



YOUR POLICY BOOK

# **STANDARD & PLUS TRAVEL INSURANCE**

**SAGA**  
Experience is everything



<b>Policy information</b>	
<a href="#">Introduction</a>	<a href="#">2</a>
<a href="#">Useful telephone numbers</a>	<a href="#">3</a>
<a href="#">Delayed Flight Assistance</a>	<a href="#">5</a>
<a href="#">Important information about your policy</a>	<a href="#">5</a>
<a href="#">Definitions</a>	<a href="#">8</a>
<a href="#">Period of insurance</a>	<a href="#">10</a>
<a href="#">Medical declaration</a>	<a href="#">11</a>
<a href="#">Leisure and winter sports activities</a>	<a href="#">12</a>
<a href="#">Saga Standard summary of cover – limits and excesses</a>	<a href="#">14</a>
<a href="#">Saga Plus summary of cover – limits and excesses</a>	<a href="#">16</a>
<b>Your cover</b>	
<a href="#">Cancellation</a>	<a href="#">18</a>
<a href="#">Abandonment</a>	<a href="#">18</a>
<a href="#">Missed departure</a>	<a href="#">21</a>
<a href="#">Delayed departure</a>	<a href="#">22</a>
<a href="#">Baggage</a>	<a href="#">23</a>
– <a href="#">Delayed baggage</a>	<a href="#">23</a>
– <a href="#">Lost, stolen or damaged baggage</a>	<a href="#">23</a>
<a href="#">Emergency medical and associated expenses</a>	<a href="#">24</a>
<a href="#">Hospital benefit</a>	<a href="#">25</a>
<a href="#">Personal accident</a>	<a href="#">27</a>
<a href="#">Criminal injury benefit</a>	<a href="#">28</a>
<a href="#">Substitute accommodation</a>	<a href="#">29</a>
<a href="#">Enforced stay</a>	<a href="#">29</a>
<a href="#">Loss of passport</a>	<a href="#">30</a>
<a href="#">Personal money</a>	<a href="#">31</a>

<a href="#">Hijack and mugging</a>	<a href="#">31</a>
<a href="#">Pet care</a>	<a href="#">32</a>
<a href="#">Air rage</a>	<a href="#">32</a>
<a href="#">Personal liability</a>	<a href="#">32</a>
<a href="#">Legal expenses</a>	<a href="#">33</a>
<a href="#">Cruise cover - Plus level only</a>	<a href="#">34</a>
<a href="#">Additional cover – Winter sports</a>	<a href="#">34</a>
<a href="#">General exclusions</a>	<a href="#">37</a>
<a href="#">General conditions</a>	<a href="#">38</a>
<b>Useful information</b>	
<a href="#">Our promise of service</a>	<a href="#">39</a>
<a href="#">Helplines</a>	<a href="#">44</a>

## INTRODUCTION

Thank **you** for choosing Saga Travel Insurance. This Policy Book provides **you** with the details of the cover **you** have purchased. If **you** have any questions, please do not hesitate to contact **our** customer service team on 0800 904 7489.

The words shown in bold print are defined on [pages 8 to 10](#).

The contract of insurance between **you** and **us** is made up of

- this Policy Book;
- the policy Schedule; and
- any **endorsements to your** policy.

It is based on the information **you** have given **us**.

Please read this book carefully, together with **your** policy Schedule and any **endorsements** to ensure the cover fully meets **your** needs. **We** would advise **you** to keep **your** Policy Book and related documents in a safe place when **you** travel.

## Useful telephone numbers

### Helplines

All **our** helplines are open 24 hours a day, 7 days a week.

### Need emergency medical help abroad?

**Call us first on (+44) 1444 442105**

If **you** are unfortunate enough to need emergency medical help while abroad, please call **us** first.

If **you** are taken by ambulance to a hospital following an emergency call, **you**, a **travelling companion** or a **doctor**/nurse should call us as soon as possible once **you** have been admitted to hospital.

If **you** need a GP, or need to go to A&E or a clinic, call us before **you** try to locate help, so **we** can guide **you** to the safest and most appropriate source of treatment. Or, if **you** would prefer to speak to a **UK**-based GP while abroad, visit [www.saga.co.uk/travelgp](http://www.saga.co.uk/travelgp) or call 020 8050 4914 to book an appointment.

**Our** highly experienced multi-lingual medical assistance team is available 24 hours a day to advise **you** or **your travelling companion** what steps to take. **We** can direct **you** to the most suitable medical facility in the country **you** are visiting. **We** will also pay any agreed fees directly to the hospital so **you** don't need to pay anything.

**Important note:** **We** do not cover any costs over £500 where prior agreement regarding treatment has not been obtained from **our** medical assistance team.

**Our** team is focused on trying to take the worry out of what can be an incredibly stressful situation, so **we** will keep **your** selected family and/or friends updated on **your** progress for **you**.

**We** actively monitor the capabilities of medical facilities throughout the world and use this knowledge to ensure **you** are receiving the best treatment. Once **we** are satisfied that **you** are getting the appropriate treatment, **we** will agree a treatment plan with **your** treating **doctor** and **you**.

If **you** cannot be discharged in time to continue **your trip** as planned, **we** will make arrangements to bring **you home** and, if need be, **we** will

fly a **doctor** or nurse out, with specialist repatriation equipment, to accompany **you home**.

### Saga GP Service

Saga Travel Insurance gives **you** 24/7 unlimited use of the Saga GP Service. This means that for any non-urgent health concerns **you** can have phone or video consultations with a **UK**-based GP quickly, from anywhere in the world. To find out more or to book an appointment, please visit [www.saga.co.uk/travelgp](http://www.saga.co.uk/travelgp) or call on **020 8050 4914**.

### Claims lines

To make a claim on **your** policy, call **us** on the relevant number below or set up a claim online by visiting [saga.claimhere.co.uk](http://saga.claimhere.co.uk)

#### Lost or stolen passport

**0800 092 2101** from the **UK**

**(+44) 1444 442105** from abroad

For advice on how to replace lost or stolen passports.

Lines are open 24 hours a day, 7 days a week.

#### Cancellation and all other claims

**0800 092 2099** from the **UK**

**(+44) 1444 442106** from abroad

Lines are open 9am–5pm Monday to Friday.

Email: [saga.claims@collinsoninsurance.com](mailto:saga.claims@collinsoninsurance.com)

Online: [saga.claimhere.co.uk](http://saga.claimhere.co.uk)

### Travelling in Europe?

If **you** are visiting a European Union country or Switzerland, **we** strongly recommend that **you** have an up-to-date Global Health Insurance Card (GHIC) with **you**. The level of benefit provided by the GHIC depends on the country visited and may not cover all treatment costs and services that are free on the NHS, therefore the GHIC is complementary to travel insurance and not an alternative. However, with Saga Travel Insurance if the costs of **your** medical claim are reduced by the use of the GHIC, any **excess** shown on **your** policy Schedule under the section 'Emergency medical and associated expenses' will be waived.

**You** can apply for an GHIC free of charge by calling 0300 330 1350 or online at [www.gov.uk/global-health-insurance-card](http://www.gov.uk/global-health-insurance-card)

**Important note:** While abroad be sure to carry this card with **you** at all times and show it when requiring any medical treatment to benefit from this reduction.

### Travelling in Australia?

If **you** require emergency medical treatment in Australia **you** must enrol with a local Medicare office. **You** do not need to enrol on arrival but **you** must do this after the first occasion **you** receive treatment.

**Inpatient** and **outpatient** treatment at a public hospital is then available free of charge.

### Important information before you travel

As a partner in the Travel Aware campaign, **we** are working with the Foreign, Commonwealth & Development Office (FCDO) to help British travellers stay safe overseas. Before **you** go overseas check out the FCDO website at [www.gov.uk/fcdo](http://www.gov.uk/fcdo). It is packed with essential travel advice such as visa and entry permits **you** may need, vaccination requirements, healthcare information and much more.

**We** also recommend that **you** visit **our** 'Holiday Checklist' web page at [www.saga.co.uk/travel-insurance/holiday-checklist](http://www.saga.co.uk/travel-insurance/holiday-checklist). This can support **you** in fully preparing for **your** trip with helpful tips and advice **you** may need to consider before **you** travel.

#### Important note:

Any claim arising as a result of **you** travelling to a country to which the Foreign, Commonwealth & Development Office (FCDO) has advised against all but essential travel and the claim is related to the reason for the advice will not be covered, subject to there being no other government restrictions in place prohibiting travel. (See General exclusion 22.)

