

## Policy Supplement from 'Union Reiseversicherung AG'

### To be read in conjunction with the Policy Booklet

This insurance is underwritten by Union Reiseversicherung AG. When **you** have purchased the product as the Insurer of **your** policy, **we** will provide insurance in accordance with the applicable sections of the policy for events and happening within the **period of insurance**, as described in the policy booklet, this **policy supplement** and **your** policy validation certificate. **Your** policy validation certificate, this **policy supplement** and any endorsements are all part of the policy and provide evidence of **your** insurance contract.

This **policy supplement** does not contain full details and condition of the insurance – these are located in the main policy booklet. However, it provides details of benefit limits and **excesses**, important conditions relating to health, significant benefits and exclusions, **terrorism** cover, pregnancy conditions, eligibility criteria, type of insurance and cover including maximum age limits and **trip** durations, the cancellation period, the emergency medical assistance service, how to make a claim, how to make a complaint, data protection, fraud prevention, the Financial Services Compensation Scheme and details of the **insurer**.

### Schedule of benefits

The table shows the maximum benefits **you** can claim for each **insured person** (unless otherwise stated). Some sections are optional and the medical **excess** can be varied - **your** policy validation certificate will show which options **you** have selected.

Section	Benefit Limit Per Person	Excess Per Person
Cancellation and Curtailment	As detailed on your insurance certificate*	£75
Pre-booked Excursions	£150	
Medical Expenses and Emergency Repatriation including:	£5,000,000	£150**
Emergency Dental	£100	
UK Expenses in total	£1,500	
Funeral Expenses outside your home area	£1,500	
Return of your ashes/or body from outside your home area	Unlimited	
Additional travel and accommodation expenses due to trip extension	£2,000	

<b>Section</b>	<b>Benefit Limit Per Person</b>	<b>Excess Per Person</b>
Additional travel and accommodation expenses for someone to stay with you/travel from the UK to be with you	£2,000	£150**
Hospital Benefit***	£20 per 24 hours to £400	Nil
Personal Accident Permanent Total Disablement Loss of limb(s)/eye(s) Death Death	£15,000 £15,000 £15,000 £1,000 (U16, over 65)	Nil
Personal Baggage including: Single Item/Pair/Set Limit Valuables Limit Baggage Delay Over 12 hours Over 48 hours	£2,000 £150 £300  £100 £400	£75  Nil
Personal Money Cash Limit Replacement Passport and Travel Documents	£500 £250 £250	£75
Personal Liability	£2,000,000	£250
Travel Delay Holiday Abandonment	£20 per 12 hours up to £300 As per cancellation limit	Nil £75
Missed Departure and Missed Connection	£500	£75
Hijack	£50 per 12 hours up to £500	Nil
Legal Expenses	£50,000	£250
<b>Optional Winter Sports Cover on payment of additional premium</b>		
Ski Equipment Owned Ski Equipment Hired Single Item/Pair/Set Limit Ski Hire	£400 £250 £150 £25 per day to £100	£75 Nil

Section	Benefit Limit Per Person	Excess Per Person
Ski Pack	£25 per day to £250	Nil
Piste Closure	£20 per day to £200	Nil
Avalanche Closure	£100 per day to £200	Nil
<b>Optional Golf Cover on payment of additional premium</b>		
Golf Equipment Owned	£1,000	£75
Golf Equipment Hired	£300	
Single Item/Pair/Set Limit	£250	
Golf Equipment Hire	£25 per day up to £100	Nil
Non Refundable Golf Fees	£25 per day up to £150	Nil
Hole in One	£75	Nil
<b>Optional Cruise Cover on payment of additional premium</b>		
Cruise Cabin Confinement	£20 per day to £400	Nil
Cruise Itinerary Change	£50 per port up to £500	Nil
Missed Cruise Departure	£750	£75
Increased Baggage	£1,000	£75
Single Item/Pair/Set Limit	£300	
Valuables Limit	£500	
Unused Cruise Excursions	£750	£75
Cruise Interruption	£500	£75

\***your** policy Validation Certificate will detail the level of cancellation cover that **you** have chosen.

\*\* £150 is the standard medical **excess**. If **you** have chosen to increase or reduce this **excess**, this will be shown on **your** policy Validation Certificate.

\*\*\*only valid when **you** are admitted into a state or public hospital.

