

# Staff Travel Voyage

## INSURANCE POLICY BOOKLET



POLICY TERMS & CONDITIONS



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POLICY SUMMARY – STAFF TRAVEL VOYAGE

This insurance is underwritten by **Sacos Group Limited**.

**TYPE OF INSURANCE AND COVER**

Travel insurance for annual multi trips.

*Please refer to your policy schedule for your cover.*

**AGE ELIGIBILITY**

This policy is not available to anyone aged 66 and above at the end of the period of cover.

**CONDITIONS**

- It is essential that **you** refer to the important conditions relating to health in the policy wording, as failure to comply with these conditions may jeopardize **your** claim or cover.

Special conditions apply to each section of **your** policy.

*Please refer to the policy wording for full details.*

SCHEDULE OF BENEFITS (USD)

	WORLDWIDE	EXCESS
SECTION A – CURTAILMENT		
Trip Curtailment	\$ 1,000	\$ 100
SECTION B – EMERGENCY MEDICAL AND OTHER EXPENSES		
Emergency Medical Expenses	\$ 500,000	\$ 250
Emergency Evacuation and Repatriation	Included in Medical Expenses	Nil
Repatriation of Mortal Remains	\$ 10,000	Nil
Return of Minor Children	Actual Cost	Nil
Additional Travel and Accommodation Expenses due to Illness/Injury	300 per day + same class flights	Nil
Emergency Visit for Close Relative in case of hospitalisation	\$ 1,000	Nil
SECTION C – BAGGAGE LOSS		
Personal Baggage Loss or Damage	\$ 1,500	\$ 100
Loss of Passport and Document	\$ 250	\$ 100
SECTION D – TRAVEL INCONVENIENCE		
Travel and Flight Delay	\$ 250 (\$ 50 per 12 hours delay)	Nil
Bump Cover	\$ 750	\$ 50
Abandonment	\$ 750	\$ 50
SECTION E – PERSONAL LIABILITY		
Personal Liability	\$ 250,000	\$ 250

POLICY WORDING

Introduction

The policy provides insurance coverage for the benefit of **STAFF TRAVEL VOYAGE MEMBERS**. The Group policy is held by **STAFF TRAVEL VOYAGE** which is the only policy holder and only it has direct rights under the Agreement of insurance against the insurer. These rights are held for the benefit of (and in trust for) **STAFF TRAVEL VOYAGE MEMBERS**. This document summarises the terms and conditions of the benefits available under the policy of insurance for **STAFF TRAVEL VOYAGE MEMBERS**; it does not give The **STAFF TRAVEL VOYAGE MEMBERS** direct rights under the policy. Strict compliance with the terms and conditions is required if you are to receive a benefit.

It contains details of what is covered, conditions and what is not covered, for each **insured person** and is the basis on which all claims will be settled. It is validated by the schedule which is attached to the policy.

The schedule and any endorsements are all part of the policy. **Your** policy schedule is evidence of the contract of insurance.

Governing Law and Jurisdiction

This Policy shall be governed by the Laws of Seychelles whose Courts shall have exclusive or final jurisdiction in any dispute, doubt or question arising hereunder and in the event of any action, claim or demand by any Claimant under or by virtue of the original Insurance, the liability of the Company to indemnify the Insured in such event shall be limited to judgements delivered or obtained by a Court of competent jurisdiction within Seychelles.

Age eligibility

This policy is not available to anyone aged 66 and above. If you are aged under 18 years at the date of issue of the policy you are only covered when travelling with one or both adult insured on a family policy or accompanied by a responsible adult.

Geographical Area

Travel anywhere in the world other than: Afghanistan, Chechnya, Democratic Republic of Congo, Iraq, Israel (West Bank, Gaza and the Occupied Territories only), Somalia.

Policy excess

Under some sections of the policy, claims will be subject to an excess. This means that **you** will be responsible for paying the first part of each and every claim per incident claimed for, under each section by each **insured person**.

**CONTACT DETAILS YOU MAY NEED**

**EMERGENCY MEDICAL ASSISTANCE:**

**INTERNATIONAL MEDICAL RESCUE ASSISTANCE**

**24-hour service phone number: + 44 (0) 23 80 177474**

**Email: assistance@im-rescue.com**

**ALL OTHER CLAIMS:**

**INTERNATIONAL MEDICAL RESCUE CLAIMS**

**Telephone: + 44 (0) 23 80 177473**

**Email: claims@im-rescue.com**

**Register claim online: [www.imr-claims.com](http://www.imr-claims.com)**

INSURER

**The Insurer for this policy is:**  
Sacos Group Limited, Maison Esplanade, Francis Rachel Street, Victoria Mahé, Seychelles.

This policy is effected in Seychelles and is subject to the laws of Seychelles.

Data Protection Act Notice

To set up and administer **your** policy **we** will hold and use information about **you** supplied by **you** and by medical providers. **We** may send it in confidence for processing to other companies acting on our instructions including those located outside Seychelles.

Please note insurers exchange information with various databases to help check the information provided and prevent fraudulent claims.

Fraud prevention

To keep premiums low **we** do participate in a number of industry initiatives to prevent and detect fraud. To help prevent crime **we** may:

- 1. Share information about **you** with other organisations and public bodies including the police.
- 2. Share information about **you** within Sacos Group Limited and with other insurers.
- 3. Pass **your** details to recognised centralised insurance industry applications and claims review systems (for example the Travel Claims Database) where **your** details may be checked and updated.
- 4. Check **your** details with fraud prevention agencies and databases. If **you** give us false or inaccurate information and **we** suspect fraud, **we** may record this with fraud prevention agencies.
- 5. Search records held by fraud prevention and credit agencies to:
  - a) Help make decisions about credit services for **you** and members of **your** household.
  - b) Help make decisions on insurance policies and claims for **you** and members of **your** household.
  - c) Trace debtors, recover debt, prevent fraud and to manage **your** insurance policies.
  - d) Check **your** identity to prevent money laundering.
- 6. Undertake credit searches and additional fraud searches.

