



## Policy Supplement from ‘ERV’

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

This insurance is issued by ‘ERV’. 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 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 conditions 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.*

<b>Section</b>	<b>Benefit Limits Per Person</b>	<b>Excess Per Person</b>
Cancellation and Curtailment	As detailed on your insurance certificate*	£75
Pre-booked Excursions	£250	
Medical Expenses and Emergency Repatriation including:	£10,000,000	£150**
Emergency Dental	£250	
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	£10,000	
Additional travel and accommodation expenses due to trip extension	£2,000	
Additional travel and accommodation expenses for someone to stay with you/travel from the UK to be with you	£2,000	

<b>Section</b>	<b>Benefit Limits Per Person</b>	<b>Excess Per Person</b>
Hospital Benefit***	£25 per 24hrs to £1,000	Nil
Personal Accident		
Permanent Total Disablement	£20,000	
Loss of limb(s)/eye(s)	£20,000	Nil
Death	£15,000	
Death	£2,500 (under 18, over 65)	
Personal Baggage including:	As detailed on your insurance certificate*	£75
Single Item/Pair/Set Limit	£350	
Valuables Limit	£400	
Baggage Delay		
Over 12 hours	£250	Nil
Over 48 hours	NA	Nil
Personal Money		
Cash Limit	£500	£75
	£500	
	£50 (under 18)	Nil
Replacement Passport and Travel Documents	£500	£75
Personal Liability	£2,000,000	£250
Travel Delay	£25 per 12 hours, up to £100	Nil
Holiday Abandonment	As per cancellation limit	£75
Missed Departure and Missed Connection	£1,000	£75
Hijack	£50 per 24 hours up to £500	£75
Legal Expenses	Nil	Nil
<b>Optional Winter Sports Cover on payment of additional premium</b>		
Ski Equipment Owned	£1,000	
Ski Equipment Hired	£500	£75
Single Item/Pair/Set Limit	£250	
Ski Hire	£50 per 24 hours up to £500	Nil
Ski Pack	£50 per 24 hours up to £500	Nil
Piste Closure	£50 per 24 hours up to £500	Nil
Avalanche Closure	£500	Nil
<b>Optional Golf Cover on payment of additional premium</b>		
Golf Equipment Owned	£1,000	
Golf Equipment Hired	£500	£75
Single Item/Pair/Set Limit	£300	

Section	Benefit Limits Per Person	Excess Per Person
Golf Equipment Hire	£40 per 24 hours up to £200	Nil
Non Refundable Golf Fees	£300	Nil
Hole in One	£100	Nil

**your** policy Validation Certificate will detail the level of cancellation cover that **you** have chosen for cancellation and personal baggage.

£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, crohn's 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 a **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 repairer's 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 within the European Union, EEA or Switzerland and **you** require medical treatment, **you** must present **your** valid European Health Insurance Card (EHIC) at the time of seeking treatment to the Doctor, Hospital or Clinic.

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 and limited to 17 days in total for Winter Sports during the policy period if **you** have chosen this option.

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 9pm and 9am (or at any time between 9am and 9pm 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 – *Please 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 Sections B12 to B16 – Winter sports

1. **Ski equipment** contained in or stolen from an **unattended** vehicle between 9pm and 9am (or at any time between 9am and 9pm 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** – *Please 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 9pm and 9am (or at any time between 9am and 9pm 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.*

## War risks, civil commotion, terrorism – Conditions and exclusions

### All cover is excluded for:

Claims arising directly or indirectly from:

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), hostile acts of sovereign or Government entities civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power or martial law of confiscation by order of any government or public authority but this exclusion shall not apply to losses under Section B2 – Medical Expenses and Emergency Repatriation, Section B3 – Hospital Benefit and Section B4 – 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**.

## 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:

- If **you** are deemed unfit to travel by **your** GP.

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

- At any time during **your trip** if **you** suffer any **complications of pregnancy**.

