. No

	Accidental Disability Cover, No Personal Liability Cover
Netball	
<b>Non-Manual/Clerical Work (f)</b>	No Personal Liability Cover
Orienteering	
Outdoor endurance courses up to 3 miles	
Outward Bound Pursuits	
Paint Balling/Airsoft	
Parachuting (1 jump)	No Accidental Disability Cover, No Personal Liability Cover
Parasailing/Parascending (Over water) (a) or (b)	No Personal Liability Cover
Racquetball	
Rifle range/Sports shooting (a) or (b)	No Personal Liability Cover
River Boarding/Hydro Speeding (grades 1-3) (a)	
Roller Skating/Rollerblading	No cover for stunting
Rounders	
Rowing/Sculling (inland/coastal waters - no white water)	
Running/Jogging (up to half marathon distance)	
Safari Travel (a)	
Sailing (inland/coastal waters) (a) or (b)	No Personal Liability Cover
Sandboarding/Sand Skiing	
<b>Scuba Diving</b> (up to 18 metres in depth) (e)	See Special Exclusion (ii)
Segway Tours (a) (Helmet must be worn)	No Accidental Disability Cover, No Personal Liability Cover
Skateboarding (ramp, half pipe, skate park, street). Excludes Electric Skateboarding	
Snorkelling	
Snowshoeing (Flat Terrain)	
Softball	
Speed Boating (inland/coastal waters - no white water) (a) or (b)	No Personal Liability Cover
Squash	
Stand up Paddle Surfing/Paddle Boarding	
Surfing	
Swimming (pool; enclosed, inland/coastal waters)	
Swimming with Dolphins/Whales/Whale Sharks (a)	
Table Tennis	
Tandem Skydive (1 jump)	No Accidental Disability Cover, No Personal Liability Cover
Tennis	
Trampolining	
Trekking up to 3,000 metres	
Triathlon up to Sprint Distance	
Tubing on rivers (grades 1-2) (a)	No Personal Liability Cover
Ultimate Frisbee	
Volleyball	
Wall Climbing (Man-made Climbing Walls) (a)	No Soloing, No Accidental Disability Cover
Water Polo	
White Water Rafting (grades 1-3) (a)	
Windsurfing (inland/coastal)	No Personal Liability Cover
Yoga	
Zip Lining (a)	

### Adventure Pack

Activity & Special Conditions (if applicable)	Exclusions
Aerial Safari (a)	No Accidental Disability Cover
Bicycle Polo	
Black Water Rafting (grades 4-5) (a)	No Accidental Disability Cover
Bouldering	No Soloing, No Accidental Disability Cover
Boxing (training only)	
Bungee Jumping (3 or more jumps) (a)	
Camel Trekking (overnight/main mode of transport)	No Personal Liability Cover
Canyon Swinging (a)	
Canoeing (inland/coastal - grades 4-5)	
Canyoning (a)	No Accidental Disability Cover, No Personal Liability Cover
Dirt Boarding	No Personal Liability Cover

Dogsledding (on recognised trails) (a)	No Racing, time trials, endurance events
Fencing	No Personal Liability Cover
Fishing (outside coastal waters/deep sea) (a) and (c)	Sport/Leisure Fishing only
Fly by Wire (a)	
Glacier Walking (a)	
Horse riding (overnight/main mode of transport)	
Kayaking (inland/coastal – grades 4-5)	
Kite Buggy	No Personal Liability Cover
Land Surfing	No Personal Liability Cover
Marathons	
Martial Arts - Judo/Karate/Jiu-Jitsu only (training only) (a)	No Accidental Disability Cover, No Personal Liability Cover
Motorcycling (on road over 125cc) (b) (Helmet must be worn)	No touring where the motorbike is the main mode of transport. No Accidental Disability Cover, No Personal Liability Cover
Mountain Biking (off road/cross country)	
Outdoor endurance courses up to 8 miles	
Outrigger canoeing (inland/coastal waters)	
Quad Biking (a) or (b) (Helmet must be worn)	No Accidental Disability Cover, No Personal Liability Cover
<b>Permitted Manual Work (g)</b>	No Personal Liability Cover
Rock Climbing (outdoor/traditional/sport climbing/bolted/aid climbing). Excludes Sea Cliff/Ice Climbing/Big wall climbing.	No Accidental Disability Cover
Roller Hockey	
Sailing (outside coastal waters) (a) or (b) and (c)	No Personal Liability Cover
<b>Scuba Diving</b> (up to 40 metres in depth) (e)	See Special Exclusion (ii)
Shark Cage Diving (e)	See Special Exclusion (ii)
Spearfishing	No Personal Liability Cover
Trekking up Mt. Kilimanjaro	
Trekking up to 4,600 metres	
Triathlon to Middle Distance/Half Ironman	
Via Ferrata	
<b>Volunteering (h)</b>	
Water Skiing/Wakeboarding/Wake Skating (a) or (b)	No jumping, No Personal Liability Cover
White Water Rafting (grades 4-5) (a)	No Accidental Disability Cover
Zorbing (a)	No Accidental Disability Cover, No Personal Liability Cover