### **IMPORTANT CONDITIONS RELATING TO HEALTH**

**You** must comply with certain conditions relating to health to have the full protection of **your** policy. If **you** do not comply, **we** may cancel the policy or refuse **your** claim or reduce the amount of any claim payment.

**You** will NOT be covered under Section A1 – Cancellation Charges, Section B1 – Curtailment Charges, Section B2 – Medical Expenses and Emergency Repatriation, Section B3 – Hospital Benefit and Section B4 – Personal Accident for any claims, arising directly or indirectly:

### Effective at the time of purchasing your policy

1.
  - i. From any **medical condition** for which **you**, a **close relative** or a travelling companion have received a terminal prognosis.
  - ii. From any **medical condition** for which **you**, a **close relative** or a travelling companion are aware of but have not had a diagnosis.
  - iii. From any **medical condition** for which **you**, a **close relative** or a travelling companion are on a waiting list for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

### Effective throughout the duration of the policy

2.
  - i. From any **medical condition** **you** have in respect of which a medical practitioner has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite which **you** still travel.
  - ii. From any surgery, treatment or investigations for which **you** intend to travel outside of **your home** area to receive (including expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures).
  - iii. From any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a medical practitioner.
  - iv. If **you** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
3.
  - i. From any cancer condition for which **you** have received treatment in the last 5 years (including surgery, tests or investigations by **your** doctor or a consultant/specialist, prescribed drugs or medication);
  - ii. If, in the last 2 years, **you** have suffered from or received medical advice, treatment (including surgery, tests or investigations) or medication for:
    - a. any heart-related or blood circulatory condition (including high blood pressure and high cholesterol);
    - b. any diabetic condition;
    - c. any neurological condition (including stroke, brain haemorrhage, multiple sclerosis and epilepsy);
    - d. any breathing condition (including asthma, bronchitis and chronic obstructive pulmonary disease);
    - e. any renal, kidney or liver condition;
    - f. any psychiatric or psychological condition (including anxiety, stress and depression);
  - iii. If, in the last 12 months, **you** have suffered from any other **medical condition** for which **you** have been referred to or been seen by a hospital doctor or which is a chronic condition that can be controlled but not cured (including back pain, crohns and coeliac disease and ulcerative colitis).

Unless **you** contact **us** on 0333 006 3212 or complete an online Medical Screening at [www.talktotim.co.uk](http://www.talktotim.co.uk) and **we** have agreed, in writing, to cover **your medical condition(s)**.

**If you fail to declare any medical conditions, any claims arising from all medical conditions or linked conditions that would fall under the health declaration above, will be excluded from cover.**

### **Changes to your health after purchasing your policy**

If, after purchasing or renewing **your** policy but prior to departing on **your trip** or booking another **trip**, there is a change in **medical condition** or development of a new condition of **you** or anyone insured under this policy, which would result in **you** or them falling within the health declaration above, **you** must contact **us** on 0333 006 3212 as soon as possible. **We** will assess the change in health and confirm if cover for the **medical conditions** can continue for further **trips**. If **we** can continue to offer **you** cover there may be a further charge applied in order to cover this change or new condition.

**Please note that if you omit to declare a change in health, claims arising from all conditions or linked conditions may not be paid.**

### **Claims evidence**

In order for **us** to assess and consider **your** claim, **you** will need to submit a claim form and provide sufficient evidence in support of that claim. The documentation **we** require will depend on the circumstances of **your** loss and may include the following:

1. A medical certificate completed by a Medical Practitioner (or treating doctor or specialist as **we** deem appropriate) providing details of any pre-existing medical history and/or details of an illness or injury, including dates of hospitalisation or confinement to **your** cabin, resulting in a claim for cancellation, curtailment, medical expenses, hospital benefit, cruise cabin confinement, personal accident, ski pack, green fees, unused cruise excursions and cruise interruption.
2. In the case of death, the original death certificate.
3. The booking confirmation detailing the dates of **your trip**.
4. Unused tickets and a cancellation invoice from **your trip** provider in the event of cancellation or curtailment.
5. Receipts, bills and proof of payment for all treatment, charges, expenses or additional costs for which **you** are making a claim under any section of the policy.
6. Written confirmation from the relevant authority in the event of cancellation/curtailment due to redundancy (**your** employer), jury service or witness attendance (court summons), withdrawal of leave (**your** commanding officer), serious damage to **your home** (police or other relevant authority).
7. A police report from the local police in the country where the incident occurred for all loss, theft or attempted theft.
8. A Property Irregularity Report from the airline where any loss, theft or damage occurred in their custody.
9. A letter from **your** tour operator's representative or accommodation provider for all loss, theft or damage where appropriate.