To check which countries are listed visit [www.gov.uk/fcdo](http://www.gov.uk/fcdo)

Ensure **you** have advised **us** of any pre-existing medical conditions of anyone travelling on this policy or if there have been any changes to the already declared conditions shown on **your** policy Schedule since taking out this policy.

Check the policy covers any additional countries **you** may be visiting as part of any excursions **you** have booked or are planning to book while **you** are away.

### Passenger rights

Under the European Union (EU) travel regulations, **you** are entitled to claim compensation from **your** carrier if any of the following happens:

1. Denied boarding – **you** may be entitled to compensation between €125 and €600 depending on the flight distance and the delays incurred when rerouted.
2. Long delays – **you** may request a refund of **your** ticket if the delay exceeds five hours, but only if **you** decide not to travel.
3. Cancellation – financial compensation is due unless **you** were informed 14 days before the flight, or **you** were rerouted close to **your** original times, or the airline can prove that the cancellation was caused by extraordinary circumstances.
4. Assistance by airlines – depending on the circumstances, if **you** are denied boarding or **your** flight is cancelled or delayed, **you** may be entitled to receive assistance with catering, communications and an overnight stay if necessary. In the event of denied boarding or cancellation, **you** may be offered the option of continuing **your** trip or a refund of **your** ticket.

## Delayed Flight Assistance

As part of **your** Saga Travel Insurance **you** will be given complimentary access to a LoungeKey airport lounge if **your** flight departure time is delayed by more than the amount shown in the Summary of Cover on [pages 14-17](#).

To benefit from this free service **you** will need to:

- have a valid single **trip** or annual multi-trip policy,
- register **your** flight(s) online at [www.saga.co.uk/registermyflight](http://www.saga.co.uk/registermyflight) at least 24 hours before **your** scheduled departure time – please allow at least 24 hours after buying **your** policy (if **you** have multiple flights, **you** will need to register each flight separately),
- have a valid email address and a mobile device that is able to receive an SMS text message and view a PDF email attachment.

Once **you** have registered **your** flight online **you** will be contacted via SMS text message or email with details on how to access the lounge if **your** flight departure time is delayed by more than the amount shown in the Summary of Cover on [pages 14-17](#).

Full terms and conditions, FAQs and details on how to register **your** flight can be found at [www.saga.co.uk/registermyflight](http://www.saga.co.uk/registermyflight)

## IMPORTANT INFORMATION ABOUT YOUR POLICY

This is not a general health insurance policy. It only covers **you** if there is a sudden and unexpected accident or if **you** become ill. It does not cover non-emergency treatment.

Please read this information carefully:

**We** will only cover persons named on **your** policy Schedule if:

1. **Your** main **home** is in the **UK** and **you** are registered with a **UK** General Practitioner.
2. The journey is a round **trip**, beginning and ending in the **UK**, and is
  - a. a **trip** outside the **UK**; or

- b. a **volunteer trip** outside the **UK** (involving clerical or administrative tasks only – no manual work will be covered). If **your** activities fall outside the scope of clerical or administrative tasks but do not involve manual work please contact **us** to see if **we** can provide cover; or
- c. a **trip** within the **UK** which includes at least one night in **pre-booked holiday accommodation** or at least a one night stay at the accommodation of a **relative** or friend who resides in the Channel Islands.

Please note: **We** do not cover any **trip** where **you** have already left the **UK** at the time of purchasing this insurance, except where **you** renew an existing annual multi-trip policy, which falls due for renewal during the **trip**.

## Health

It is very important that **you** read the 'Medical declaration' section on [page 11](#). This applies to all **insured persons** and anyone else upon whose good health **your trip** depends, whether travelling or not.

## Cancellation within the first 14 days

**You** have the right to cancel up to 14 days from the date **your** policy commences, or the date on which **you** receive **your** policy documentation, whichever is the later.

**You** will receive a full refund except in the following circumstances:

- **Your trip** has commenced.
- **You** have made or are intending to make a claim. No refund will be given or **we** will recover the monies paid to **you** in settlement of the claim before refunding the premium paid.

Please call 0800 904 7489 if **you** wish to exercise **your** right to cancel. If **you** do not exercise **your** right to cancel then **you** are required to pay the premium.

See below for **your** rights outside this statutory cooling-off period.

## Your cancellation rights

After the statutory cooling-off period **you** may cancel the policy at any time by contacting **us**, but no refund of premium will be available.

However, discretion may be exercised in exceptional circumstances to provide a refund for unused cover, those exceptional circumstances being bereavement or an unexpected change to **your** policy resulting in us being unable to continue covering **you**. The unused premium will be calculated on a sliding scale basis which is available on request. **We** (or any agent **we** appoint and who acts with **our** specific authority) may cancel this policy by giving **you** seven days' notice to **your** last known address.

This policy may be cancelled if:

- **you** do not pay any policy premium requested;
- **you** fail to provide further information **we** have requested in support of **your** renewal or adjustment **you** wish to make to **your** policy;
- **your** personal requirements change such that they no longer meet **our** acceptance criteria;
- **your** medical conditions change and **we** cannot continue cover under the terms set out in the 'Medical declaration'. **We** will either pay a cancellation claim on this policy or if **you** still wish to travel and **you** can obtain cover elsewhere, **we** will allow a refund based on a sliding scale which is available on request provided no claims have been made;
- **we** discover **you** have used fraud to obtain multiple policies underwritten by **us** and/or to make a claim under a policy that **we** underwrite.

### Your medical conditions

It is a condition of **your** policy that **you** keep **us** informed of any changes to pre-existing medical conditions. The medical information **you** have supplied is shown in **your** policy documents. Please check it and contact **us** as soon as possible if there are any errors. Incorrect or incomplete information may invalidate **your** policy meaning claims may not be paid or paid in full, or **we** may charge an additional premium to reflect the amount **we** would have charged had **we** known the true facts.

**You** must inform **us** as soon as possible if:

- **you** are hospitalised for any reason;

- **your** treatment or medication is changed;
- **you** are placed on a waiting list or have tests for any condition whether it has been diagnosed or not;
- **you** are diagnosed with a new condition or suffer any injury for which **you** need medical attention; or
- the prognosis of any pre-existing condition changes.

For further information about medical conditions please refer to the 'Medical declaration' section on [page 11](#).

### Mid-term adjustments - Refunds/Charges

Please note that if **you** amend or cancel **your** policy during **your** policy period and have paid by credit card or cheque, **we** will be unable to refund any amounts of £5 or less.

Similarly, if **you** make any changes to **your** policy during the policy period, **we** will only request any charges from **you** if the amount is over £5.

For Annual Multi-trip policies, mid-term adjustment refunds are only provided within the first 14 days of the policy start date, outside of this there is no refund provided.

### Children

**Insured persons** under 16 years of age will only be covered when they are travelling with an adult named on **your** policy Schedule.

### Policy limits

Each section of **your** policy has a limit on the amount **we** will pay under that section. Some sections also include other specific limits, for example for any one item. Check **your** policy cover is adequate if **you** want to take expensive items away with **you**.

### Trip limits

There are maximum **trip** limits applicable to **your** policy. These are shown in the 'Period of insurance' section on [page 10](#), which should be read in conjunction with **your** policy Schedule.

## Reasonable care

**You** need to take reasonable care to protect **yourself** and **your** property, as **you** would if **you** were not insured.

## Sports or activities

If **you** are going to take part in any sports or activities, including motorcycling, see [pages 12 to 13](#) to check that **your** policy covers **you**.

## Use of language

Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be expressed in the English language.

## Choice of law

The law of England and Wales will apply to this contract unless:

- **you** and the **insurer** agree otherwise; or
- at the date of the contract **you** live in Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.

Please make sure that **you** read **your** policy carefully. **You** may not receive any cover, or cover may be reduced, if **you** do not keep to the policy conditions.

## Renewal process for annual multi-trip policies

**You** will be sent a renewal invitation 21 days before **your** renewal date, which will include **your** premium for the next year. If **you** renew on a continuous payment method, **we** will automatically renew **your** policy each year using the payment details **you** have given **us**. Please contact **us** prior to **your** renewal date if **you** wish to renew using a different payment method.