### Extreme Pack

Activity & Special Conditions (if applicable)	Exclusions
American Football	No Accidental Disability Cover
Australian Rules Football (AFL)	No Accidental Disability Cover
Caving/Potholing (as part of a group, not ice; known routes only)	No Accidental Disability Cover, No Personal Liability Cover
Cycling - BMX	
Flying (as pilot or passenger of a private light aircraft)	No Stunt/Aerobatics or Commercial flying. No Accidental Disability Cover, No Personal Liability Cover
Hurling	No Accidental Disability Cover
Gaelic Football	No Accidental Disability Cover
Gliding (a) or (b)	No Accidental Disability Cover, No Personal Liability Cover
Horse Riding (Equestrian, Dressage, Show Jumping, Eventing)	No Accidental Disability Cover
Kite Wing (land, water only)	No Personal Liability Cover
Motorcycling/Trail Biking (off-road under 250cc) (b) (Helmet must be worn). Excludes Motocross.	No touring where the motorbike is the main mode of transport. No Accidental Disability Cover, No Personal Liability Cover
Mountain Biking (using downhill trails and/or mechanical lifts)	
Outdoor endurance courses up to 13 miles	
Ranching and Ranch activities	No Accidental Disability Cover, No Personal Liability Cover
Roller Derby	No Personal Liability Cover
Rugby (League/Union)	No Accidental Disability Cover
<b>Scuba Diving</b> (up to 50 metres in depth) (e)	See Special Exclusion (ii)
Tandem Paragliding (1 flight)	No Accidental Disability Cover



Trapeze/High Wire/Aerial Silks (a)	No Accidental Disability Cover
Trekking over 4,600 metres (excluding Mt. Kilimanjaro)	
Water Skiing (Barefoot) (a) or (b)	No Personal Liability Cover
Ultimate Pack	
Activity & Special Conditions (if applicable)	Exclusions
Climbing (Ice)	See Special Exclusion (iii). No Soloing, No Accidental Disability Cover
Hang Gliding (a)	No Accidental Disability Cover, No Personal Liability Cover
Mountaineering to 6000 metres (with ropes, picks or specialist climbing equipment)	See Special Exclusion (iii). No Accidental Disability Cover
Parachuting (more than 1 jump) (a) or (b). Excludes Base jumping	No Accidental Disability Cover, No Personal Liability Cover
Paragliding/Parapenting (a) or (b)	No Accidental Disability Cover, No Personal Liability Cover
Parasailing/Parascending (a) or (b)	No Accidental Disability Cover, No Personal Liability Cover
Polo/Polocrosse	No Personal Liability Cover
Powerbocking	No Accidental Disability Cover
Sea Cliff Climbing	No Accidental Disability Cover
Skydiving/Tandem skydiving (over 1 jump) (a) or (b). Excludes Base jumping	No Accidental Disability Cover, No Personal Liability Cover
Triathlon to Full Distance/Ironman	
Ultramarathon	Maximum distance 250km, No Polar Cover
Winter Sports	
Activity & Special Conditions (if applicable)	Exclusions
Alpine Ski Touring (d)	See Special Exclusion (i)
Backcountry Skiing or Snowboarding (d)	See Special Exclusion (i)
Cat Skiing (d)	See Special Exclusion (i)
Cross-country Skiing or Snowboarding (along a designated cross-country ski route only) (d)	See Special Exclusion (i)
Dogsledding (on recognised trails) (a)	No Racing, time trials, endurance events
Heliskiing (d)	See Special Exclusion (i). No Accidental Disability Cover
Ice Hockey (Indoor)	No Accidental Disability Cover, No Personal Liability Cover
Off-piste Skiing or Snowboarding (d)	See Special Exclusion (i)
On-piste Skiing or Snowboarding (d)	See Special Exclusion (i)
Sledding/Tobogganing/Snow Sleds/Snow Sleighs (on snow)	No Accidental Disability Cover, No Personal Liability Cover
Snow biking (on/off Piste within Resort Boundaries)	See Special Exclusion (i). No Accidental Disability Cover
Snowmobiling (No Remote Areas, Racing, Time Trials or Endurance Events)	No Accidental Disability Cover, No Personal Liability Cover
Snowshoeing (Rolling/Mountain Terrain)	
Terrain Park Skiing or Snowboarding (d)	See Special Exclusion (i)

### SPECIAL CONDITIONS

The following conditions and exclusions apply to individual sports and activities where highlighted in the list above.