## DEFINITIONS

These definitions apply throughout **your** policy booklet. Where **we** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the policy. **We** have listed the definitions alphabetically.

### Baggage

Means luggage, clothing, personal effects, valuables and other articles (but excluding , golf equipment, personal money and documents of any kind) which belong to **you** (or for which **you** are legally responsible) which are worn, used or carried by **you** during any **trip**.

### Bodily injury

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

### Close relative

Means mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, domestic partner or fiancé/fiancée.

### Country of residence

The country where the **insured person** is a citizen or permanent resident.

### Curtailment /Curtail/Curtailed

Means either:

- a) abandoning or cutting short the **trip** by direct early return to **your Country of residence** area, in which case claims will be calculated from the day **you** returned to **your Country of residence** area and based on the number of complete days of **your trip you** have not used, or
- b) by attending a hospital outside **your Country of residence** area as an in-patient or being confined to **your** accommodation abroad due to compulsory quarantine or on the orders of a medical practitioner, in either case for a period in excess of 48 hours. Claims will be calculated from the day the ill/injured person was admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised, quarantined or confined to **your** accommodation. Cover only applies to ill/injured persons.

### Excess

Means the first amount of each claim, per section, for each separate incident payable for each **insured person**.

### Insured person/you/your

Staff Travel Voyage Club member subscribing to the Master Policy and for Whom the premium has been paid and declared to the Insurer.

### Medical condition

Means any disease, illness or injury.

### Medical practitioner

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

### Pre Existing Medical Conditions

Any medical, psychiatric or psychological condition existing prior to **Your trip** and/or causing **You** pain or physical distress or severely restricting **Your** normal mobility including (but not limited to) :

- a) a condition for which **You** are on a waiting list for or have knowledge of the need for surgery, in-patient treatment or investigation at a hospital, clinic or nursing in **your Country of residence**;
- b) a condition referred to a medical specialist or the cause of in-patient treatment within one year prior to **your Trip**
- c) any psychiatric or psychological condition including fear of flying or other travel phobia
- d) a condition for which **You** have not had a diagnosis;
- e) a condition for which a Medical Practitioner has provided a terminal prognosis
- f) any circumstances **You** are aware of that could reasonably be expected to give rise to a claim on this policy.

### Package

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

- transport
- accommodation
- other tourist services not ancillary to transport or accommodation (such as car hire or airport parking) and accounting for a significant proportion of the package.

### Passive Terrorism

Means an act/or acts in which the **insured person** is not an active Participant in terrorist attacks.

Active participation in **terrorism** shall include any **insured person** supplying, transporting or otherwise handling facilities equipment devices, vehicles, weapons, or other materials intended for use in a terrorist activity.

### Period of insurance

Means any **Trip** commencing during the period of insurance and shall start when you leave your **country of residence** to start your **trip** and ends at the time of your return to your **country of residence**.

During this period any leisure **trip** not exceeding 21 days is covered. **Trips** taken solely in your normal **country of residence** must involve at least two nights' pre-booked accommodation more than 99 miles away from your usual place of residence.

The **period of insurance** is automatically extended for the period of the delay in the event that **you** return to **your country of residence** is unavoidably delayed due to an event insured by this policy.

### Public transport

Means any publicly licensed aircraft, sea vessel, train, coach or bus on which **you** are booked or had planned to travel.

### Schedule of benefits

Means the details of cover as outlined in **page 2** of this document.

### Secure baggage area

Means any of the following, as and where appropriate:

- a) The locked dashboard, boot or luggage compartment of a motor vehicle
- b) The locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller blind cover behind the rear seats
- c) The fixed storage units of a locked motorised or towed caravan
- d) A locked luggage box, locked to a roof rack which is itself locked to the vehicle roof.

### Sports equipment

Means specialist equipment belonging to **you** used specifically for a particular sport of leisure pursuit.

### Terrorism

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

### Trip

Means any business or pleasure **trip** or journey made by **you** within the geographical areas shown in the schedule which begins and ends in **your Country of residence** area or place of business during the period of insurance, and including one-way trips.

Annual multi **trip** cover - any **trip** not exceeding 21 days is covered. If any **trip** exceeds 21 days there is absolutely no cover under this policy for that **trip** (not even for the first 21 days of the **trip**), unless **you** have contacted us and **we** have agreed in writing to provide cover.

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

### Unattended

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

### Valuables

Means jewelry, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including mobile phones, MP3/4 players, CDs, DVDs, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

### We/Us/Our

Sacos Group Limited, Maison Esplanade, Francis Rachel Street Victoria Mahé Seychelles.

## GENERAL CONDITIONS

### *Applicable to the whole policy*

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

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

### 1. Dual insurance

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than our proportional share (not applicable to Section C– Personal accident).

### 2. Reasonable precautions

At all times **you** must take all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take all reasonable steps to safeguard **your** property from loss or damage and to recover property lost or stolen. **You** should act as if **you** are not insured.

### 3. Cancellation

Statutory cancellation rights: **You** may cancel this policy within 14 days of receipt of the policy documents (new business) and for annual policies the renewal date (the cancellation period) by writing to All Seasons Underwriting Agencies Ltd at the address shown below during the cancellation period. Any premium already paid will be refunded to **you** providing **you** have not travelled, no claim has been made or is intended to be made and no incident likely to result in a claim has occurred.

All Seasons Underwriting Agencies Ltd

Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk) who have been authorised to act on behalf of Insurer.