## Future underwriter changes

**Your** Saga Travel Insurance is underwritten by Astrenska Insurance Limited. If **you** have selected any additional cover options, these may be provided by different insurers. At some time in the future Saga

Services Limited may enter into an agreement with a new provider for all or part of **your** policy, in which case this new provider will offer **you** travel insurance to replace **your** current policy. If this is the case, Saga Services Limited will write to **you** to confirm the details of the new provider and give **you** details of any changes to the terms and conditions of **your** policy. At this stage **you** will be given the option to refuse transferral to the new provider. For further information, please see Saga's Privacy Policy at [www.saga.co.uk/privacy-policy](http://www.saga.co.uk/privacy-policy)

## What is not covered

1. This is not a general health insurance policy. It only covers **you** if there is a sudden and unexpected accident or if **you** become ill. It does not cover non-emergency treatment.
2. There are conditions and exclusions that apply to individual sections of **your** policy, plus general conditions and exclusions that apply to the whole of **your** policy – see [pages 37 to 39](#).
3. **We** do not cover any costs over £500 where prior agreement regarding treatment has not been obtained from **our** medical assistance team as set out under 'Need emergency medical help abroad?' on [page 3](#) of this Policy Book.
4. Apart from coronavirus (COVID-19) cover under the 'Cancellation' and 'Abandonment' sections and the 'Emergency medical and associated expenses' section, this **policy** does not cover any claim arising directly, or indirectly, from any coronavirus disease, including but not limited to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and COVID-19, or any related or mutated form of the virus. This includes the fear or threat of catching coronavirus, and the advice, or action, of any government or medical practitioner not to travel or preventing travel.

## DEFINITIONS

The words or phrases below have the following meanings wherever they appear in this Policy Book:

### **Abandon/abandonment**

Returning to **your home** before the scheduled return date or becoming an **inpatient** in hospital (providing **you** were an **inpatient** for more than 24 hours).

### **Bodily injury**

A bodily injury that is the direct result of an accidental, external, violent and visible cause, including accidental injury as a direct result of being exposed to the elements. This does not include an injury caused by sickness, disease or any naturally occurring condition or process.

### **Booking agent**

A person or organisation that makes reservations for travel or accommodation on **your** behalf.

### **Close business associate**

Someone **you** work with in the **UK** who has to be in work in order for **you** to be able to go on or continue a **trip**. A senior manager or director of **your** business must agree to this.

### **Close relative**

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, common law partner (defined as living together at the same address and including same sex relationships) or fiancé/fiancée.

### **Consolidator**

A person or organisation that sells airline tickets on behalf of an airline.

### **Cyber terrorism**

The actual use or threat of use of disruptive activities against computers and networks, with the intention to cause harm, spread fear or cause severe disruption of infrastructure.

### **Data Protection Legislation**

The General Data Protection Regulation ((EU) 2016/679) and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time, in the **UK**.

### **Doctor**

A registered practising member of the medical profession who is not related to **you** or anyone **you** are travelling with.

### **Endorsement(s)**

An extension or restriction to **your** policy.  
(**Endorsements** only apply if they appear in **your** policy Schedule).

### **Event date**

The point in time a natural catastrophe or terrorism event occurred as reported in the media or announced by a government, as determined by **us**.

### **Excess/excesses**

The amount **you** will have to pay towards any claim if **you** have chosen an **excess**.  
(**You** will have to pay one **excess** per incident, as shown on **your** policy Schedule, irrespective of the number of sections claimed or **insured persons** involved.)

### **Home**

The address where **you** live in the **UK** and where **you** are registered with a General Practitioner.

### **Inpatient**

A patient who attends a hospital, consulting room, clinic or day patient unit for medical treatment and has an overnight stay.

### **Insurer**

Astremska Insurance Limited.

### **Loss of one or more limbs**

Loss of **your** hand or foot at or above the wrist or ankle, or the total and permanent loss of use of **your** entire hand, arm, foot or leg.



**Outpatient**

A patient who attends a hospital, consulting room, clinic or day patient unit for medical treatment, where an overnight stay is not required.

**Package**

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:

- a) transport
- b) accommodation
- c) 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.

As more fully described under The Package Travel, Package Holidays and Package Tour Regulations 1992.

**Permanent total disablement**

A disability which has lasted for at least 12 months from which **we** believe **you** will never recover, and which prevents **you** from carrying out any gainful occupation for which **you** are fitted by way of training, education, or experience.

**Pre-booked holiday accommodation**

A commercially run premises where a fee is charged which has been booked prior to the departure of **your trip** (not including residential homes belonging to family or friends).

**Scheduled airline**

An airline that provides a regular service, which runs to a timetable.

**Scheduled public transport**

Any regular form of transport which takes fare-paying passengers and/or runs to a timetable: train, coach, bus, taxi, aircraft and sea vessel.

**Total loss of sight**

Complete and permanent loss of sight.

**Travel provider**

Accommodation provider, airline, cruise operator, ferry operator, hotel, online travel aggregator, travel agent, train operator, tour operator, **travel provider**.

**Travelling companion**

A person **you** travel with who **you** cannot make **your trip** without.

**Trip**

Any cruise, holiday, business trip, leisure trip, **volunteer trip** or journey made by **you** within the area of travel shown in the policy Schedule, which begins when **you** leave **home** and ends when **you** get back **home** or are repatriated by **us** to a hospital, nursing home or medical institution in **your home** country, whichever is the earlier.

**UK**

England, Scotland, Wales and Northern Ireland; also included in **our UK** definition are the Channel Islands and the Isle of Man.

**Unattended**

Where **you** are not in full view of or in a position to prevent unauthorised taking of **your** property unless it is in a locked room, safe, in a locked boot of a locked vehicle or in the luggage space at the back of a locked vehicle under a top cover and out of view.

**Volunteer trip**

A **trip** undertaken on a voluntary basis for a recognised charity where any work undertaken will be limited to a clerical and administrative basis only (unless otherwise agreed by **us** in writing).

**War**

Armed conflict between nations, invasion, act of foreign enemy, hostilities (whether war declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.

**We, us, our**

Astrenska Insurance Limited

**You, your, yourself, insured person(s)**

The person or people named on **your** policy Schedule.

## Definitions of regions covered for annual policies

### Europe

Europe (including the continent of Europe west of the Ural Mountains), the Azores, the Republic of Ireland, the Mediterranean Islands, the Canary Islands, Turkey, Madeira, Iceland and the United Kingdom.

**Worldwide excluding the USA, Canada, Mexico and all Caribbean Islands.**

**Worldwide including the USA, Canada, Mexico and all Caribbean Islands.**

Please note, the regions covered are stated on **your** policy Schedule.

## PERIOD OF INSURANCE

### Period of insurance

Cover only applies for **trips** that begin after the effective date of **your** policy and during the period of insurance. Please check **your** policy Schedule to see what type of policy **you** have.

### Single trip policies

Please see **your** policy Schedule for the maximum number of days' cover for **your trip**.

### Annual multi-trip policies

The table on [page 11](#) shows the maximum number of days per **trip** by region of travel.

Irrespective of the number of individual **trips you** undertake, the maximum numbers of days **you** can travel in each period of insurance must not exceed 180 days.

Cover for booked **trips** will continue to be provided if **your** policy has been renewed and is still in force at the time of an incident resulting in a claim.

If any **trip** exceeds the maximum individual **trip** or winter sports duration shown on **your** policy Schedule, there is no cover under this

policy for the excess period unless **you** have contacted **us** and **we** have agreed in writing to provide cover.

Each **trip** under annual multi-trip cover is considered to be a separate insurance, with the terms, definitions, exclusions and conditions contained in this policy applying to each **trip**.

### All policies

Cancellation cover under this policy begins on the start date of the period of insurance shown on **your** policy Schedule for single trip policies and ends at the beginning of the **trip** unless **you** have chosen to remove it. For annual multi-trip policies cancellation cover begins on the start date of the period of insurance shown on **your** policy Schedule or the date of booking each **trip** (whichever is later) and ends at the beginning of each **trip**.

Cover under all other sections applies for the duration of **your trip** as long as **your trip** does not exceed **your** chosen limit of days as shown on **your** policy Schedule. In addition, **you** will also be covered while travelling to **your UK** departure point and returning from **your UK** arrival point (or to and from **your UK** holiday destination), as long as each journey does not take more than 36 hours.

**Trips** must commence and end in **your home** country. Any **trip** that had already begun when **you** purchased this insurance will not be covered except where **you** renew an existing annual multi-trip policy which falls due for renewal during the **trip**.