- (a) Provided **you** are supervised by a qualified instructor/licensed operator or hold the appropriate membership, certification and/or licence from an accredited organisation for the activity.
- (b) Provided **you** have the appropriate certification or licence to do this sport or activity in **your Country of Residence**. If operating a motor vehicle, the driver must have the appropriate valid licence for the machine in **your Country of Residence**.
- (c) Provided **you** remain within 60 miles of a safe haven (a protected body of water used by marine craft for refuge from storms or heavy seas).
- (d) Conventional skiing/snowboarding only. It is not a condition of cover that **you** ski or board with a guide, however **you** must follow the International Ski Federation code or resort regulations. It is also recommended that **you** do not venture into back country areas without taking local advice and appropriate rescue equipment.
- (e) **You** must hold a British Sub Aqua Club certificate or equivalent and follow the relevant Club rules and guidelines at all times or must only dive under the constant supervision of a properly licensed diving school

and follow their rules and instructions at all times. No air travel is permitted within 24-hours of **scuba diving**.

- (f) Means any professional, clerical or administrative work or working as a classroom teacher, classroom assistant, au pair, child-minder, bar and restaurant work.
- (g) Means general farm work and fruit picking. This includes driving tractors and other similar farm vehicles so long as **you** comply with any appropriate license requirements; doctor, nurse, midwife and care work (including medical elective trips but not dental elective); light building and DIY e.g. painting, decorating or basic construction work using light power tools only. **Permitted Manual Work** is not covered if it involves the use of plant/trade/industrial machinery, non-domestic power tools or working at a height of over 2 metres.
- (h) Means **your** participation in community or wildlife-based conservation/project work when arranged by a professional organisation. This may include caring, teaching or nursing. It may also cover community/charity based supervised building/renovation projects or other **Permitted Manual Work**, provided the activity does not involve the use of plant/trade/industrial machinery, non-domestic power tools or working at a height of over 2 metres.

#### **SPECIAL EXCLUSIONS**

- (i) No cover for any competition, free-style skiing/snowboarding, ski/snowboard jumping, ski-flying, ski/snowboard acrobatics, ski/snowboard stunting, or ski racing or national squad training, the use of skeletons.
- (ii) No cover for any unaccompanied dive, any dive in overhead environments or any dive for gain or reward.
- (iii) No cover for mountaineering without ropes, harnesses, or other protective equipment, climbing in remote or inaccessible regions, exploratory expeditions and new routes or mountaineering over 6,000 metres.

#### **Not Covered**

1. Competing at international events as a national representative.
2. Racing or participating in speed or time trials.
3. Motorbike touring or where a motorbike is the main mode of transport.
4. Taking part in polar expeditions or the crewing of a vessel more than 60 miles from a safe haven.
5. Anything listed in the General Exclusions.

## **SECTION N. TRAVEL DISRUPTION**

If **you** have paid the appropriate additional premium to include and if shown on **your** Validation Certificate (please refer to **your** Validation Certificate and Summary of Cover) **you** are covered for:

#### **Covered**

**You** are covered from **your** latest overseas departure time to commence **your** journey back to **your Country of Residence** as shown on **your** booking confirmation/itinerary. For Multi-Trip policies, each trip is considered a separate insurance, and is subject to the limits of cover, exclusions and conditions as set out in this document and each trip must fall entirely within the 12-month period from the commencement date of this insurance. **We** will pay **you** the following irrecoverable costs incurred, if upon **your** scheduled return to **your Country of Residence**, **you** are delayed for more than 24-hours beyond the time of international departure shown on **your** itinerary for reasons beyond **your** control, subject to the conditions of this insurance policy.