**Cancellation outside the statutory period:** **You** may cancel this policy at any time after the cancellation period by writing to All seasons Underwriting Agencies Ltd, at the above address. If **you** cancel after the cancellation period no premium refund will be made.

**We** reserve the right to cancel the policy by providing 31 days' notice by registered post to **your** last known address. No refund of premium will be made.

### Renewal

Please note that your policy does not automatically renew from year to year. If you wish cover to continue, you will need to complete a new online application form each year and return it to; All Seasons Underwriting Agencies Ltd.

### Non payment of premiums

**We** can cancel the policy immediately by sending **you** written notice if **you** do not pay the premium.

### Payment of Communication Expenses

Those costs will be due to the request for assistance is actually followed by a service covered by the present General Conditions.

### Costs of Telephone Calls:

You will be covered for the following communication costs up to a maximum of \$100 subject to satisfactory documents (original detailed invoice/receipts):

- a) to the Emergency Assistance Service notifying and dealing with the problem for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **you** telephoned
- b) incurred by **you** when **you** receive calls on **your** mobile phone from the Emergency Assistance Service for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls.

## CLAIMS CONDITIONS

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

**You** will not be covered for anything under this policy for anything related to **terrorism** or **passive terrorism** other than **medical expenses** and **personal accident**.

If **you** do not comply **we** may cancel the policy or refuse to handle **your** claim or reduce the amount of any claim payment. **You** must register a claim online or contact **us** using the following details :

### 1. Claims

#### INTERNATIONAL MEDICAL RESCUE CLAIMS

Telephone: + (44) (0) 23 80 17 7473

Email: [claims@im-rescue.com](mailto:claims@im-rescue.com)

Register claim online: [www.imr-claims.com](http://www.imr-claims.com)

### 2. For medical assistance and/or repatriation claims:

In the event of any illness, injury, accident or hospitalisation which requires: Inpatient or Outpatient treatment anywhere in the world, **you** must contact:

#### INTERNATIONAL MEDICAL RESCUE ASSISTANCE (24H Service)

Telephone: + (44) (0) 23 80 177474

Email: [assistance@im-rescue.com](mailto:assistance@im-rescue.com)

The claim notification must be made within 31 days or as soon as possible after that following any **bodily injury**, illness, disease, incident, event or the discovery of any loss, theft or damage which may lead to a claim under this policy.

**You** must also tell us if **you** are aware of any court claim form, summons or impending prosecution. Every communication relating to a claim must be sent to us as soon as possible.

**You** or anyone acting on **your** behalf must not negotiate, admit or repudiate (refuse) any claim without our permission in writing and cooperate fully with us in our investigations into the circumstance of **your** claim.

**You** or **your** legal representatives must supply at **your** own expense, all information, evidence, details of household insurance, proof of ownership and medical certificates as required by us. **You** should refer to the section under which **you** are claiming for further details of the evidence that **we** need to deal with **your** claim.

**We** reserve the right to require **you** to undergo an independent medical examination at our expense.

**We** may also request and will pay for a post mortem examination.

**You** must retain any property which is damaged, and if requested, send it to us at **your** own expense. If **we** pay a claim for the full value of the property and it is then recovered it will then become our property.

**We** may refuse to reimburse **you** for any property which **you** cannot provide proof of ownership such as an original receipt, a valuation, original user manual or bank or credit card statements.

### 3. Transferring of rights

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

### 4. Fraud

**You** must not act in a fraudulent manner.

If **you** or anyone acting for **you**

- a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any way; or

- b) Make a statement in support of a claim knowing the statement to be false in any way; or
- c) Submit a document in support of a claim knowing the document to be forged or false in any way; or
- d) Make a claim for any loss or damage caused by **your** willful act or with **your** connivance

Then

- a) **we** will not pay the claim
- b) **we** will not pay any other claim which has been or will be made under the policy
- c) **we** may make the policy void from the date of the fraudulent act
- d) **we** will be entitled to recover from **you** the amount of any claim already paid under the policy
- e) **we** will not refund any premium
- f) **we** may inform the police of the circumstances.

## IMPORTANT CONDITIONS RELATING TO HEALTH

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

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

**You** will NOT be covered under Section A – Curtailment charges, Section B – Emergency medical and other expenses for any **trip** where at the time of taking out or renewing this insurance **you**:

- a) are waiting for an operation, hospital consultation (other than for regular checkups for a stable condition) or other hospital treatment or investigations, or are awaiting the results of any tests or investigations; or
- b) had received a terminal prognosis; or
- c) travel against the advice of a medical practitioner or where **you** would have been if **you** had sought their advice before beginning **your trip**; or
- d) know **you** will need treatment or consultation at any medical facility during **your trip**; or
- e) are travelling specifically for the purpose of obtaining and/ or receiving any elective surgery, procedure or hospital treatment; or
- f) are aware of a medical condition but for which **you** have not had a diagnosis; or
- g) travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

## GENERAL EXCLUSIONS

*Applicable to all sections of the policy*

**We will not pay for claims arising directly or indirectly from:**

### 1. Pre-Existing Medical Conditions

Any Pre-Existing Medical conditions (See Page 4)

### 2. War risks, civil commotion and terrorism

War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil

commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section B – Emergency medical and other expenses, and Section C – Personal accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.

### 3. Radioactive contamination

Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

### 4. Sonic bangs

Loss, destruction or damage directly caused by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.

### 5. Professional sports or entertaining

**Your** participation in or practice of any professional sports or professional entertaining.

### 6. Other sports or activities

**Your** participation in or practice of any other sport or activity, manual work, driving any motorised vehicle or racing unless:

- a) specified in the list on page 8 or
- b) shown as covered in **your** schedule.