If **you** cannot get **home** before **your** cover ends, **your** policy will remain in force without any extra premium as follows:

- up to 14 days if any vehicle, vessel, train or aircraft in which **you** are travelling as a ticket-holding passenger is delayed;
- if, in **our** medical assistance team's opinion, it is unsafe to transfer **you home** due to accidental injury, illness or quarantine.

**We** will also continue to pay for medical treatment under the 'Emergency medical and associated expenses' section for this period or any extended period that is considered medically necessary by **our** medical assistance team.

	Europe	Worldwide excluding the USA, Canada, Mexico and all Caribbean Islands	Worldwide including the USA, Canada, Mexico and all Caribbean Islands
45 days per <b>trip</b>	Standard	Standard	Standard
60 days per <b>trip</b>	Only applies if shown on <b>your</b> policy Schedule	Only applies if shown on <b>your</b> policy Schedule	Only applies if shown on <b>your</b> policy Schedule
90 days per <b>trip</b>	Only applies if shown on <b>your</b> policy Schedule	Only applies if shown on <b>your</b> policy Schedule	Only applies if shown on <b>your</b> policy Schedule
Winter sports – 21 days per year	Only applies if shown on <b>your</b> policy Schedule	Only applies if shown on <b>your</b> policy Schedule	Only applies if shown on <b>your</b> policy Schedule

## MEDICAL DECLARATION

### Please read this carefully as it may affect your cover:

At the time of buying or renewing **your** policy, booking a **trip** or paying the balance due for a **trip** (whichever is later), each **insured person** must guarantee the following:

- You** have told **us** if **you** have received advice, medication or treatment for any diagnosed illness, injury or disease in the last 12 months.
- You** have told **us** if **you** are currently suffering from any heart and/or cancer condition, or have done so in the last five years.
- You** have told **us** if **you** are under investigation or awaiting test results for any diagnosed or undiagnosed medical condition.
- You** have told **us** if **you** have been diagnosed with a terminal illness/prognosis, or are travelling against **your UK doctor's** advice or for the purpose of obtaining treatment.
- You** have told **us** if **you** are on a waiting list for, or are aware of the need for, any **inpatient** or **outpatient** treatment for any diagnosed or undiagnosed medical condition.
- You** have told **us** if **you** are not taking medication or following a treatment plan prescribed to **you** by **your doctor**.

- You** have told us of any medical conditions for which **you** take any medication – including tablets, injections and patches (excluding medication for flu/colds, nicotine patches and contraceptives).

If, between booking a **trip** and the departure date, the status of a pre-existing medical condition changes, or **you** are diagnosed with a new medical condition, **you** must tell **us** as soon as possible and **you** will be covered for cancellation of **your trip**. However, if **you** still wish to travel, **we** will advise **you** if cover is still available under this policy.

Please note that **you** must tell **us** even if **you** have made a travel claim in relation to a change to a pre-existing medical condition or the diagnosis of a new condition.

If **we** are unable to continue cover **we** will:

- pay a cancellation claim for any pre-booked **trip**; or
- give a refund of **your** premium based on a scale for the unused portion of **your** policy if **you** do not wish to cancel **your trip**, unless a claim has been made. **We** can provide the scale on request.

If **we** are able to continue cover **we** may:

- charge an additional premium; and/or
- cancel **your** annual policy and offer cover under a single **trip** policy for the pre-booked **trip**.

Please note, failure to disclose accurately any pre-existing medical condition or other relevant information may result in one or more of the following:

- **you** losing any cover under this policy,
- claims being declined,
- claims not paid in full,
- an additional charge to reflect the premium **we** would have charged had **we** known the true facts.

### **Medical conditions - close relatives, travelling companions, close business associates and people you have arranged to stay with**

Medical conditions of **travelling companions; close relatives of you or your travelling companion; close business associates of you or your travelling companion;** or people with whom **you** were going to stay, whose health may affect **your** decision to travel or remain overseas, may not be covered, please see [pages 19 to 21](#) for the full terms of the exclusion.

If, after purchasing the insurance or booking a **trip**, whichever is the later, but before **your** departure date, anyone upon whose good health **your trip** depends receives medical advice for a new illness or injury, **your** policy will cover **you** for cancellation of the **trip**. Please note if the claim relates to coronavirus (COVID-19), they must test positive within 14 days of **your trip** commencing.

In the event that this happens between **you** booking and paying any balance due for **your trip**, **you** must advise **us** as soon as possible, as the most **we** will pay for cancellation is the amount **you** have paid when **you** become aware of a possible claim. If **you** do not wish to cancel **your trip**, the terms of the exclusion will apply.

## **LEISURE AND WINTER SPORTS ACTIVITIES**

The following list of leisure activities shows which are and which are NOT covered by **your** policy if **you** do them during **your trip**.

### **Leisure activities**

#### **Activities that are covered**

Aerobics; Badminton; Baseball; Basketball; Beach cricket, football and volleyball; Boogie boarding; Bowls; Cricket; Croquet; Curling; Cycling (no racing); Dog sledding (passenger only); Fell walking; Fishing; Golf; Helicopter rides (passenger only); Hiking/Trekking/Walking under 4,000m; Ice skating; Jogging; Marathon running; Mountain biking on recognised routes; Orienteering under 4,000m; Paddle boarding; Rambling; Rounders; Sail boarding (within territorial waters)\*; Sailing (within territorial waters)\*; Snorkelling; Softball; Squash; Surfing; Swimming; Table tennis; Tennis; Ten pin bowling; Tug of war; Volleyball; Walking; Walking football; Water polo; Whale watching (organised tour); Windsurfing (within territorial waters)\*.

#### **Motorcycling**

**Your** policy provides cover for motorcycling as a rider or passenger on a machine 125cc or under so long as **you** wear a crash helmet and, as a rider, **you** hold a full **UK** motorcycle licence or a valid CBT certificate (DL196).

No cover exists for motorcycling as a rider or passenger on a machine over 125cc.

No personal liability cover exists under this policy for motorcycling.

\*No Personal Liability cover

\*No Personal Accident or Personal Liability cover

**Activities that are covered if professionally organised and supervised plus you wear appropriate safety equipment and take safety precautions**

Abseiling; Archery; Banana boating; Black water rafting<sup>†</sup>; Bungee jumping; Camel/Elephant riding<sup>†</sup>; Canoeing/Kayaking (no white water); Clay pigeon shooting<sup>†</sup>; Fencing; Flotilla sailing (with professional leader); Go-karting<sup>†</sup>; Gymnastics; Hiking/Trekking/Walking (above 4,000m and under 6,000m); Horse riding (no jumping)<sup>†</sup>; Hot air ballooning; Indoor rock climbing (with belays); Jet biking<sup>†</sup>; Jet skiing<sup>†</sup>; Paintballing; Parascending over water<sup>\*</sup>; Pony trekking<sup>†</sup>; River tubing (no white water); Rollerblading or skating; Safari (game watching); Scuba-diving down to 30m (cannot dive alone and **you**/one of the group must have a PADI or equivalent qualification); Segway riding (organised tours only)<sup>†</sup>; Shooting (not Big Game)<sup>†</sup>; Sleigh riding (as a passenger); Swimming with dolphins; Trampolining; Water skiing (no jumping)<sup>†</sup>; White water rafting; Zip lining/Zip wiring; Zorbing.

<sup>†</sup>No Personal Liability cover

<sup>\*</sup>No Personal Accident or Personal Liability cover

**Activities that are NOT covered**

Base jumping; Big Game hunting; BMX stunt riding; Bouldering; Boxing; Canyoning; Caving/Pot Holing; Coasteering; Cycle racing; Dune/sand bugging; Flying (except as a fare-paying passenger); Free/High diving; Gliding; Hang gliding; Horse jumping/hunting; Judo/Karate/Martial Arts; Kite surfing; Lacrosse; Microlighting; Motorcycling as a passenger or rider on a machine over 125cc; Mountaineering; Parachuting; Paragliding; Parascending (over land); Polo; Quad biking/ATV; Rock climbing; Sailing (outside territorial waters); Scuba-diving (below 30m); Shark diving; Street hockey; Track days using motorised vehicles; Water ski jumping; Weightlifting; Wrestling.

## Winter sports activities

(only applies if shown on **your** policy Schedule)

**Activities that are covered**

Cross-country skiing (on recognised paths and with a guide); Dry slope skiing; Off-piste skiing or snowboarding where accompanied by a qualified guide or instructor; On-piste skiing or snowboarding on piste; Skiing (on recognised pistes); Ski racing arranged by ski schools for their pupils; Sledging; Snow mobiling as a driver<sup>\*</sup>; Snow mobiling as a passenger; Snow shoeing.