10. Proof of ownership such as an original receipt, valuation, original user manual, bank statement for any items lost, stolen or damaged.
11. Receipts for all currency and travellers cheques transactions.
12. A repairer's report in the event of any damage to property owned by **you**.
13. A letter from the carrier confirming the number of hours any baggage or sports equipment was delayed for and when it was returned to **you**.
14. Any legal documentation in respect of claims under the personal liability or legal expenses sections must be sent to **us** as soon as **you** receive it.
15. A letter from the carrier confirming the length and reasons for any transport delay or cancellation along with confirmation of **your** check in times and details of any alternative transport offered.
16. In respect of missed departure or missed connection, a breakdown company's or repairers report in the case of an accident to or breakdown of the vehicle in which **you** are travelling and a copy of the last service report in the case of **your** vehicle breakdown or written confirmation from the public transport provider/authority detailing the reason for failure, strike, industrial action or adverse weather conditions resulting in a missed departure or connection.
17. A letter from the relevant authority confirming the number of days that skiing facilities were closed in **your** resort and the reason for the closure or details of any avalanche that caused a delay and the period of that delay.
18. Written confirmation from the secretary of the golf course stating that the hole in one has been performed to the satisfaction of the club and the original score card completed and signed.
19. Written confirmation from the cruise operator confirming the reason for any missed port.
20. Details of any other travel, private medical or insurance under which **you** could also claim.

Please note that in some cases **we** may require some additional information following receipt and assessment of **your** claim.

### **Significant exclusions or limitations**

If **you** are travelling to Australia and **you** require medical treatment **you** must enrol with a local Medicare office.

Special conditions apply to each section of **your** policy - Please refer to the policy booklet for full details.

The standard **excesses** are detailed in the benefits table above. If **you** have chosen to amend **your** medical **excess**, this will be shown on **your** policy Validation Certificate.

**You** must obtain the prior authorisation of the Emergency Assistance Service or **us** before incurring any medical expenses (including any out-patient treatment) over £500. If this is not possible because the condition requires emergency treatment **you** or someone on **your** behalf must contact the Emergency Assistance Service as soon as possible.

Under annual multi **trip** policies there is no cover for **trips** over 31 days.

Any **trip** that has already begun when **you** purchase this insurance or extends beyond the end date of the policy will not be covered. If **you** have an annual multi-**trip** policy and have booked a **trip** that extends past the end date of that policy, **you** must renew **your** annual multi **trip** policy early to begin

before the start of **your** booked **trip** or purchase a separate single **trip** policy for the full duration of that **trip** in order for cover to be valid.

#### **What is not covered applicable to all sections of the policy**

1. War risks, civil commotion, **terrorism** – Please see below for the full terms and conditions relating to war risks, civil commotion and **terrorism**.
2. Pregnancy - Please see below for the full terms and conditions relating to pregnancy.
3. There are a number of sports, activities and **winter sports** that are not covered - Please see the General Exclusions - applicable to all sections of the policy in the main policy booklet.
4. Climbing on or jumping from vehicles, buildings or balconies regardless of the height.
5. Wilful, self-inflicted injury, suicide, drug use or solvent abuse.
6. **You** drinking too much alcohol, or **you** are suffering from alcohol dependence or directly or indirectly from the symptoms of alcohol withdrawal resulting in a claim.
7. Unlawful actions and any criminal proceedings brought against **you**.
8. Travel to a country, specific area or event which the Travel Advice Unit of the Foreign and Commonwealth Office (FCO), the World Health Organisation (WHO) or regulatory authority in a country to or from which you are travelling, has advised against all travel or all but essential travel.

#### **What is not covered under Section A1 – Cancellation and B1 Curtailment**

1. **Redundancy** caused by misconduct, resignation, voluntary **redundancy**, entering into a compromise agreement, or where **you** received a warning or notification of **redundancy** before **you** purchased this insurance or at the time of booking any **trip**.
2. Any circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** that could reasonably be expected to result in a claim.
3. The cost of Air Passenger Duty (APD) whether irrecoverable or not.