### 7. Suicide, drug use or solvent abuse

**Your** wilfully self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, drug use (other than drugs taken in accordance with treatment prescribed and directed by a medical practitioner, but not for the treatment of drug addiction) and putting yourself at needless risk (except in an attempt to save human life).

### 8. Alcohol

Alcohol abuse or you drinking too much alcohol, 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 alcohol on **your trips** or holidays, but **we** will not cover any claims arising because **you** have drunk so much alcohol that **your** judgement is seriously affected and **you** need to make a claim as a result.

### 9. Jumping from vehicles, buildings or balconies

**You** climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or sitting, planing, balconing, owling or lying on any external part 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.



## 10. Unlawful action

Your own unlawful action or any criminal proceedings against you.

## 11. Additional loss or expense

Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following **bodily injury**, illness or disease.

## 12. Armed Forces

Operational duties of a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. of Section A – Curtailment charges).

## 13. Travelling against the advice of the Regulatory Authority

Your travel to a country specific area or event when the Travel Advice Unit of the regulatory authority in a country to/from which you are travelling has advised against all, or all but essential travel.

## SPORTS AND ACTIVITIES COVERED

The following lists detail the sports and activities that this policy will cover without charge when **you** are participating on a recreational and non professional basis during any **trip**. Any involvement in these sports and/or activities is subject to **your** compliance with local laws and regulations and the use of recommended safety equipment (such as helmet, harness, knee and/or elbow pads). If **you** intend to participate in any other sports or activities which are not mentioned below, please email us at [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk) as **we** may be able to offer cover for an additional premium. Details of those sports and activities which **you** have purchased cover for will be added to **your** policy schedule. No cover under Section C – Personal liability for those sports or activities marked with \* (Page 8-9).

### COVERED AS STANDARD WITHOUT CHARGE

- abseiling (within organisers guidelines)
- \*administrative, clerical or professional occupations
- aerobics
- amateur athletics (track and field)
- archery
- assault course
- badminton
- banana boating
- baseball
- basketball
- battle re-enactment
- beachgames billiards/snooker/pool
- blade skating
- body boarding (boogie boarding)
- bowls
- camel riding

- canoeing (up to grade 2 rivers)
- \*carer
- \*caring for children (au pair/nanny)
- clay pigeon shooting
- climbing (on climbing wall only)
- \*coaching only (no playing or involvement in sport or activity)
- cricket
- croquet
- cross country running (non competitive)
- curling
- cycling (wearing a helmet and no racing)
- dancing (including instruction)
- deep sea fishing
- driving or as a pillion passenger on motorised vehicles (excluding Quad bikes) for which **you** are licenced to drive (other than in races, motor rallies or competitions) and wearing a helmet if driving a motorbike, moped or scooter
- elephant riding/trekking
- endurance activities (up to 2,500 metres above sea level)
- falconry
- fell walking/running (up to 2,500 metres above sea level)
- fencing
- fishing
- fives
- flying as a fare paying passenger in a fully licensed passenger carrying aircraft
- flying fox (cable car)
- football (amateur only and not main purpose of **trip**)
- frisbee/ultimate frisbee including competitions
- \*glass bottom boats/bubbles
- go karting (within organisers guidelines)
- golf
- handball
- hitchhiking (organised groups of adults only)
- horse riding (wearing a helmet and excluding competitions, racing, jumping and hunting)
- hot air ballooning (organised pleasure rides only)
- \*hovercraft driving/passenger
- hurling (amateur only and not main purpose of **trip**)
- indoor climbing (on climbing wall)
- indoor skating/skateboarding (wearing pads and helmets)
- jet boating (no racing)
- jogging
- \*jousting
- \*karting (wearing a helmet and no racing) kayaking (up to grade 2 rivers)
- korfbal
- mountain biking (wearing a helmet and no racing)
- netball
- octopush
- orienteering
- paint balling/war games (wearing eye protection)
- passenger sledge
- pedalos
- pony trekking (wearing a helmet)
- \*power boating (no racing and non-competitive)
- racket ball
- rambling
- refereeing (amateur only)
- ringos
- roller skating/blading/in line skating (wearing pads and helmets)

- rounders
- rowing (no racing)
- running (non-competitive)
- safari trekking/tracking in the bush (must be organised tour)
- \*sailing/yachting (if qualified or accompanied by a qualified person and no racing)
- sand boarding/surfing/skiing
- sand dune surfing/skiing
- \*sand yachting (no racing)
- scuba diving up to depth of 18 metres (if qualified or accompanied by qualified instructor and not diving alone or involved in cave diving)
- shooting/small bore target/rifle range shooting (within organisers guidelines)
- skateboarding (wearing pads and helmets)
- snorkelling
- softball
- spear fishing (without tanks)
- \*speed sailing (no racing)
- squash
- \*students working as counsellors or university exchanges for practical course work (non manual)
- surfing
- swimming
- swimming with dolphins
- swimming/bathing with elephants
- Sydney harbour bridge (organised and walking across clipped onto a safety line)
- table tennis
- \*tall ship crewing (no racing)
- ten pin bowling
- tennis
- trampolining
- tree canopy walking
- trekking/hiking/walking up to 2,500 metres above sea level
- tug of war
- volleyball
- wake boarding
- water polo
- water skiing/water ski jumping
- whale watching
- wicker basket tobogganing
- wind surfing/sailboarding
- wind tunnel flying (pads and helmets to be worn)
- zip lining/trekking (safety harness must be worn)
- zorbing/hydro zorbing/sphering

## MEDICAL EMERGENCY ASSISTANCE

The Emergency Assistance Service provided for **you** by this insurance is operated by International Medical Rescue. In the event of any illness, injury, accident or hospitalisation which requires Inpatient or Outpatient treatment anywhere in the world, **you** must contact:

### INTERNATIONAL MEDICAL RESCUE ASSISTANCE (24H Service)

**Telephone:** + (44) (0) 23 80 177474

**Email:** assistance@im-rescue.com

**You** must contact the Medical Emergency Assistance Service in the event of an illness or accident which may lead to

outpatient or in-patient hospital treatment or before any arrangements are made for repatriation; or in the event of curtailment necessitating **your** early return to your **Country of residence**. The service operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation (returning **you** to **your country of residence**) and authorisation of medical expenses. If this is not possible because the condition requires emergency treatment **you** must contact the Medical Emergency Assistance Service at the number below.