**Activities that are NOT covered**

Bobsleighting; Heli skiing; Ice hockey; Luging; Use of skeletons; Ski acrobatics; Ski jumping.

## Important notes

Check the policy covers any additional countries **you** may be visiting as part of any excursions **you** have booked or are planning to book while **you** are away.

If there are activities **you** intend to participate in that are not listed, please call **us** to confirm whether cover is provided.

This insurance does not cover **you** while **you** are taking part in:

- a. any organised team or contact sport not listed
- b. any sport or competition as a professional
- c. any activity where **you** are competing in or practising for speed or time trials, sprints or racing of any kind, except as otherwise mentioned above.

## SAGA STANDARD SUMMARY OF COVER – LIMITS AND EXCESSES

Please use the table on the following pages as a summary only.

The full details of **your** insurance cover are set out in this Policy Book and on **your** policy Schedule. The **excess** and the Cancellation<sup>+</sup> cover limit can be changed to suit individual requirements – the levels **you** have chosen are shown on **your** policy Schedule.

Benefit	Policy limits for each insured person per trip		Excess per claim applicable
	Single	Annual	
Cancellation	Up to the amount shown in <b>your</b> policy Schedule	Up to £10,000	✓ £10 excess for loss of deposit
Abandonment (Curtailment)	£5,000	£10,000	✓
Missed departure	£500	£750	✗
Delayed departure	£35 per 12 hour period up to £215	£35 per 12 hour period up to £215	✗
Delayed baggage*	£150	£150	✗
Dental emergencies*	£400	£400	✓
Lost, stolen or damaged baggage	£3,000 (£600 single article limit)	£5,000 (£750 single article limit)	✓
Emergency medical and associated expenses	£5,000,000 (£2,000,000 for trips within the UK)	£10,000,000 (£2,000,000 for trips within the UK)	✓
Hospital benefit*	£30 per 24 hour period up to £1,000	£30 per 24 hour period up to £1,000	✗
Personal accident - Permanent Total Disablement	£20,000 (Death benefit – £10,000 if aged over 70, £1,000 if aged under 16)	£20,000 (Death benefit – £10,000 if aged over 70, £1,000 if aged under 16)	✗
Criminal injury benefit*	£20,000	£20,000	✗
Substitute accommodation	£1,500	£1,500	✓
Enforced stay	£1,500	£1,500	✓

\*Not applicable for **trips** within the **UK**. <sup>+</sup>Cancellation cover limit can only be changed on single trip policies.

	Policy limits for each insured person per trip		
Benefit	Single	Annual	Excess per claim applicable
Loss of passport*	£500	£500	×
Personal money	£500 (£500 cash limit / £200 for under 16's)	£500 (£500 cash limit / £200 for under 16's)	✓
Pet care*	£100	£150	×
Hijack / Mugging*	£50 for each 24-hour period (£1,000 maximum)	£50 for each 24-hour period (£1,000 maximum)	×
Air rage*	£1,000	£1,000	×
Personal liability	£2,000,000	£2,000,000	×
Legal expenses*	£50,000	£50,000	×
Delayed Flight Assistance	2 hours	2 hours	×

\*Not applicable for **trips** within the **UK**

## SAGA PLUS SUMMARY OF COVER – LIMITS AND EXCESSES

Please use the table on the following pages as a summary only.

The full details of **your** insurance cover are set out in this Policy Book and on **your** policy Schedule. The **excess** and the Cancellation<sup>+</sup> cover limit can be changed to suit individual requirements – the levels **you** have chosen are shown on **your** policy Schedule.

Benefit	Policy limits for each insured person per trip		Excess per claim applicable
	Single	Annual	
Cancellation	Up to the amount shown in <b>your</b> policy Schedule	Up to £20,000	✓ £10 excess for loss of deposit
Abandonment (Curtailed)	£15,000	£20,000	✓
Missed departure	£1,000	£1,500	✗
Delayed departure	£50 per 12 hour period up to £300	£50 per 12 hour period up to £300	✗
Delayed baggage*	£400	£400	✗
Dental emergencies*	£500	£500	✓
Enforced Stay	£2,000	£2,000	✓
Lost, stolen or damaged baggage	£7,500 (£1,000 single article limit)	£10,000 (£1,250 single article limit)	✓
Emergency medical and associated expenses	£15,000,000 (£2,000,000 for trips within the UK)	£20,000,000 (£2,000,000 for trips within the UK)	✓
Hospital benefit*	£50 per 24 hour period up to £1,500	£50 per 24 hour period up to £1,500	✗
Personal accident - Permanent Total Disablement	£30,000 (Death benefit – £15,000 if aged over 70, £1,000 if aged under 16)	£30,000 (Death benefit – £15,000 if aged over 70, £1,000 if aged under 16)	✗
Criminal injury benefit*	£30,000	£30,000	✗
Substitute accommodation	£5,000	£5,000	✓

\*Not applicable for **trips** within the **UK**. <sup>+</sup>Cancellation cover limit can only be changed on single trip policies.



	Policy limits for each insured person per trip		
Benefit	Single	Annual	Excess per claim applicable
Loss of passport*	£750	£1,000	×
Personal money	£750 (£500 cash limit / £200 for under 16's)	£1,000 (£650 cash limit / £200 for under 16's)	✓
Pet care*	£200	£350	×
Hijack / Mugging*	£50 for each 24-hour period (£1,000 maximum)	£50 for each 24-hour period (£1,000 maximum)	×
Air rage*	£1,000	£1,000	×
Personal liability	£3,000,000	£3,000,000	×
Legal expenses*	£50,000	£50,000	×
Cruise - Missed Port	£100 per port, up to a maximum of £300	£100 per port, up to a maximum of £300	×
Cruise - Interruption	£1,000	£1,000	✓
Delayed Flight Assistance	1 hour	1 hour	×

\*Not applicable for **trips** within the **UK**

Additional cover options for trips outside the UK (only apply if shown on your policy Schedule)		
Benefit	Policy limits for each insured person per trip	Excess per claim applicable
<b>Winter sports cover</b>		
Winter sports equipment	£750 for <b>your</b> equipment; £550 for hired equipment	✓
Delay due to avalanche	£300	×
Piste closure	£40 for each day (£400 maximum)	×
Ski pack	£350	×
Inability to take part in winter sports activities	£20 for each day (£200 maximum)	×

## CANCELLATION

The most **we** will pay in this section depends on the amount **you** have selected and will be shown on **your** policy Schedule.

### What is covered

**We** will pay **you** up to the amount shown in **your** policy Schedule for **your** share of any irrecoverable unused travel and accommodation (including excursions), and other prepaid charges which **you** have paid or are contracted to pay. **You** are also covered for any additional travel expenses incurred if **you** are forced to cancel any part of **your trip** prior to its commencement. This must be as a direct and necessary result of any cause outside of **your** control, which was unforeseen at the start date of **your** policy or at the time of booking **your trip**, whichever is the later. Please note that cover for coronavirus (COVID-19) is limited under this section as follows:

### Coronavirus (COVID-19) cover

**We** will pay **you** up to the amount shown in **your** policy Schedule for **your** share of any irrecoverable unused travel and accommodation (including excursions) and other prepaid charges **you** have paid or are contracted to pay if:

- **You** are certified as too ill to travel due to **you** still suffering from COVID-19, by a medical practitioner.

**You** may claim for an event under either the 'Cancellation' or the 'Abandonment' section, not both.

### Special conditions relating to claims

1. If **you** fail to notify the travel agent, tour operator, cruise company or provider of transport/accommodation immediately upon finding it necessary to cancel the **trip**, **our** liability shall be restricted to the cancellation charges that would have applied had failure not occurred.
2. If **you** cancel the **trip** due to **bodily injury** or illness **you** must provide a medical certificate from a **doctor** stating that this necessarily prevented **you** from travelling.

3. If **you** cancel the **trip** due to **your** public transport being delayed at **your** departure point **you** must:
  - a. check in according to the itinerary supplied to **you**;
  - b. obtain written confirmation from the scheduled transport provider (or their handling agents) of the number of hours of delay and the reason for the delay;
  - c. comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. **You** must get written confirmation from the transport provider (or their handling agent) of the cancellation, number of hours of delay or being denied boarding and the reason for these together with details of any alternative transport offered. When **you** ask the transport provider for written confirmation they may make a charge, which **we** will not refund.
5. **You** must comply with the terms of contract of the 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 EU Air Passenger Rights legislation in the event of denied boarding, cancellation or long delay of flights.