There is no cover under any section of the policy:

- If **you** are travelling against medical advice.
- If **you** are travelling against any health requirements stipulated by the carrier, their handling agent or any other public transport provider.

## 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 Channel Islands, 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 86 years of age at the date the policy is issued (further limited to under 76 if travelling outside Europe), and under 70 if buying the **winter sports** cover option (further limited to under 66 if travelling outside Europe). In order to be eligible for an annual multi-**trip** policy, **you** must be under 86 years of age at the start date of the policy (further limited to under 76 if travelling outside Europe) and under 66 if buying the **winter sports** cover option. 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 180 days but limited further depending on **your** age and area of travel:

- If **you** are aged 71 to 85 and travelling inside Europe, **you** can travel for a maximum of 50 days per **trip**.
- If **you** are aged 66 to 75 and travelling outside Europe, **you** can travel for a maximum of 50 days per **trip**.

All **trips** are limited further to the dates detailed on **your** policy validation certificate.

Annual multi-**trip** 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**.

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 area**, **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 Service Details

The 24 hour Emergency Assistance Service provides immediate help in the event of an **insured person's** illness or injury whilst travelling abroad – They provide a 24 hour multi-lingual emergency service 365 days a year and can be contacted by telephone. The emergency assistance provided for **you** by this insurance is operated by **ERV Assistance**. In the event of any illness, injury, accident or hospitalisation which requires:

**Treatment likely to cost more than £500**, anywhere in the world **you** must contact:

**ERV Assistance**

**Tel: +44 (0)1403 288408**

**ERV Assistance** may be able to guarantee costs on **your** behalf. When contacting **ERV Assistance** please state that **your** insurance is provided by **ERV** and quote the appropriate scheme name and reference number:

**Scheme Name: Talk to TIM**

**Reference number: TTT0515**

Note: **You** must retain receipts for medical and additional costs incurred and **you** are responsible for any policy **excess** which should be paid by **you** at the time of treatment.

### **In-patient Treatment Abroad**

If **you** go into hospital **you** must contact **ERV Assistance** immediately. If **you** do not, this could mean that **we** will not provide cover or **we** will reduce the amount **we** pay for medical expenses.

### **Returning early to the United Kingdom, Channel Islands or Isle of Man**

If **you** have to return to the **United Kingdom**, Channel Islands or Isle of Man under section B2 (Medical Expenses and Emergency Repatriation) the relevant Emergency Assistance provider must authorise this. If they do not, this could mean that **we** will not provide cover or **we** may reduce the amount **we** pay for **your** return **home**. **We** reserve the right to repatriate **you** should **our** medical advisors consider **you** fit to travel.

**NB. FAILURE TO CONTACT THE 24 HOUR MEDICAL EMERGENCY SERVICE MAY RESULT IN A CLAIM BEING INVALID.**

### **How to make a claim**

**You** must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply **we** may at **our** option cancel the policy or refuse **your** claim or reduce the amount of any claim payment:

#### **1. Claims**

**You** must notify **us** preferably by phone at the address given below, depending on the type of claim:

For all other Claims please contact the following:

ERV Insurance Services

PO Box 9

Mansfield

Nottinghamshire

NG19 7BL

Tel: 01403 288416

Email: [info@ervinssvs.co.uk](mailto:info@ervinssvs.co.uk)

**You** can also obtain a claim form by visiting the following web address:

[www.erv.co.uk/claims](http://www.erv.co.uk/claims)

The notification must be made within 31 days or as soon as possible thereafter following any **bodily injury**, illness, disease, incident, event, **redundancy** or the discovery of any loss, theft or damage which may give rise to a claim under this policy. When contacting the claims department, please state **your** insurance is provided by **ERV** and quote scheme ref: TTT0515 and have the following information to hand:

- Name of **your** policy and where it was purchased
- Policy number
- Resort and country visited
- Value of claim
- Brief circumstances
- Travel dates
- Incident date

Failure to have the above information to hand may result in **your** claim being delayed.