**You** are covered up to the following limits for travel disruption to **your** journey back to **your Country of Residence** for the following:

1. Up to €1,200 in total for additional accommodation to the same rating as originally booked.
2. Up to €60 per day limited to €600 in total for the purchase of food or meals but not drinks or alcohol.
3. Up to €450 in total to make alternative travel arrangements for **your** independent return back to **your Country of Residence**.
4. Up to €120 in total to obtain and or purchase essential medication prescribed to **you** prior to **your** departure.
5. Up to €12 per day limited to €120 in total for the purchase of essential items or services only but not food or drink.
6. Up to €30 in total for additional transport costs to get **you** from **your** accommodation to **your** point of international departure as shown on **your** original itinerary in the event that the pre-paid provider fails to turn up at **your** accommodation within the first 45 minutes of the scheduled time.
7. Up to €120 in total for additional transport costs to collect **your** vehicle from **your** original point of international departure in **your Country of Residence**, if **your** return to **your Country of Residence** is somewhere other than the scheduled point of return.
8. Up to €60 in total for additional parking incurred in **your Country of Residence** following **your** delayed return.
9. Up to €120 in total for additional kennel/cattery fees incurred in **your Country of Residence** following **your** delayed return.

**NOTE:** For a **COUPLE** or **FAMILY** cover the maximum payment for all persons insured (in total and not each) is 200% of the benefits shown within this policy contract.

### **Not Covered**

1. any claim arising in the first 24-hours of delay, calculated from the time of international departure shown on **your** original booking itinerary.
2. any claim due to an event that has occurred within 31 days prior to that date of booking the trip and/or commencement of this insurance.
3. any claim not supported by i) receipts ii) documentation confirming the cause and duration of delay, iii) proof of travel.
4. any claim for missed departure/missed connection from Lukla airport in Nepal due to inclement weather.
5. any costs which are recoverable from **your** tour operator, carrier, travel insurance or under any EU Directive irrespective if **your** tour operator or carrier denies liability as beyond their control, unforeseeable or unavoidable.
6. costs of travel or accommodation to a higher standard than those originally booked
7. any claim due to a **regional quarantine**.
8. any claim arising from:
  - i) withdrawal of service due to safety reasons or bankruptcy,
  - ii) withdrawal of service due to strike or industrial action publicly declared prior to commencement of this insurance or prior to the holiday booking,
  - iii) any incident where **you** have not obtained written authority from **your** carrier to make alternative travel arrangements,
  - iv) any incident where a carrier or tour operator has offered alternative arrangements
  - v) **your** failure to meet the scheduled dates and or times shown in their original travel documents, their negligence or their disinclination to travel,
  - vi) **you** can only claim under one section of the policy, either Section F, G or N.

### **SECTION O. TRAVEL RESUMPTION**

If **you** have paid the appropriate additional premium to include, on a Single Trip Policy for a period exceeding 32 days, and if shown on **your** Validation Certificate (please refer to **your** Validation Certificate and Summary of Cover) **you** are covered for:

#### **Covered**

**We** will pay up to the amount shown in the Summary of Cover for reasonable additional travel expenses (Economy Class) for **you** to resume **your** trip to the destination abroad if **you** have:

1. been repatriated **home** due to an accidental injury or serious illness as covered under Section A Medical & Repatriation; or
2. had to return **home** due to the accidental injury, serious illness, death of an **immediate relative** or **close business associate** of **yours** as covered under Section E Curtailment;

**We** shall pay for travel expenses equivalent to the cost of a return economy class airplane ticket to the destination where **you** would have been according to **your** original travel plan at the time **you** are resuming **your** trip.

#### **Conditions**

**You** must advise **us** within 30 days of **your** return **home** if **you** wish to resume **your** trip. The resumption of the trip and additional travel expenses must be agreed by **us** and must occur between the start date and end date as shown on **your** Validation Certificate in effect at the time the insured event took place for **your** policy to resume.

If **you** choose not to resume **your** trip, **your** cover ceases, with no return premium payable to **you** for any unused portion of insurance.

#### **Not Covered**

1. the policy excess shown on the Summary of Cover. This applies to each person making a claim;
2. if the incident causing **your** return **home** was not covered under this policy;
3. travelling expenses incurred which are not authorised by the 24-hour Emergency Assistance Service;
4. resumption of the trip if it does not take place within the same insurance period as the incident;
5. any further expenses incurred as a result of the medical condition which resulted in **your** return **home**. The medical condition that caused **you** to return home will be deemed a pre-existing medical condition at the time **you** resume **your** trip, and **you** must notify the True Traveller on **+44 333 999 3140** in order to confirm cover.