### What is not covered

See [pages 19 to 21](#).

## ABANDONMENT

### What is covered

**We** will pay **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) for **your** share of any irrecoverable unused travel and accommodation (including excursions), and other prepaid charges which **you** have paid or are contracted to pay. **You** are also covered for any additional travel expenses incurred if **you** are forced to cut short **your trip**. This must be as a direct and necessary result of any cause outside of **your** control, which was unforeseen at the start date of **your** policy or at the time of booking **your trip**,

whichever is the later. Please note that cover for coronavirus (COVID-19) is limited under this section as follows:

### Coronavirus (COVID-19) cover

We will pay **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) for **your** share of any irrecoverable unused travel and accommodation (including excursions) and other prepaid charges **you** have paid or are contracted to pay if:

– **You** are certified as too ill to travel due to **you** still suffering from COVID-19, by a medical practitioner.

**You** may claim for an event under either the 'Cancellation' or the 'Abandonment' section, not both.

### Special Conditions relating to claims

1. **You** must obtain a medical certificate from the medical practitioner in attendance and prior approval from **us** to confirm the necessity to either:
  - a. return **home** prior to curtailment of the **trip** due to death, **bodily injury** or illness, or
  - b. remain in hospital or confined to **your** accommodation (cabin confinement for cruises) for the rest of **your trip** under instruction from **your doctor** due to **bodily injury** or illness.
2. If **you** need to curtail **your trip** for an insured reason, **you** must call for assistance on **0800 092 2099** from the **UK**, **(+44) 1444 442106** from abroad.
3. 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 curtail the **trip**, the amount **we** will pay will be limited to the charges that would have applied otherwise.
4. If **your** accommodation is made uninhabitable, **you** must obtain written confirmation from the company providing the service or the local police that **you** could not use **your** accommodation and the reason for this.
5. If **you** are curtailing **your trip**, payments will be calculated on a pro rata basis taking into consideration unused accommodation

and excursions. If **you** are unable to revalidate **your** return ticket, **we** will pay for **your** repatriation costs up to the same class of travel as on **your** outward journey but not any unused portion of **your** original ticket.

### What is not covered under 'Cancellation' and 'Abandonment'

1. The **excess** shown on **your** policy Schedule.
2. Any loss in respect of Air Passenger Duty (this can be reclaimed by **you** through **your** travel agent or airline) or credit card charges.
3. Any claim for a medical condition **you** were planning to get treatment for during **your trip**.
4. Any claim for a medical condition if any of the following applied when **you** took out **your** policy or booked **your trip** (whichever is later). **You**:
  - have received advice, medication or treatment for any chronic or recurring illness, injury or disease in the last 12 months, unless the condition was disclosed to and accepted by **us**;
  - are currently suffering from any heart, cancer or respiratory condition, or have done so in the last five years, unless disclosed to and accepted by **us**;
  - were under investigation or awaiting results for any diagnosed or undiagnosed condition, unless disclosed to and accepted by **us**;
  - were on a waiting list for **inpatient** or **outpatient** treatment or were aware of the need for **inpatient** or **outpatient** treatment for any diagnosed or undiagnosed condition, unless disclosed to and accepted by **us**;
  - had been told **you** have a terminal illness.
5. Any claim if, at the time **your** policy starts or booking a **trip**, whichever was the later, any person on whom the **trip** depends, including the person with whom **you** are travelling or have arranged to travel, a person with whom **you** have arranged to reside temporarily, a **close relative**, friend or **close business**

- associate**, had a medical condition for which they:
- were receiving treatment at hospital (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);
  - were waiting for a hospital consultation, investigations or treatment (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);
  - had been given a terminal prognosis or been told that their condition was likely to get worse in the next 12 months.
6. Any claim following death, injury or illness of **your** animals other than horses, domestic dogs or domestic cats.
  7. Any claim as a result of **your** failure to have a prepaid return ticket to the United Kingdom at the start of **your trip** unless otherwise agreed by **us** in writing.
  8. Any costs arising from **your** pregnancy or childbirth where pregnancy has exceeded 28 weeks (24 weeks in the case of a multiple pregnancy).
  9. Any claim for management fees, maintenance costs or exchange fees associated with timeshares, holiday property bonds or similar arrangements.
  10. Any claim for reward points without monetary value, such as Air Miles or Avios points.
  11. Any costs or charges paid or discharged by the use of promotional vouchers or awards of any description.
  12. **You** cancelling or cutting short **your trip** because of:
    - **your** disinclination to travel; or
    - **your** loss of enjoyment of the **trip**; or
    - reasons which are unnecessary and avoidable.
  13. Any claim following a natural catastrophe or terrorism event that has not occurred within 20km of **your** booked accommodation or **your trip** start date is not within 14 days of the **event date**.
  14. Any claim because of financial circumstances, other than as a result of redundancy under the current **UK** redundancy payment legislation (where **you** or **your travelling companion** have been continuously employed on a permanent basis by the same employer and are not on a short-term fixed contract) and **you** or **your travelling companion** have been given a notice of redundancy and are receiving payment under the current redundancy payments legislation and at the time **your policy** starts or when booking the **trip**, whichever is the later, **you** or **your travelling companion** had no reason to believe that **you** or **your travelling companion** would be made redundant.
  15. Any claim because **you** or any other person on whom the **trip** depends, has to attend a court of law unless they have been called up for compulsory jury service or are being called as a witness (but not as an expert witness).
  16. Any claim for scheduled flights not booked through a bonded travel agent or direct with a **scheduled airline**.
  17. Any claim caused by **you** no longer being in a relationship/ friendship with **your travelling companion** or person with whom **you** had arranged to stay.
  18. Any claim as a result of **your** failure to have the required passport or visa, unless either has been lost, stolen or damaged as a result of theft, fire or water during **your trip**, or in the three days prior to starting **your trip**.
  19. Any claim because of **you** being on a hospital waiting list and as a result of **you** accepting an appointment that causes **you** to cancel or curtail **your trip**.
  20. Any claim for a medical condition **you** were planning to get treatment for during **your trip**.
  21. Any costs incurred by **you**, which are recoverable from the company providing the accommodation or for which **you** receive or are expected to receive compensation or reimbursement.
  22. Cancellation due to a positive coronavirus test except within 14 days of the **trip** commencing. In addition, any cancellation, if **you** purchase the **policy** after receiving a positive coronavirus test result or while waiting for a coronavirus test and are due to

travel within 14 days or FCDO advice being 'do not travel'.

23. The cost of the coronavirus test.
24. Claims arising due to a government legislating to prevent or limit travel, such as, but not limited to, prohibiting all travel or restricting travel for specified reasons, closing borders, revoking visas, or imposing lockdowns of a geographical location. This exclusion does not apply in the following circumstances:
  - when the cancellation claim has arisen from the death, injury, or illness of **you**, an immediate **relative**, a **travelling companion** or someone **you** are planning to stay with.
  - when the only government restriction in place regarding travel is an advisory issued by the Foreign Commonwealth & Development Office against all travel or all but essential travel.
25. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

**You** should also refer to the 'Medical declaration' section on [page 11](#).

### What is not covered under 'Abandonment' only

26. Any additional travel and accommodation expenses incurred that are not considered necessary or authorised by **us** in advance.
27. Any accommodation costs, charges and expenses where the tour operator has offered a reasonable alternative.

## MISSED DEPARTURE

### What is covered

**We** will pay **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) for the extra accommodation and travel costs **you** have to pay to reach **your** destination if **you** arrive at the final point of departure too late to board the ship (including cruise ship), aircraft or train in which **you** are booked to travel on **your** outward journey or on the final part of **your** return journey as a direct result of:

1. Failure of **scheduled public transport** services; or
2. Delay to a connecting scheduled flight; or
3. **You** being involuntarily denied boarding onto **your** flight (because there are too many passengers for the seats available); or
4. An accident or mechanical failure involving the motor vehicle in which **you** are travelling.

Please note, if **you** are a resident of Northern Ireland, cover under this section is extended to include international departures from ports/airports within the Republic of Ireland.