#### **What is not covered under Section B2 – Medical expenses and emergency repatriation**

1. Treatment or surgery which in the opinion of the Emergency Assistance Service, can wait until **your** return to **your home area**.
2. Medication, which prior to departure is known to be required.
3. Expenses incurred as a result of a tropical disease where **you** have not had the NHS recommended inoculations and/or not taken the NHS recommended medication.

#### **What is not covered under Section B3 – Hospital benefit**

1. Hospitalisation, compulsory quarantine or confinement to **your** accommodation as a result of a tropical disease where **you** have not had the NHS recommended inoculations and/or not taken the NHS recommended medication.

### **What is not covered under Section B5 – Personal baggage**

1. **Valuables** left unattended at any time unless in a hotel safe, safety deposit box or in **your** locked accommodation.
2. **Baggage** contained in an **unattended** vehicle between 9 pm and 9 am (or at any time between 9 am and 9 pm unless it is locked out of sight in a **secure baggage area**) – Please see the definition of **secure baggage area** in the Definitions in the policy booklet.
3. Contact or corneal lenses, hearing aids, dental or medical fittings, **ski equipment, golf equipment** and other items are excluded - See **your** policy booklet for the full list.
4. Business equipment, business goods, samples or tools used in connection with **your** occupation.

### **What is not covered under Section B6 – Personal money, replacement passport and travel documents**

1. **Personal money** or **your** passport or visa left **unattended** at any time unless in a hotel safe, safety deposit box or in **your** locked accommodation.
2. Loss or theft of traveller's cheques where **you** have not complied with the issuing agents conditions.

### **What is not covered under Section B7 – Personal liability**

1. Pursuit of any trade, business or profession, or the ownership, possession or use of mechanically propelled vehicles, aircraft or watercraft.

### **What is not covered under Section B8 – Travel delay**

1. Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
2. The cost of Air Passenger Duty (APD) whether irrecoverable or not.
3. Claims arising directly or indirectly from volcanic eruptions and/or volcanic ash clouds.
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. Any travel and accommodation costs, charges and expenses where the **public transport** operator has offered reasonable alternative travel arrangements within 24 hours of the scheduled time of departure.

### **What is not covered under Section B9 – Missed departure and missed connection**

1. Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.



2. **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**.
3. Claims arising directly or indirectly from volcanic eruptions and/or volcanic ash clouds.

#### **What is not covered under Section B11 – Legal expenses**

1. Any claim where in **our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
2. Legal costs and expenses incurred prior to **our** written acceptance of the case.

#### **What is not covered under Sections B12 to B16 – Winter sports**

1. **Ski equipment** contained in or stolen from an **unattended** vehicle between 9 pm and 9 am (or at any time between 9 am and 9 pm unless it is locked out of sight in a **secure baggage area**) – Please see the definition of **secure baggage area** in the Definitions in the policy booklet.
2. A deduction for wear, tear and depreciation will be made on **ski equipment** – see table in Section B12 – **Ski Equipment**.

#### **What is not covered under Section B17 to B20 – Golf cover**

1. **Redundancy** caused by misconduct, resignation, voluntary **redundancy**, entering into a compromise agreement, or where **you** received a warning or notification of **redundancy** before **you** purchased this insurance or at the time of booking any **trip**.
2. Any circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** that could reasonably be expected to result in a claim.
3. **Golf equipment** contained in an **unattended** vehicle between 9 pm and 9 am (or at any time between 9 am and 9 pm unless it is locked out of sight in a **secure baggage area**) – Please see the definition of **secure baggage area** in the Definitions in the policy booklet.

#### **What is not covered under Section B21 to B26 – Cruise cover**

1. **Valuables** left **unattended** at any time unless in a hotel or ship's safe, safety deposit box or in **your** locked cabin or other accommodation.
2. **Baggage** contained in an **unattended** vehicle between 9 pm and 9 am (or at any time between 9 am and 9 pm unless it is locked out of sight in a **secure baggage area**) – Please see the definition of **secure baggage area** in the Definitions in the policy booklet.
3. Contact or corneal lenses, hearing aids, dental or medical fittings, **ski equipment, golf equipment** and other items are excluded - see **your** policy booklet for the full list.
4. Business goods, samples or tools used in connection with **your** occupation.
5. Confinement or compulsory quarantine as a result of a tropical disease where **you** have not had the NHS recommended inoculations and/or not taken the NHS recommended medication.