### **SECTION P. COLLISION DAMAGE WAIVER EXCESS**

If **you** have paid the appropriate additional premium to include and if shown on **your** Validation Certificate (please refer to **your** Validation Certificate and Summary of Cover) **you** are covered for:

#### **Covered**

**We** will pay up to the amount shown on the Summary of Cover for:

1. the reimbursement of the accidental damage or theft excess applied to **your** car hire insurance if the insured vehicle is stolen, damaged or involved in an accident during the rental period;

2. the cost of replacing rental car keys if these are lost, stolen or damaged during the rental period, this includes where necessary the costs to replace locks or for a locksmith to break in to the insured vehicle.

#### **Not Covered**

1. Any claim where **you** have not followed the terms of **your** rental agreement.
2. Any person aged under 21 years old.
3. Violation of the rental vehicle agreement.
4. Any claim for damage caused as a result of theft of the vehicle unless a written police report is obtained.
5. Any claim where the rented vehicle is a motor home, camper van, trailer or caravan, van, commercial vehicle or truck, two or three wheeled vehicle, off-road vehicle, recreational vehicle, prestige or exotic vehicle, passenger van or other vehicle with more than 7 seats or over 3.5 tonnes.

### **GENERAL CONDITIONS**

1. all claims must be submitted within 60 days of the incident which gave rise to the claim. If **you** are unable to provide the required documentation, **your** claim will be put on hold until the documentation can be supplied.
2. receipts and/or proof of ownership and value must be supplied in the event of a claim.
3. **you** must take all reasonable steps to recover any lost or stolen articles.
4. damaged articles must be retained by **you** and if requested submitted to the Claims Handlers so as to substantiate a claim. Failure to do so may result in a claim being denied.
5. if **we** require any medical certificates, information, evidence and receipts, these must be obtained by **you** at **your** expense.
6. in the event of a claim, if **we** require a medical examination **you** must agree to this. In the event of death, **we** are entitled to a post-mortem examination. The post-mortem would be at **our** expense.
7. **you** must not make any payment, admit liability, offer or promise to make any payment without written consent from **us**.
8. **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.
9. **we** may at any time pay to **you** **our** full liability under this insurance, after which no further payment will be made in any respect.
10. if at the time of making a claim there is any other insurance covering the same risk, **we** are entitled to contact that insurer for a contribution.
11. **we** can cancel the policy if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
12. if a claim made by **you** or anyone acting on **your** behalf is fraudulent or fraudulently exaggerated or supported by a false statement or fraudulent means or fraudulent evidence is provided to support the claim, **we** may:
  - i) not be liable to pay the claim,
  - ii) recover from **you** any sums paid by **us** to **you** in respect of the claim,
  - iii) by notice to **you** cancel the policy with effect from the date of the fraudulent act without any return of premium.If **we** cancel the policy under (iii) above:
  - i) **we** shall not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under the insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,
  - ii) **we** need not return any of the premiums paid.If this insurance contract provides cover for any person who is not party to the contract (“a covered person”) and a fraudulent claim is made under the contract by or on behalf of a covered person, **we** may exercise the rights set out in clause (i) above as if there were an individual insurance contract between **us** and the covered person. However, the exercise of any of those rights shall not affect the cover provided under the contract for any other person.
13. **We** shall not provide any benefit under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.
14. 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 Accidental Disability or Travel Delay).

### **GENERAL EXCLUSIONS**

**You** are not covered for anything caused directly or indirectly by the following, unless **you** have contacted **us**, and **we** have confirmed in writing that **you** will be covered:

1. **You** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice).
2. **You** are travelling to get medical treatment, tests or consultations abroad.