### Special conditions

1. **You** must do everything **you** can to get to the international departure point on time, as specified.
2. **You** must provide written evidence from the company **you** were travelling with to show that the vehicle **you** were travelling in had an accident or broke down.
3. If **you** have missed or will miss **your** ship, aircraft or train due to one of the reasons listed above, call **0800 092 2099** from the **UK** or **(+44) 1444 442106** from abroad and **we** will contact the carrier for **you** (if a late arrival is possible) or will make alternative travel arrangements for **you**, up to the limit payable. Any cost incurred may have to be paid by **you** and submitted as a claim.
4. In the event of a claim arising from any delay occurring following an accident to or breakdown of the vehicle in which **you** are travelling, **you** must obtain written confirmation from the police or emergency breakdown services of the location, reason for and duration of the delay.

### What is not covered

1. Any claim where **you** have not done everything **you** can to reach **your** departure point on time.
2. Any claim where the carrier has offered alternative transport.
3. Any costs which are recoverable from elsewhere including those

from the transport operator, the accommodation provider or **your** credit or debit card issuer or those for which **you** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.

4. Any claim arising directly or indirectly from denied boarding due to **your** inability to provide a valid passport or other documentation required by the transport provider or their handling agent.
5. Any costs or charges also covered under any other section of this policy.
6. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).
7. An accident to or breakdown of the vehicle in which **you** are travelling for which a professional repairer's report is not provided.
8. Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with the manufacturer's instructions.

## DELAYED DEPARTURE

### What is covered

If the ship, aircraft or train that **you** are booked to travel on is delayed in leaving at its scheduled time of departure on **your** outward journey or on the final part of **your** return journey **we** will:

1. Pay **you** up to the amount shown in the Summary of Cover on [pages 14-17](#), for each **insured person** to pay for telephone calls made and meals and refreshments purchased during the delay.
2. Refund **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) for **abandonment** of **your** unused travel and accommodation costs which **you** have paid or legally have to pay but cannot get back if, after **you** have been delayed for more

than 24 hours on **your** outward journey from the **UK**, **you** choose to **abandon your trip**. If **you** choose to **abandon your trip we** will also pay unused kennel or cattery fees which **you** cannot get back up to £300.

If **you** are a resident of Northern Ireland, cover under this section is extended to include international departures from ports/airports within the Republic of Ireland.

### Special condition

**We** will work out the length of the delay from the date and time the international ship, aircraft or train should have left. **You** must have checked in at the specified time and have travelled to the airport/port/station and obtained written confirmation from the carrier or their handling agents of the actual date and time of departure and the reason for the delay.

### What is not covered

1. The **excess** shown on **your** policy Schedule, for each claim under item 2.
2. Any claim for unused travel or accommodation arranged by using Air Miles or similar promotions.
3. Any claim for refund of any costs for persons not named on this policy.
4. Any claim for management fees, maintenance costs or exchange fees associated with timeshares and similar arrangements.
5. More than one item under this section.
6. Any costs or charges also covered under any other section of this policy.
7. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

Please note: **you** cannot make a claim for the same loss under both the 'Delayed departure' and the 'Enforced stay' sections of this policy.

# BAGGAGE

## Delayed baggage

### What is covered

If **you** baggage is temporarily lost on the outward journey and **you** are without it for more than 12 hours, **we** will pay **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) for the replacement of essential items. To claim under this section, **you** must keep the receipt of anything **you** buy and get written confirmation from the carrier of the number of hours **you** were without **your** baggage.

**We** will pay up to £35 a day towards the cost of hiring replacement golf equipment if **your** golf equipment is temporarily delayed for more than 12 hours on the outward journey. To claim under this item, **you** must get written confirmation from the carrier of the number of hours **you** were without **your** golf equipment.

### What is not covered

1. Any claim for baggage delayed or detained by customs or other officials.
2. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## Lost, stolen or damaged baggage

### What is covered

We will cover **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) for loss, theft or accidental damage to **your** personal belongings, baggage or golf equipment during **your** trip.

### Important

There is a single article limit under this section, which means that this policy may not provide enough cover for expensive/valuable items such as jewellery and photographic or video equipment. However, **you** can usually insure these items separately under the 'All Risks' section of **your** home insurance policy.

**You** must take care to look after **your** possessions, in particular **your** money:

- These items should be kept on **your** person or secured in baggage which stays with **you** at all times (not in suitcases to be checked in).
- Alternatively, they should be left in **your** locked personal accommodation, a locked safety deposit box or a locked safe, the locked boot of a locked vehicle or in the luggage space at the back of a locked vehicle under the top cover and out of view.
- Money should never be left on a beach or under a towel or sunbed, no matter how well hidden. It should not be left in an **unattended** pushchair or buggy or in an **unattended** coat or jacket. If these may be taken from **you**, for example, in a restaurant, **you** should first remove **your** money.

## Special conditions

1. **You** must make every effort to keep **your** personal belongings and baggage safe.
2. If **your** personal belongings or baggage are lost or damaged by an authority, a transport company or hotel, **you** must report the details of the loss or damage to them in writing and get written confirmation.
3. If **your** personal belongings or baggage are lost or damaged by an airline, **you** must:
  - a. get a property report
  - b. give written notice of the claim to the airline within the time limit in their conditions of carriage (**you** should also keep a copy)
  - c. keep all travel tickets and tags if **you** claim under this policy.
4. If **your** personal belongings or baggage are lost or stolen, **you** must make every effort to get them back.
5. **You** must be able to prove that **you** were responsible for the lost, stolen or damaged items and how much they are worth. If **you** do not do this, it may affect **your** claim.
6. At **our** option, **we** will settle any claim by payment or replacement. **We** will pay claims for personal belongings and

baggage based on their value at the time of loss. **We** will not pay the cost of replacing them with new items.

7. If **you** have also made a claim under 'Delayed baggage' this amount will be deducted from the amount claimed under this section.

### What is not covered

1. The **excess** shown on **your** policy Schedule.
2. Loss or theft of personal belongings or baggage which **you** have left **unattended**.
3. Cracking, scratching or breaking of glass (except lenses in cameras, binoculars, telescopes or spectacles), china or similar fragile articles.
4. Pedal cycles, contact lenses, and medical and dental fittings.
5. Wear and tear, loss of value and damage caused by moths and vermin, or any process of cleaning, repairing or restoring.
6. Any loss or theft which **you** do not report to the police within 48 hours of being discovered and get a written report for (where it is not possible to obtain a police report **you** must provide other independent proof of loss such as a letter from **your** transport company or hotel).
7. Sports equipment that is damaged while it is being used.
8. Winter sports equipment.
9. Any goods delayed, detained or confiscated by customs or other officials.
10. Items used in connection with **your** job which are not owned by **you**.
11. Bonds, securities or documents of any kind.
12. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## EMERGENCY MEDICAL AND ASSOCIATED EXPENSES

### What is covered

This section provides insurance for emergency medical and associated costs not covered by the National Health Service or any reciprocal health agreement. This is not private medical insurance.

**For the purposes of this section England, Wales, Scotland and Northern Ireland will be considered as the same country.**

1. If **you** are injured, fall ill, are quarantined or die during **your trip**, **we** will pay for the following:
  - a. medical treatment (including rescue services to take **you** to hospital);
  - b. up to the amount shown in the Summary of Cover on [pages 14-17](#) for emergency dental treatment to relieve pain;
  - c. up to £5,000 for the cost of burying or cremating **you** in the country outside of **your home** country where **you** die;
  - d. the cost of returning **your** body or ashes to **your home**;
  - e. any charges for half board accommodation (of a similar standard to the accommodation **you** had for the rest of **your trip**) if **you** have to stay after the date **you** were going to return **home**. **We** will also pay travel costs which **you** have to pay to get back **home** if **you** cannot use **your** return ticket;
  - f. up to £300 for additional kennel or cattery fees for **your** dog or cat if **you** have to stay after the date **you** were going to return; and
  - g. up to £250 for pre-booked green fees, which are not refundable, if **you** are not able to play golf due to injury or illness.
2. **We** will pay the cost of getting **you home** if it is medically necessary because **you** are injured or fall ill during **your trip** and **you** cannot use **your** return ticket.

Under items 1e and 2, **we** will also pay travel and accommodation costs of one **relative** or friend who has to travel or stay with **you** if



**your** treating **doctor** and **our** medical assistance team think that it is necessary.

### Special conditions

1. **You** must phone the medical helpline on **(+44) 1444 442105** as soon as possible if **you** need to go into hospital as an **inpatient** or if **you** need to return **home**.
2. If **you** are injured or become ill during **your trip**, **our** medical assistance team may:
  - move **you** from one hospital to another; and /or
  - arrange for **you** to return **home** at any time.