## **War risks, civil commotion, terrorism - Conditions and exclusions**

### **All cover is excluded for:**

1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion or uprising, blockade, military or usurped power:
  - i. this exclusion will not apply to Section B2 –Medical Expenses and Emergency Repatriation, Section B3 – Hospital Benefit and Section B4 – Personal Accident, provided that the insured person suffering **personal accident** injury or illness has not participated in or conspired in such activities.
2. any act of **terrorism** not involving the use or release of or threat thereof any nuclear weapon or any chemical or biological agents:
  - i. this exclusion will not apply to Section B2 –Medical Expenses and Emergency Repatriation, Section B3 – Hospital Benefit and Section B4 – Personal Accident, provided that the insured person suffering **personal accident** injury or illness has not participated in or conspired in such activities,
  - ii. provided also that in the event of benefit being payable the maximum payable in respect of any one claim or series of claims arising from a single act of **terrorism** or series of acts of **terrorism** occurring within a 72 hour period is £2,500,000 in the aggregate.
3. any act of **terrorism** involving the use or release of, or threat thereof, any nuclear weapon or any chemical or biological agents:
  - i. an act of **terrorism** means an act, including but not limited to the use of force or violence and/or threat, of any person or group(s) of person(s), whether they are acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public at fear;
4. any loss, damage, cost or expense of any nature that results from or is in connection with anything mentioned in 1), 2) or 3) above regardless of any other cause or event or sequence of events or any action taken in controlling, preventing or suppressing anything mentioned in 1), 2) or 3) above; you are responsible for proving why this exclusion, in whole or in part, should not be applied. If any portion of this exclusion is found to be invalid or unenforceable, the remainder of it will remain in force and effect.

## **Pregnancy – Conditions and exclusions**

If **you** discover that **you** are pregnant after buying **your** policy or booking **your trip** (whichever is later), cover is provided under the following terms:

### Section A1 - Cancellation:

- At any time during **your** pregnancy if **you** suffer any **complications of pregnancy** and are deemed unfit to travel by **your GP**.

Section B1 – Curtailment or Section B2 – Medical Expenses and Emergency Repatriation:

- Pregnancy or childbirth during week 0 to week 28 of your pregnancy.
- If **you** suffer any **complications of pregnancy** between week 29 and week 40 of **your** pregnancy.

There is no cover under any section of the policy:

- If **you** were pregnant prior to buying the policy or booking **your trip** (whichever is earlier).
- For normal pregnancy without any associated complications.

### **Eligibility criteria**

**Residency** – In order to be eligible to buy this policy, **you** must be a permanent resident of the **United Kingdom**, Isle of Man or Channel Islands. **You** must not have spent more than 6 out of the last 12 months abroad and **you** must be registered with a medical practitioner in the **United Kingdom**, Isle of Man or Jersey, whichever is **your home area**. **Trips** must start and end in **your home area** and a return ticket must have been booked before departure.

**Age** – In order to be eligible to buy a single **trip** policy, **you** must be under 81 years of age at the date the policy is issued, and under 66 if buying the **winter sports** cover option. In order to be eligible for an annual multi-**trip** policy, **you** must be under 76 years of age at the start date of the policy. If **you** are aged 66 to 75, cover is only valid for **trips** within Europe. If **you** are aged under 18 on a family policy, **you** are only insured when travelling with at least one of the insured adults.

**Duration** – Single **trip** policies are valid for **trips** up to a maximum of 185 days if under 66 and 31 days if aged 66 to 80 but limited to the dates detailed on **your** policy validation certificate. If **you** are travelling within the **UK**, Channel Islands or Isle of Man, all **trips** are limited to a maximum of 31 days. Annual multi **trips** policies are valid for a period of 12 months during which time **you** are permitted to take an unlimited number of **trips** with a maximum **trip** duration of 31 days per trip. If **you** have bought **winter sports** cover, this is limited to 17 days in total during the 12 month policy period. If **you** are travelling within **your home country**, **you** must have at least 2 nights pre-booked accommodation.

This policy lasts for 12 months after which it automatically expires, or it is for a single **trip**. Please refer to **your** policy validation certificate for **your** selected cover.