### Medical assistance abroad

The Emergency Assistance Service has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. The Emergency Assistance Service will also arrange transport to **your country of residence** when this is considered to be medically necessary or when **you** are told about the illness or death of a **close relative** or a close business associate in your **country of residence**.

### Payment for medical treatment abroad

If **you** are admitted to a hospital/clinic while abroad, the Emergency Assistance Service will arrange for medical expenses, covered by the policy, to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the Emergency Assistance Service for **you** as soon as possible. Private medical treatment is not covered unless authorised specifically by the Emergency Assistance Service.

## SECTION A - CURTAILMENT CHARGES

### What is covered

We will pay **you** up to the amount shown in the **Schedule of Benefits** for **your** proportion only of any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay, together with **your** proportion only of any reasonable additional travel expenses incurred if :

- a) curtailment of the **trip** is necessary and unavoidable
- AND**
- b) the **trip** is curtailed before completion

### As a result of any of the following events:

1. The death, **bodily injury**, illness, disease, or complications arising as a direct result of :
  - a) **you**
  - b) any person who **you** are travelling or have arranged to travel with
  - c) any person who **you** have arranged to stay with
  - d) **your close relative**
  - e) **your** close business associate.
2. **You** or any person who **you** are travelling or have arranged to travel with being quarantined, called as a witness at a Court of Law or for jury service attendance.
3. Redundancy of **you** or any person who **you** are travelling or have arranged to travel with, and at the time of booking the **trip** there was no reason to believe anyone would be made redundant.

4. **You** or any person who **you** are travelling or have arranged to travel with, are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your/their** authorised leave cancelled or are called up for operational reasons, provided that the curtailment could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**.
5. The Police or other authorities requesting **you** to stay at or return to **your Country of residence** due to serious damage to **your** home caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.

### Special conditions relating to claims

1. **You** must get (at **your** own expense) a medical certificate from a medical practitioner and the prior approval of the Emergency Assistance Service to confirm the necessity to return to **your country of residence**, prior to curtailment of the **trip** due to death, **bodily injury**, illness, disease or complications arising as a direct result of pregnancy.
2. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.
3. If **you curtail the trip due to**:
  - a) stress, anxiety, depression or any other psychiatric or psychological disorder that **you** are suffering from **you** must provide (at **your** own expense) a medical certificate from either a registered mental health professional or a consultant specialising in the relevant field or
  - b) any other **bodily injury**, illness, disease or complications arising as a direct result of pregnancy, **you** must provide (at **your** own expense) a medical certificate from a medical practitioner stating that this necessarily and reasonably prevented **you** from travelling. **We** need the medical certificate completed as soon as **you** find out it is necessary to curtail the **trip**, as any delay in seeing a medical practitioner could mean that **your** symptoms are no longer present. If **you** cannot get an immediate appointment, please make one for as early as possible and keep all details of this to help substantiate **your** claim.

### What is not covered

1. The excess as shown in the **Schedule of Benefits**, unless **you** have purchased the excess waiver and this is shown on **your** schedule.
2. The cost of **your** unused original tickets where the Emergency Assistance Service or **we** have arranged and paid for **you** to return to **your country of residence** following curtailment of the **trip**. If however **you** have not purchased a return ticket, **we** reserve the right to deduct the cost of an economy flight from any additional costs **we** have incurred which are medically necessary to repatriate **you** to **your country of residence**.
3. The cost of Air Passenger Duty (APD) whether

irrecoverable or not.

4. Any claims arising directly or indirectly from:
  - a) **Your** misconduct or misconduct by any person who **you** are travelling with or have arranged to travel with leading to dismissal, **your/their** resignation, voluntary redundancy, **you/their** entering into a compromise agreement, or where **you/they** had received a warning or notification of redundancy before **you** purchased this insurance or at the time of booking any **trip**.
  - b) Circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** which could reasonably have been expected to lead to curtailment of the **trip**.
5. Travel tickets paid for using any airline mileage, unless evidence of specific monetary value can be provided.
6. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme. In addition any property maintenance costs, fees or charges incurred by **you**, as part of **your** involvement in such schemes is not covered.
7. Anything mentioned in What is not covered applicable to all sections of the policy.

**You** should also refer to the Important conditions relating to health.

### TO MAKE A CLAIM UNDER THIS SECTION PLEASE CALL:

**Telephone:** + (44) (0) 23 80 17 7473

**Email:** [claims@im-rescue.com](mailto:claims@im-rescue.com)

**Register claim online:** [www.imr-claims.com](http://www.imr-claims.com)

### Claims evidence

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

- A medical certificate from the treating medical practitioner (or in the case of stress, anxiety, depression or any other mental or nervous disorder, either a registered mental health professional or a consultant specialising in the relevant field) explaining why it was necessary for **you** to cancel or curtail the **trip**.
- In the case of death causing curtailment of the **trip**, the original death certificate.
- Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- In the case of curtailment claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any costs, charges or expenses claimed for.
- In the case of compulsory quarantine, a letter from the relevant authority or the treating medical practitioner.
- In the case of jury service or witness attendance, the court summons.
- The letter of redundancy for redundancy claims.
- A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.