## 2. Subrogation

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

## 3. Disclosure of Information

In the unfortunate event that **you** need to make a claim then **we** will need to disclose information to any other party involved in the claim. This may include:

- a. Third parties involved with the claim, their insurer, solicitor or representative.
- b. Medical teams, the police or other investigators.
- c. **Our** claims handlers or other agents involved in dealing with **your** claim.

## How to make a complaint

### Making yourself heard

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

### Who to contact?

The most important factors in getting **your** complaint dealt with as quickly and efficiently as possible are:

- to be sure **you** are talking to the right person, and;
- that **you** are giving them the right information.

When **you** contact **us**:

- Please give **us your** name and contact telephone number.
- Please quote **your** policy and/or claim number and the type of policy **you** hold.
- Please explain clearly and concisely the reason for **your** complaint.
- So **we** begin by establishing **your** first point of contact:

## Complaints regarding:

### SALE OF THE POLICY

Please contact Talk to TIM on 0333 006 3212.

If **your** complaint is about the sale of **your** policy:

The Customer Service Manager

Talk to TIM

McGowan House, Waterside, The Lakes, Bedford Road,  
Northampton NN4 7XD

Tel: 0333 006 3212

### CLAIMS

If **your** complaint is a claim please contact **ERV** Claims on 01403 288416.

In all correspondence please state that **your** insurance is provided by **ERV** and quote scheme reference Talk to TIM TTT0515.

If **your** complaint about **your** claim cannot be resolved by the end of the next working day, **ERV** Claims will pass it to:

The Managing Director

ERV

Albany House, 14 Bishopric

Horsham, West Sussex, RH12 1QN

Email: [contact@erv.co.uk](mailto:contact@erv.co.uk)

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

The FOS is an independent body that arbitrate on complaints about general insurance products. It will only consider complaints after **we** have provided **you** with written confirmation that **our** internal complaints procedure has been exhausted. The Ombudsman can be contacted at:

Insurance Division

Financial Ombudsman Service

Exchange Tower

Harbour Exchange Square

London E14 9SR

Tel: 0845 080 1800, or fax: 020 7964 1001.

Please note that **you** have six months from the date of our final response in which to refer **your** complaint to the Ombudsman. **Your** statutory rights are not affected if **you** choose to follow any of the complaints procedures above. For further information about **your** statutory rights contact **your** local authority Trading Standards Service or Citizens Advice Bureau.

Our promise to **you**:

- Acknowledge written complaints promptly.
- Investigate quickly and thoroughly.
- Keep **you** informed of progress.
- Do everything possible to resolve **your** complaint.
- Learn from **our** mistakes.
- Use information from complaints to continuously improve **our** service.  
To help **us** improve **our** service **we** may record or monitor telephone calls.

## **Data Protection Act 1998**

Please note that any information provided to us will be processed by **us** and our agents in compliance with the provision of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. **We** may also send the information, in confidence, for process to other companies acting on their instructions including those located outside the European Economic Area.

## **Fraud prevention**

**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 respect or
- b. Make a statement in support of a claim knowing the statement to be false in any respect or
- c. Submit a document in support of a claim knowing the document to be forged or false in any respect or
- d. Make a claim in respect of any loss or damage caused by **your** wilful act or with **your** connivance.

Then:

- a. **We** shall not pay the claim.
- b. **We** shall not pay any other claim which has been or will be made under the policy.
- c. **We** may at **our** option declare the policy void.
- d. **We** shall be entitled to recover from **you** the amount of any claim already paid under the policy.
- e. **We** shall not make any return of premium.
- f. **We** may inform the police of the circumstances.

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

**ERV** is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if they cannot meet their obligations. This depends on the type of business and circumstances of the claim. Most insurance contracts are covered for 90% of the claim. You can get more information about compensation scheme arrangements from the FSCS or visit [www.fscs.org.uk](http://www.fscs.org.uk).

## Insurer details

### **ERV**

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ERV/PS/JUNE/15

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