### **Cancellation rights**

**You** and **we** have certain cancellation rights. Please refer to the General Conditions section of **your** policy booklet for full details.

### **Emergency assistance details**

**For emergency medical assistance abroad, please contact +44 (0)845 260 3260 or +44 (0)1732 853333.**

### **In case of serious emergency**

First call an ambulance using the local equivalent of a 999 call. While **you** wait for the ambulance contact **our** medical assistance service which is open **24** hours a day and **7** days a week to offer **you**

advice in this emergency situation. **We** strongly suggest **you** put their telephone number **+44 (0)845 260 3260 or +44 (0)1732 853333** into **your** mobile phone before **you** travel so that it is to hand should **you** need it. Speak to the ambulance driver and get details of the hospital **you** are being taken to so that **our** medical assistance service's doctor will be able to obtain a medical report at the earliest possible opportunity.

### **What the medical assistance company needs from you**

When **you** call **our** medical assistance service in an emergency **you** need to have some basic information for them to hand:

1. **your** telephone number so **you** can be contacted in case **you** are cut off;
2. the name and age of the patient and as much information about the medical situation as **you** are able to provide;
3. the name of the hospital, the ward, the treating doctor and the telephone numbers if **you** have them;
4. tell them that **you** have a 'Talk to TIM – URV' policy, the booking reference number, the date **you** bought it, and **your** booked travel dates;
5. the patient's **home country** GP details, name, address and phone number, in case they need to obtain information on current medical conditions and treatment.

### **Minor illness or injury**

If **you** need to see a doctor in Europe or Scandinavia, then ask **your** hotel reception or tour representative for the address of the nearest public medical facility. In Europe **you** should show them **your** EHIC card, medical treatment will be free or at a reduced cost and **you** will not be required to contribute towards the claim as the policy **excess** will be reduced to NIL. **You** will only be covered for the cost of private medical treatment in these countries if this is approved in advance by **our** medical assistance service on **+44 (0)845 260 3260 or +44 (0)1732 853333**. Elsewhere it is advisable to seek advice on where to go for treatment from **our** medical assistance service if possible, as standards of medical facilities vary greatly and many apparently acceptable clinics have been set up to target the tourist market and will ruin **your trip** by insisting on unnecessary admissions and treatment at inflated prices. In some circumstances it may be necessary for **our** medical assistance service to move **you** to a more suitable facility.

### **How to pay for your treatment**

Outpatient bills for less than **£500** should be paid at the time and claimed on **your** return. It is very important to obtain an itemised receipt for any monies paid for medical treatment. If **you** are admitted to a medical facility then **you** may need to pay the policy **excess** locally and ask the hospital or doctor to send the rest of their bills to Travel Claims Facilities at: PO Box 420, Hadlow, Kent, TN9 9DE, UK. **Our** medical assistance service will explain this procedure to them and provide them with a faxed guarantee if necessary, once the validity of **your** claim has been established.

## **What happens if i miss my booked flight due to illness?**

Don't worry, provided **you** have contacted **our** medical assistance service **your** policy will be automatically extended to cover **you** until it is agreed that **you** are fit to travel home. **Our** medical assistance service will liaise with **your** treating doctor and **you** and once **you** are fit to travel, they will make appropriate alternative arrangements.

## **What if you want to come home early?**

This policy covers **you** to come **home** early because **you** are ill only if medical treatment is not available locally. If **you** are thinking of cutting short **your trip** because **you** are not well then **you** must contact **our** medical assistance service on **+44 (0)845 260 3260 or +44 (0)1732 853333** for advice first. If **you** need to come **home** for any other reason, such as the illness of a **close relative** in **your home country** then **you** should make **your** own arrangements, bearing in mind **your** duty to act at all times as if uninsured. If **you** are not sure whether **your** particular circumstances are included in the cover then call Travel Claims Facilities on 0845 370 7133 between 9.00 am and 5.00 pm UK time for advice.