- In the case of serious damage to **your** home a report from the Police or relevant authority.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION B – EMERGENCY MEDICAL AND OTHER EXPENSES

**INTERNATIONAL MEDICAL RESCUE ASSISTANCE**  
**24-hour service phone number: + (44) (0) 23 80 177474**  
**Email: assistance@im-rescue.com**

### What is covered

**We** will pay up to the limit shown in the **Schedule of Benefits** for the following expenses which are necessarily incurred during a **trip** as a result of **you** suffering unforeseen **bodily injury**, illness, disease and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of **your country of residence**
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) incurred outside of **your country of residence**.
3. The cost of taxi fares for **your** travel to or from hospital relating to **your** admission, discharge or attendance for outpatient treatment or appointments and/or for collection of medication prescribed for **you** by the hospital.
4. If **you** die:
  - c) outside **your country of residence** the reasonable additional cost of funeral expenses abroad plus the reasonable cost of returning **your** ashes to **your country of residence**, or the additional costs of returning **your** body to **your country of residence**.
  - d) within **your country of residence** the reasonable additional cost of returning **your** ashes or body to **your home area**.
5. Reasonable additional transport and/or accommodation expenses incurred, up to the standard of **your** original booking (for example full or half board, all inclusive, bed and breakfast, self catering or room only), if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of the Emergency Assistance Service, reasonable additional transport and/or accommodation expenses for a travelling companion, friend or **close relative** to stay with **you** or travel to **you** from **country of residence** or escort **you**. Also additional travel expenses to return **you** to **your country of residence** or a suitable hospital nearby if **you** cannot use the return ticket.
6. With the prior authorisation of the Emergency Assistance Service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your country of residence** or from your holiday destination within **your** own country to **your home** if it is medically necessary. These expenses will be for the identical class of travel utilised on the outward journey unless the Emergency Assistance Service agree otherwise.
7. Economy Class return air ticket as per the limit for accommodation expenses for a **close relative** from **your**

**country of residence** to visit **You** or escort **You** to **your country of residence** or from your holiday destination within **your** own country to **your home** if **you** are travelling alone and if **You** are hospitalised as an in-patient with **your** prior authorisation of the Emergency Assistance Service.

### Special conditions relating to claims

1. **You** must tell the Emergency Assistance Service as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. If **you** suffer **bodily injury**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to **Your country of residence** at any time during the **trip**. **We** will do this, if in the opinion of the Emergency Assistance Service or us (based on information provided by the medical practitioner in attendance), **you** can be moved safely and / or travel safely to **your country of residence** or a suitable hospital nearby to continue treatment.
3. The intention of this section is to pay for emergency medical/surgical/ dental treatment only and not for treatment or surgery that can be reasonably delayed until **your** return to **your country of residence** area. Our decisions regarding the treatment or surgery that **we** will pay for (including repatriation to **your country of residence**) will be based on this. If **you** do not accept our decisions and do not want to be repatriated, then **we** will cancel all cover under **your** policy and refuse to deal with claims for any further treatment and/or **your** repatriation to **your country of residence**.

### What is not covered

1. The excess as shown in the **Schedule of Benefits**, unless **you** have purchased the excess waiver and this is shown on **Your** schedule.
2. Normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
3. The cost of **your** unused original tickets where the Emergency Assistance Service has arranged and paid for **you** to return to **your country of residence**, if **you** cannot use the return ticket. If however **you** have not purchased a return ticket, **we** reserve the right to deduct the cost of an economy flight from any additional costs **we** have incurred which are medically necessary to repatriate **you** to **your country of residence**.
4. Any claims arising directly or indirectly for:
  - a) The cost of treatment or surgery, including exploratory tests, which are not related to the **bodily injury** or illness which necessitated **your** admittance into hospital.
  - b) Any expenses which are not usual, reasonable or customary to treat **your bodily injury**, illness or disease.
  - c) Any form of treatment or surgery which in the opinion of the Emergency Assistance Service or us (based on information provided by the medical practitioner in

attendance), can be delayed reasonably until **you** return to **your country of residence**.

- d) Expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside of **your Country of residence** where possible and with the agreement of **your** medical practitioner, **you** should always travel with plenty of extra medication in case of travel delays.
  - e) Additional costs arising from single or private room accommodation.
  - f) Treatment or services provided by a health spa, convalescence or nursing home in or outside **your Country of residence** or any rehabilitation centre unless agreed by the Emergency Assistance Service.
  - g) Any costs incurred by **you** to visit another person in hospital in and outside **your Country of Residence**.
  - h) Any costs relating to herbal or homeopathic medicines or therapies, acupuncture, or traditional Chinese medicines or therapies unless agreed with the Emergency Assistance Company
  - i) Any expenses incurred after **you** have returned to **your Country of residence**
  - j) Any expenses incurred outside **your Country of residence** which are:
    - i. for private treatment, or
    - ii. are funded by, or are recoverable from other insurers, or
    - iii. are funded by a reciprocal health agreement (RHA) between these countries and/or islands.
  - k) Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - l) Any expenses incurred after the date on which **we** exercise our rights under this section to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.
5. Anything mentioned in What is not covered applicable to all sections of the policy.

**You** should also refer to the **Important Conditions relating to Health**.

#### Claims evidence

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

- Receipts or bills for all in-patient/ out-patient treatment or emergency dental treatment received.
- In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.
- Receipts or bills for taxi fares to or from hospital claimed for, stating details of the date, name and location of the hospital concerned.
- Receipts or bills or proof of purchase for any other transport, accommodation or other costs, charges or expenses claimed for, including calls to the Emergency Assistance Service.

- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION C – BAGGAGE LOSS

*(only operative if indicated in the schedule)*

#### What is covered

- 1) **We** will pay **you** up to the amount as shown in the **Schedule of Benefits** for the accidental loss of, theft of or damage to **baggage**. The amount payable in the event of a total loss, will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value), or **we** may replace, reinstate or repair the lost or damaged **baggage**.
- 2) **We** will also pay **you** up to the amount as shown in the **Schedule of Benefits** for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the outward journey and not returned to **you** within 8 hours, as long as **we** receive written confirmation from the carrier, confirming the number of hours the **baggage** was delayed.

If the loss is permanent **we** will deduct the amount paid from the final amount to be paid under this section.

- 3) **We** will pay **you** up to the amount as shown in the **Schedule of Benefits** for the accidental loss of, theft of or damage to documents (including the unused portion of passports, visas and driving licenses).

#### Special conditions relating to claims

- 1) **You** must report to the local police in the country where the incident occurred within 24 hours of discovery, or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **baggage** and/or documents.
- 2) If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
- 3) If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) get a Property Irregularity Report from the airline.
  - b) give written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
- 4) **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

### What is not covered

- 1) The excess as shown in the **Schedule of Benefits**, unless **you** have purchased the Excess waiver and this is shown on **Your** schedule. (except claims under subsection 2 of What is covered).
- 2) Loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
- 3) Loss, theft of or damage to travellers' cheques if **you** have not complied with the issuer's conditions or where the issuer provides a replacement service.
- 4) Loss or damage due to delay, confiscation or detention by customs or any other authority.
- 5) Loss or damage due to depreciation (loss in value), variations in exchange rates or shortages due to error or omission.
- 6) Travel, event or entertainment tickets paid for using any airline mileage or supermarket reward scheme, unless evidence of specific monetary value can be provided.
- 7) Loss, theft of or damage to **baggage** contained in an unattended vehicle:
  - a) overnight between 9 pm and 9 am (local time) or
  - b) at any time between 9 am and 9 pm (local time) unless:
    - i) it is locked out of sight in a secure **baggage** area and
    - ii) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such entry is available.
- 8) Loss or damage due to delay, confiscation or detention by customs or any other authority.
- 9) Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, motor accessories, documents of any kind, bonds, securities, perishable goods (such as foodstuffs), bicycles, ski equipment, golf equipment and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
- 10) Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or an accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
- 11) Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
- 12) Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
- 13) Anything mentioned in What is not covered applicable to all sections of the policy.

### Claims evidence

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

- A police report from the local police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a

letter from the carrier where loss, theft or damage occurred in their custody.

- All travel tickets and tags for submission.
- An original receipt, proof of ownership or valuations for items lost, stolen or damaged and for all items of clothing, medication and toiletries replaced if **your baggage** is temporarily lost in transit for more than 12 hours.
- Receipts of bills or proof of purchase for any transport and accommodation expenses claimed for.
- Receipt for all currency and travellers cheques transactions.
- A letter from the carrier confirming the number of hours **your baggage** was delayed for.
- Repair report where applicable.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

### INTERNATIONAL MEDICAL RESCUE CLAIMS

Telephone: + (44) (0) 23 80 17 7473

Email: [claims@im-rescue.com](mailto:claims@im-rescue.com)

Register claim online: [www.imr-claims.com](http://www.imr-claims.com)

## SECTION D - TRAVEL INCONVENIENCE TRAVEL AND FLIGHT DELAY

### What is covered

If the **public transport** on which **you** are booked to travel:

- 1) is delayed at the final departure point from, or trips within **your country of residence**, (but not including delays to any subsequent outbound or return connecting **public transport**) for at least 6 hours from the scheduled time of departure, or
- 2) is cancelled before or after the scheduled time of departure as a result of any of the following events:
  - a) strike or
  - b) industrial action or
  - c) adverse weather conditions or
  - d) mechanical breakdown of or a technical fault occurring in the **public transport** on which **you** are booked to travel

### We will pay you:

- 1) up to the amount as shown in the **Schedule of Benefits** for the first completed 12 hours delay and for each full 12 hours delay after that (which is meant to help **you** pay for telephone calls made and meals and refreshments purchased during the delay) provided **you** eventually travel, or
- 2) up to the amount as shown in the **schedule of benefits** under Abandonment for **your** proportion only of any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay, if **you** choose to abandon your **trip**:
  - a) after a delay of at least 12 hours, or
  - b) following cancellation, no suitable alternative **public transport** is provided within 12 hours of the scheduled time of departure

**You can only claim under Subsection 1. or 2. above for the same event, not both.**



## Bump Cover

We will pay **you** up to the amount as shown in the **schedule of benefits** if the insured is travelling on standby flight tickets and is denied boarding time of flight closure due to no seats available and all alternative flights are fully booked, Hotel cancellation charges are covered for refund by insurers only for hotels booked with Staff Travel Voyage (if and where any are charged). Any air tickets are non-refundable by insurers.

## Special conditions relating to claims

- 1) **You** must check in according to the itinerary given to **you** unless **your** tour operator has requested **you** not to travel to the airport.
- 2) **You** must get written confirmation (at **your** own expense) from the carriers (or their handling agents) of the cancellation, number of hours of delay and the reason for these together with confirmation of **your** check in times and details of any alternative transport offered.
- 3) **You** must comply with the terms of contract of the travel agent, tour operator, carrier or transport provider and seek financial compensation, assistance or a refund of **your** ticket from them in accordance with such terms and/or (where applicable) **your** rights under Air Passenger Rights legislation in the event of cancellation or long delay of flights.
- 4) Where applicable **you** must get (at **your** own expense) written confirmation from the **public transport** operator (or their handling agents) and/or provider of accommodation (or their booking agents) that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
- 5) **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to departure point.