3. **You** have been diagnosed as having a terminal illness.
4. **You** are receiving or waiting for medical tests or treatment for any medical condition or set of symptoms which have not been diagnosed.
5. **You** not answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy
6. **You** travelling to a destination which the Foreign, Commonwealth & Development Office has advised against all or all but essential travel, unless **we** agree in writing to include. Travel advice can be obtained from the Foreign, Commonwealth & Development Office: Tel: **+44 20 7008 5000** Website: **www.gov.uk/fcdo**
7. A set of circumstances which **you** knew about at the time the trip was booked unless **you** could not reasonably have expected such circumstances to result in a claim;
8. If a Multi-trip cover, **you** being 66 years of age or over at the inception / renewal date of **your** policy (limited to 40 years for True Value Policies) or if a Single trip cover **you** being 66 years of age or over (limited to 40 years for True Value Policies) when **you** purchase the policy;
9. Any criminal act by **you**;
10. Failure to comply with the laws applicable to the country in which **you** are travelling;
11. Bankruptcy/liquidation of a tour operator, travel agent or Transportation Company;
12. Any other costs that are caused by the event that led to the claim unless specifically stated in the policy;
13. Any payment, which **you** would normally have made during **your** travels, if no claim had arisen;
14. Any claim resulting from **you** using any drug not prescribed by a **medical practitioner**, being addicted to, abusing or being under the influence of drugs, or alcohol;
15. any claim resulting from assisted suicide/Euthanasia.
16. Pregnancy 12 weeks before and 12 weeks after the estimated date of delivery;
17. **You** drinking too much alcohol or alcohol abuse where it is reasonably foreseeable that such consumption could result in an impairment of **your** faculties and/or judgement resulting in a claim. **We** do not expect **you** to avoid drinking alcohol on **your** trip, but **we** will not cover **you** for drinking so much alcohol that **your** judgement is seriously affected, and **you** need to make a claim as a result;
17. **You** climbing on top of or jumping from a vehicle, or jumping from a building or balcony, or sitting, planking, balconing, owling or lying on any external parts of any building, or climbing or moving from any external part of any building to another (apart from stairs, ramps or walkways) and falling regardless of the height, unless **your** life is in danger or **you** are attempting to save human life;
18. The cost of any routine or elective (non-emergency) treatment or surgery, including specialist review or referral, exploratory tests which are not directly related to the illness or injury which necessitated **your** admittance to hospital;
19. Any claim arising from sexually transmitted diseases;
20. Loss or damage to any property and expense or legal liability, directly or indirectly caused by or contributed to or arising from:
  - a. Ionizing radiation or radioactive contamination from any nuclear fuel or nuclear waste, which results in burning of nuclear fuel;
  - b. The radioactive toxic explosive or other dangerous properties of nuclear machinery or any part of it;
  - c. Pressure waves from aircraft and other flying objects travelling faster than the speed of sound;
21. Any consequence whether direct or indirect of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), discharge, explosion or use of a weapon of mass destruction whether or not employing nuclear fission or fusion, or chemical, biological, radioactive or similar agents, by any party at any time for any reason, terrorist activity, civil war, rebellion, revolution, insurrection, blockade, military or usurped power;
22. Air travel (other than as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft, or if covered by a specific activity under Section M where an additional premium has been paid and it is shown on **your** Validation Certificate);
23. Planned sports activities unless **you** have paid the appropriate additional premium and it is shown on **your** Validation Certificate;
24. Any virtual currency including but not limited to crypto currency, including fluctuations in value;
25. No insurer shall be deemed to provide, and no insurer shall be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America;
26. Under all sections, any claim arising from a reason not listed in what is covered;
27. Any circumstances known to **you** before **you** purchased your policy or at the time of booking any trip which could reasonably have been expected to lead to a claim under this policy;

## **CLAIMS PROCEDURES**

All claims must be submitted within **60 days** of the incident giving rise to the claim. First check this wording to make sure **your** claim is valid.

### **CANCELLATION CLAIMS**

The travel agent, tour operator, provider of transport or accommodation must be contacted immediately, and **you** must obtain a cancellation invoice. The tickets and booking forms/receipts will also be required to support **your** claim. Go to [www.true Traveller.com/claims](http://www.true Traveller.com/claims) where **you** find full instructions on how to make a claim.

### **CURTAILMENT CLAIMS**

Call the 24-hour Emergency Medical Assistance Service on **+44 20 7985 7446** or **1 800 986 6380** (within USA/Canada). Their authorisation must be obtained before **you** cut short **your** trip. All ticket stubs/booking forms/receipts and any other evidence of expenditure should be retained and submitted to support **your** claim. Go to [www.true Traveller.com/claims](http://www.true Traveller.com/claims) where **you** can find full instructions on how to make a claim.

### **MEDICAL CLAIMS**

#### **IN-PATIENT TREATMENT OR OUT-PATIENT TREATMENT EXPECTED TO BE OVER €600**

If serious injury is incurred in which **you** are admitted to hospital, call **our** 24-hour Emergency Medical Assistance Service on **+44 20 7985 7446** or **1 800 986 6380** (within USA/Canada) as soon as possible. **You** will be given advice on what to do and the assistance **you** require. All receipts for medical consultations / treatment / medication etc. should be retained and submitted to support **your** claim.