## **How to make a claim**

**We** have appointed Travel Claims Facilities to look after **your** claim. If **you** require a claim form please obtain a form from the internet at:

**[www.travel-claims.net](http://www.travel-claims.net)**

Alternatively please advise the section of the insurance on which **you** want to claim and the scheme reference to:

**Travel Claims Facilities, PO Box 420, Tonbridge, Kent, TN9 9DE**

Telephone: 0845 370 7133

Fax: 0870 620 5001

## **How to make a complaint**

It is **our** aim to give a high standard of service and to meet any claims covered by these policies honestly, fairly and promptly. There are, however, times when misunderstandings occur by both sides. If **you** do not feel that the matter has been dealt with to **your** satisfaction or **you** have some new evidence which **we** have not seen, **you** may appeal against the decision in writing, explaining why **you** do not think **our** decision is correct.

If **your** complaint is regarding the selling of **your** policies, contact:

Talk to TIM  
McGowan House  
Waterside  
The Lakes  
Bedford Road  
Northampton  
NN4 7XD

Some mistakes do happen in the assessment of claims and if **you** feel that the assessment of **your** claim has been incorrect, or there is additional information that would change the decision made then please write to:

The Claims Manager  
Travel Claims Facilities  
PO Box 420  
Tonbridge  
Kent  
TN9 9DE

If **you** still feel **you** have been treated unfairly in accordance with the terms of **your** policy, then **you** can write to the insurers Complaints Office who can look at the circumstances and may be able to offer a solution. Write to:

Branch Manager  
URV  
Oast Business Centre  
North Frith Farm  
Ashes Lane  
Hadlow  
Kent  
TN11 9QU

If **we** are unable to do this to **your** satisfaction, disputes may then be referred to the Financial Ombudsman Service for review. Ask the Financial Ombudsman Service (FOS) to review **your** case. Their address is:

Exchange Tower  
Harbour Exchange Square  
London  
E14 9GE

Their telephone advice line is +44 (0)845 080 1800.

### **Data Protection Act Notice**

All personal information about **you** will be treated as private and confidential (even when **you** are no longer a customer), except where the disclosure is made at **your** request or with **your** consent in relation to administering **your** insurance, and except where law requires **us**. Some or all of the information **you** supply to **us** in connection with **your** insurance proposal may be passed to insurance companies for underwriting, claims and premium collection purposes. **Your** data will be held in accordance with the Data Protection Act 1998, under which **you** have a right of access to see personal information about **you** that is held in **our** records, whether electronically or manually. If **you** have any queries, please write to Talk to TIM, McGowan House, Waterside, The Lakes, Bedford Road, Northampton, NN4 7XD.

## **Fraud prevention**

**We** are committed to protecting **our** members against fraud and also have statutory responsibilities to prevent **our** products from being used as a vehicle for financial crime. **We** operate strict controls to deter, prevent, detect and investigate fraud, and **we** work with other insurance providers and organisations to prevent and detect fraud:

- Insurance Fraud Investigators Group (IFIG)
- National and International Insurance bodies
- National and International Police and Investigative agencies
- National and International Governmental Departments

Travel Insurance Facilities Group will share information with other organisations with a view to preventing fraudulent or improper claims; preventing and detecting crime; and apprehending and prosecuting offenders.

## **Financial Services Compensation Scheme (FSCS)**

**We** are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. For compulsory classes of insurance, insurance advising and arranging is covered for 100% of the claim, without any upper limit. Further information about compensation scheme arrangements is available from the FSCS on 020 7892 7300 or by visiting [www.fscs.org.uk](http://www.fscs.org.uk).

## **Insurer details**

### **Union Reiseversicherung AG**

URV, Branch Office of Union Reiseversicherung AG for the **United Kingdom** and the Republic of Ireland. Registered in England & Wales. Company No. FC024381 Branch No. BR006943. A public body corporate with limited liability. Registered Office: Maximilianstrasse 53, D-80530 Munich, Germany Registered with Amtsgericht Munich, Germany Registered Number: HRB 137918.

Union Reiseversicherung AG are authorised in Germany by BaFin and regulated in the **United Kingdom** by the Financial Conduct Authority and in the Republic of Ireland by the Insurance Regulator.

Union Reiseversicherung AG are members of the Financial Services Compensation Scheme Administered in the **United Kingdom** and Ireland by Travel Insurance Facilities plc Registered Office: 10 Victoria Road South, Southsea, Hampshire, PO5 2DA Registered in England Registered Number: 3220410.

Travel Insurance Facilities plc are authorised and regulated by the Financial Conduct Authority Travellers HealthCheck and Travel Claims Facilities are trading names of Travel Insurance Facilities plc.

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