## What is not covered

- 1) The excess as shown in the **Schedule of Benefits**, unless **you** have purchased the excess waiver and this is shown on **your** schedule.
- 2) Claims arising directly or indirectly from:
  - a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
  - c) Any delays to any subsequent outbound or return connecting **public transport** following **your** departure from the final departure point from or to Seychelles.
  - d) Any accident to or breakdown of the vehicle in which **you** are travelling when a repairers report or other evidence is not provided.
  - e) Breakdown of any vehicle owned by **you** which has not been services properly and maintained in

accordance with manufacturer's instructions.

- f) **Your** failure to arrive at the departure point in time to board any connecting **public transport** after **your** departure on the initial international outbound and return legs of the **trip**.
- g) Volcanic eruptions and/or volcanic ash clouds.
- 3) For subsection 2. Only of What is covered:
  - a) The cost of Air Passenger Duty (APD) whether irrecoverable or not.
  - b) Travel tickets paid for using any airline mileage or supermarket reward scheme, unless evidence of specific monetary value can be provided.
  - c) Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme. In addition any property maintenance costs, fees or charges incurred by **you**, as part of **your** involvement in such schemes is not covered.
  - d) Any costs incurred by **you** which are recoverable from the providers of the accommodation, their booking agents (or the administrators of either) or for which **you** receive or are expected to receive compensation or reimbursement.
  - e) 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.
  - f) Any costs incurred by **you** which are recoverable from **your** credit/ debit card provider or for which **you** receive or are expected to receive compensation or re-imbursement.
  - g) Any travel and accommodation costs, charges and expenses where the **public transport** operator has offered reasonable alternative travel arrangements.
  - h) Any cost if **your trip** was booked as part of a package holiday.
- 4) Anything mentioned in What is not covered applicable to all sections of the policy.

## Claims evidence

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

- Full details of the travel itinerary supplied to **you**.
- A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of **your** check in time.
- In the case of cancellation claims, **your** booking confirmation together with written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.

- Written confirmation from the provider of transport/ accommodation that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
- A letter from the **public transport** provider detailing the reasons for failure.
- A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or adverse weather conditions.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.
- You must submit proof of standby tickets and denied boarding for a refund of any hotel cancellation charges for hotels booked with Staff Travel Voyage.

## SECTION E – PERSONAL LIABILITY

### What is covered

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

- 1) **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a **close relative** or persons residing with **you** but not paying for their accommodation.
- 2) Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a **close relative** and/or anyone in **your** employment other than any temporary holiday accommodation occupied (but not owned) by **you**.

## SPECIAL CONDITIONS RELATING TO CLAIMS

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

### What is not covered

- 1) The excess as shown in the **Schedule of Benefits** in relation to any temporary holiday accommodation occupied by **you** unless **you** have purchased the excess waiver and this is shown on **your** schedule.
- 2) Compensation or legal costs arising directly or indirectly from:
  - a) Liability which has been assumed by **you** under agreement (such as a hire agreement) unless the liability would have existed without the agreement.
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - c) Ownership, possession or use of mechanically propelled vehicles, aircraft or watercraft (other than surfboards or manually propelled rowing boats, punts or canoes).
  - d) The transmission of any contagious or infectious disease or virus.
- 3) Anything mentioned in What is not covered applicable to all sections of the policy.

### Claims evidence

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

- Full details in writing of any incident.
- Any court claim form, summons, letter of claim or other document must be sent to us as soon as **you** receive it.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

### INTERNATIONAL MEDICAL RESCUE CLAIMS

Telephone: + (44) (0) 23 80 17 7473

Email: [claims@im-rescue.com](mailto:claims@im-rescue.com)

Register claim online: [www.imr-claims.com](http://www.imr-claims.com)

## MAKING A COMPLAINT

### HOW TO MAKE A COMPLAINT

Our aim is to provide **you** with a high quality service at all times, although we do appreciate that there may be instances where an **you** feel it is necessary to lodge a complaint. If **you** wish to complain, please note the 2 steps below, along with the relevant contact details for each step.

If, for any reason, **you** consider that **we** have not kept **our** promise or **you** have any cause for complaint regarding this insurance **we** have authorised All Seasons Underwriting Agencies to act on **our** behalf to handle **your** complaints.

#### STEP 1:

**In the first instance, please direct your complaint to:**

**ASUA** - All Seasons Underwriting Agencies Limited,  
Correspondence: Alpi House, Suite 2, East Wing,  
2nd Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ

**Telephone:** +44 (0)203 327 0555  
**Email:** [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)

**Office Hours:** 9am to 5pm GMT Mon-Fri  
(*excludes public holidays*)

#### STEP 2:

**Should you remain dissatisfied with the outcome of your complaint from ASUA please direct it to:**

**THE COMPLAINTS COORDINATOR**  
Sacos Group Limited,  
Maison Esplanade Francis Rachel Street,  
Victoria, Mahe, Seychelles

**Telephone:** (248) 429 5000  
**Email:** [info@sacos.sc](mailto:info@sacos.sc)

**Please provide us with maximum details such as:**

- the nature of complaint;
- summary of the main facts;
- dates of occurrence;
- insurance Policy No. (where applicable);
- name of insured / policy holder;
- name of complainant;
- address & contact number;
- and other relevant details including supporting documents (if any) as the case may be;

**Complaints received will be acknowledged within three working days of its filing.**

**You will normally receive a final reply within 30 days on our stand.**

IN CASE OF MEDICAL EMERGENCY, CALL US

Worldwide Emergency Number

**+ (44) (0) 23 80 177474**