#### **OUT-PATIENT LESS THAN €600**

Go to [www.true Traveller.com/claims](http://www.true Traveller.com/claims) where **you** can find full instructions on how to make a claim. All receipts for medical consultations/treatment/medication etc. should be retained and submitted to support **your** claim.

If **you** receive out-patient treatment (no hospital admission) and the costs are likely to exceed €600 **you** must refer to the Emergency Medical Assistance Service for authorisation.

### **BAGGAGE CLAIMS**

Written proof of the incident must be obtained from the police, the accommodation management, tour operator or carrier within 24-hours of the loss/theft. If the loss occurs during travel, **you** must obtain a property irregularity report from the carrier. For all item(s), pair or sets of items over €120, **you** will also be asked to provide receipts. If **you** cannot find receipts, other proof of ownership (such as bank / credit card statements and photographs of yourself wearing the item) might be offered to support **your** claim instead. If **personal baggage** is delayed obtain a written report from the carrier (e.g. airline, shipping company etc.) detailing the length and the cause of the delay. Retain all the receipts which relate to any emergency replacement items **you** have purchased.

Go to [www.true Traveller.com/claims](http://www.true Traveller.com/claims) where **you** can find full instructions on how to make a claim.

### **MONEY CLAIMS**

Written proof of the incident must be obtained from the police, the accommodation management, tour operator or carrier within 24-hours of the loss/theft. **You** might be asked to provide proof of the withdrawal of the **money** from the bank. Please remember that the loss of **money** must occur whilst it is carried on **your** person or whilst it is left in a locked safety deposit box. Go to [www.true Traveller.com/claims](http://www.true Traveller.com/claims) where **you** can find full instructions on how to make a claim.

### **TRAVEL DELAY CLAIMS**

Written confirmation must be obtained from the airline, shipping, coach or train company stating the period of the delay and the reason for the delay. Please remember that cover for travel delay is provided for specific reasons only:

- a) strike or industrial action (provided that when this policy was taken out and or the trip was booked, there was no reasonable expectation that the trip would be affected by such cause)
- b) adverse weather conditions
- c) the mechanical breakdown or technical fault of the aircraft, coach or sea vessel

Go to [www.true Traveller.com/claims](http://www.true Traveller.com/claims) where **you** can find full instructions on how to make a claim.

### **MISSED DEPARTURE CLAIMS**

Written confirmation must be obtained from the Transport Company, police or roadside assistance service confirming the location, reason and duration of the delay. Go to [www.true Traveller.com/claims](http://www.true Traveller.com/claims) where **you** can find full instructions on how to make a claim.

### **PERSONAL LIABILITY AND LEGAL ASSISTANCE CLAIMS**

Obtain as much information as possible, including police reports, witness details and any photographs. **You** must NOT admit liability at any time. The Claims Service must be notified immediately by email on [claims@true Traveller.com](mailto:claims@true Traveller.com) or by phone on **+44 20 3439 4285**.

## **COLLISION DAMAGE WAIVER EXCESS CLAIMS**

Invoices, receipts and other documents confirming the amount **you** have paid in respect of the accident/damage or loss for which the vehicle rental company holds **you** responsible should be retained along with a copy of the rental contract and law enforcement / police report (if applicable) submitted to support **your** claim. A copy of the driving licence of the person involved in any accident (the driver) will also be required.

Go to [www.true traveller.com/claims](http://www.true traveller.com/claims) where **you** can find full instructions on how to make a claim.

## **COMMENTS & COMPLAINTS**

**We** always aim to provide a first-class level of service. If, for any reason, **you** feel that **our** service is not of the standard **you** would expect, please tell **us**. **You** should address any enquiries or complaints, in writing to: -

AXA Assistance CZ, s.r.o.  
Office Park Nová Karolina  
28. října 3348/65  
702 00 Ostrava  
Czech Republic  
(quoting the policy number on **your** Validation Certificate)

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

**We** will respond to **your** complaint within 20 business days of receipt of **your** complaint. After 40 business days or as otherwise agreed with **you**, **we** will have completed **our** investigation and will inform **you** of this in writing.

If **you** are dissatisfied with **our** final response, **you** may then contact:

Czech National Bank Consumer Protection Department  
Na Příkope 28 115 03  
Praha 1  
Czech Republic

Please note that the Czech National Bank Consumer Protection Department may not consider **your** complaint until **you** have received a final decision from AXA Assistance CZ, s.r.o.

**You** can also raise a dispute about any of **our** online services via the Online Dispute Resolution platform at [www.ec.europa.eu/odr](http://www.ec.europa.eu/odr).

## **LANGUAGE DECLARATION**

**You** have declared your understanding of, and have requested for the contract of insurance to be provided in, the English language. **You** confirm that such contract and agree to be bound by its terms and conditions.

## **GOVERNING LAW**

It is agreed that this Insurance shall be governed exclusively by the law and practice of the Czech Republic.

AXA Assistance CZ, s.r.o. hereby agrees that all summonses, notices, or processes requiring to be served upon it for the purpose of instituting any legal proceedings against them in connection with this Insurance shall be properly served if addressed to it and delivered to its care of

AXA Assistance CZ, s.r.o.  
Office Park Nová Karolina  
28. října 3348/65  
702 00 Ostrava  
Czech Republic  
M: +420 272 099 911  
E: [info@axa-assistance.cz](mailto:info@axa-assistance.cz)

who in this instance, has authority to accept service on its behalf.

## **DETAILS ABOUT OUR REGULATOR**

Inter Partner Assistance, S.A., member of AXA Group, with its registered seat at Boulevard du Régent 7, 1000, Brussels, Belgium, registered in the Commercial Register maintained by the Greffe de Tribunal de commerce de Bruxelles under the registration number 0415591055, acting in the Czech Republic through Inter Partner Assistance, branch office, with its registered seat at Hvězdova 1689/2a, Prague 4, 140 62, Czech Republic. Company's Identification No.: 282 25 619, registered with the Commercial Register maintained by the Municipal Court in Prague under File Reference A 59647.

The insurance is governed by the Act No. 89/2012 Coll., the Civil Code, as amended (hereinafter the "Civil Code"), and other generally binding regulations of the Czech Republic, these insurance terms and conditions, and the provisions of the insurance contract.

The **Policyholder**, which concluded an Insurance Agreement with the insurance company, is the company: True Traveller, s.r.o., Company Identification Number ("IČO"): 118 79 084, with registered office at Business Cetrum Habrovka, U Habrovky 247/11, 140 00 Praha 4, Czech Republic.

The **Policyholder** notices the **Insured** of the consequences related to the fact that the **Insured** does not become a **policyholder**: the rights and duties ascribed by the Civil Code exclusively to the **Policyholder** as a result of the Insurance Agreement concluded, shall not apply to the **Insured**, unless it is set out explicitly in the Civil Code that the said rights and duties may also be exercised by the **Insured**.

Information about insurance linked to the purchase of goods or services: The insurance can be concluded together with the purchase of goods or services provided by the **policyholder**, goods or services can be purchased separately, i.e. without insurance. The description of insurance and insurance cover, if the insurance is negotiated together with the purchase of goods or services, are given in this document.

True Traveller s.r.o. act as agents for Inter Partner Assistance, S.A. with respect to the receipt of customer **money** and for the purpose of handling premium refunds.

## **YOUR PERSONAL DATA**

1. **We**, as a controller of personal data, are entitled to process **your** personal data and the personal data of the **insured** (hereinafter collectively also referred to as the "Data Subject") to the extent necessary to properly fulfill **our** obligations set forth in the insurance contract and generally binding legal regulations. **We** are entitled to process the personal data of the Data Subject for the time necessary to secure the rights and obligations arising from the insurance contract and for the period resulting from the generally binding legal regulations (e.g., the Archives Act, the Anti-money Laundering Act, accounting or tax regulations etc.).

2. **We** shall:

- a) take measures to prevent unauthorized or random access to personal data, or the alteration, destruction, loss, unauthorized transfer, other unauthorized processing or other misuse thereof; this obligation shall apply even after the termination of the processing of personal data;
- b) only process true and precise personal data;
- c) gather personal data only to the extent required for the purpose specified;
- d) not combine personal data obtained for different purposes;
- e) ensure the protection of the private lives of the Data Subjects when processing the personal data;
- f) provide, at the request of Data Subjects, information about the processing of their personal data.

3. **We** are entitled to transfer personal data for the purposes and for the period stipulated in the provisions of paragraph 1 of this Article to other entities (hereinafter referred to as the "Processor").

4. **We** undertake to ensure that any person who comes into contact with personal data of the Data Subjects (in particular **our** employees, Processors, employees of the Processor) adhere to the obligations set by law, the insurance contract and the insurance terms and conditions, including after the termination of a contractual or employment relationship.