They will do this if they think that it is safe for **you** to be moved or returned to **your home** country. If **you** choose not to, **our** liability will end on the date it was deemed safe for **you** to be moved or returned to **your home** country.

3. Items 1a, 1b and 1c are only applicable to **trips** outside of **your home** country (unless **you** require treatment on, or **we** authorise a repatriation back to the **UK** from, **your UK** cruise).
4. **You** should make every effort to use **your** Global Health Insurance Card (GHIC) if **you** have one, where possible. If **we** agree to a claim for medical expenses that has been reduced by using a GHIC, **you** will not have to pay the **excess** under this section. **You** will have to provide evidence that any medical bills have been reduced by the use of the GHIC.

### What is not covered

1. The **excess** shown on **your** policy Schedule.

Please see What is not covered under 'Emergency medical and associated expenses' and 'Hospital benefit' on [pages 25 to 27](#) for further exclusions applicable to this section.

## HOSPITAL BENEFIT

### What is covered

If **you** are claiming for medical expenses that are covered under 'Emergency medical and associated expenses', **we** will also pay **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) while **you** are being treated as an **inpatient** in a hospital outside the **UK** towards incidental expenses **you** have to pay, such as telephone calls.

### What is not covered under 'Emergency medical and associated expenses' and 'Hospital benefit'

1. Any claim for a medical condition if any **insured person** has travelled against the advice of a **UK doctor** or would be travelling against the advice of a **UK doctor** if they had taken such advice.
2. Any claim for a medical condition if any of the following applied when **you** took out **your** policy or booked **your trip** (whichever is later). **You**:
  - a. have received advice, medication or treatment for any chronic or recurring illness, injury or disease in the last 12 months, unless the condition was disclosed to and accepted by **us**
  - b. are currently suffering from any heart, cancer or respiratory condition, or have done so in the last five years, unless disclosed to and accepted by **us**
  - c. were under investigation or awaiting results for any diagnosed or undiagnosed condition, unless disclosed to and accepted by **us**
  - d. were on a waiting list for **inpatient** or **outpatient** treatment or were aware of the need for **inpatient** or **outpatient** treatment for any diagnosed or undiagnosed condition, unless disclosed to and accepted by **us**
  - e. had been told **you** have a terminal illness.
3. Any claim for a medical condition where **you** have received medical advice for an illness or injury between booking **your trip** and the departure date, unless disclosed to and accepted by **us**.

4. Any claim for a medical condition **you** were planning to get treatment for during **your trip**.
5. Any medical condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a medical practitioner.
6. Any claim for:
  - a. the cost of **inpatient** or **outpatient** treatment in **your home** country
  - b. any costs over £500 where prior agreement regarding treatment has not been obtained from the medical assistance team
  - c. the cost of **inpatient** hospital treatment or going **home** early that **we** have not agreed beforehand
  - d. any costs where the transportation **home** has not been arranged by **us** or prior agreement has not been given by **us**
  - e. the cost of any non-emergency treatment or surgery including exploratory tests which are not directly related to the illness or injury that **you** originally went to hospital for
  - f. any form of treatment that **your** treating **doctor** and **our** medical assistance team think can wait until **you** get back to **your home** country
  - g. cosmetic surgery
  - h. medication which, at the time **your trip** started, **you** knew that **you** would need while **you** were away
  - i. any extra costs because **you** have a single or private room
  - j. treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre
  - k. any treatment costs incurred after **you** have returned **home** or **your trip** has ended, whichever is the earlier
  - l. costs of telephone calls other than:
    - i. calls to **our** medical assistance team, for which **you** are able to provide receipts or other evidence to show the cost of the calls and the number **you** telephoned; or
    - ii. any costs incurred by **you** when **you** receive calls on **your** mobile phone from **our** medical assistance team for which **you** are able to provide receipts or other evidence to show the cost of the calls
7. Any claim that results from:
  - a. any anxiety state, depression, mental or nervous disorder which had been diagnosed when **you** took out **your** policy or booked **your trip** (whichever is later) unless disclosed to and accepted by **us**
  - b. **your** pregnancy or childbirth that has exceeded 28 weeks (24 weeks for a multiple pregnancy)
  - c. **your** involvement in manual work of any kind
  - d. **you** taking part in any winter sports activity listed on [page 13](#) unless winter sports cover is shown on **your** policy Schedule
  - e. **you** taking part in a leisure or winter sports activity not listed (or listed as NOT covered) on [pages 12 to 13](#)
  - f. **you** taking part in any organised team or contact sport not listed (or listed as NOT covered) on [pages 12 to 13](#), any sport or competition as a professional or competing in or practising for speed or time trials, sprints or racing of any kind
  - g. **you** taking part in expeditions or being a crew member on a vessel travelling from one country to another
  - h. **you** motorcycling:
    - as a rider or passenger on a machine over 125cc; or
    - as a rider or passenger on a machine 125cc or under unless **you** wear a crash helmet and, as a rider, **you** hold a full **UK** motorcycle licence or a valid CBT certificate (DL196)
8. Costs incurred following **your** decision not to return to **your home** country after the date when, in **our** medical assistance team's opinion, it was safe for **you** to do so.

9. Any claim resulting from a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
10. Any claim for the cost of providing, repairing or replacing dentures, dental work involving the use of precious metals, false limbs, hearing aids, contact or corneal lenses or prescription spectacles.
11. Any claim where **you** do not comply with the treatment agreed by **your** treating **doctor** and **our** medical assistance team.
12. Any costs relating to search and rescue.
13. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## PERSONAL ACCIDENT

### What is covered

We will cover **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) if **you** suffer a **bodily injury** during **your** **trip** that leads directly to **you**:

- a. death;
- b. loss of one or more limbs and/or the total loss of sight in one or both eyes; or
- c. **permanent total disablement**

### Special conditions

1. The death or disability must happen within one year of the accident.
2. **You** can only claim for one item under this section.
3. The benefits will be paid to **you** or **your** legal representative.

### What is not covered

1. Any claim for sickness, disease, nervous shock or naturally occurring condition or degenerative process.

2. Any claim that results from:
  - a. **you** flying (except while travelling in an aircraft as a passenger) or taking part in other aerial activities
  - b. **you** motorcycling:
    - as a rider or passenger on a machine over 125cc; or
    - as a rider or passenger on a machine 125cc or under unless **you** wear a crash helmet and, as a rider, **you** hold a full **UK** motorcycle licence or a valid CBT certificate (DL196)
  - c. **your** involvement in manual work of any kind
  - d. **you** taking part in any winter sports activity listed on [page 13](#) unless winter sports cover is shown on **your** policy Schedule
  - e. **you** taking part in a leisure or winter sports activity not listed (or listed as NOT covered) on [pages 12 to 13](#)
  - f. **you** taking part in any organised team or contact sport not listed (or listed as NOT covered) on [pages 12 to 13](#), any sport or competition as a professional, competing in or practising for speed or time trials, sprints or racing of any kind
  - g. **you** taking part in expeditions or being a crew member on a vessel travelling from one country to another.
3. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## CRIMINAL INJURY BENEFIT

### What is covered

If **you** suffer an accidental injury during **your trip** which results from a crime of violence (including arson or poisoning), the following additional benefits apply up to the maximum amount shown in the Summary of Cover on [pages 14-17](#) per incident per person:

Benefit	Cover limits
Permanent total loss of:	
- Speech, or hearing in both ears	See Summary of Cover on <a href="#">pages 14-17</a>
- Hearing in one ear	£15,000
Permanent total loss of use of:	
- A shoulder, elbow, hip, knee, ankle, or wrist	£7,500
- One thumb or forefinger	£5,000
- Any other finger or one big toe	£3,000
- Any other toe	£500
Complicated fracture requiring surgical treatment, traction or reduction under a general anaesthetic or hospital admission as an <b>inpatient</b>	£3,000
Other fractures	£1,500
Dislocation of the spine or hip	£3,000
Any other dislocation (requiring general anaesthetic or traction)	£1,500
Second degree burns (affecting greater than 10% of the body surface)	£1,500
Third degree burns (affecting greater than 15% of the body surface or greater than 50% of either hand surface)	£3,000
Internal injuries requiring surgery	£1,500

Benefit	Cover
Three or more of the following injuries where at least one still has significant residual effects six weeks after the incident. The injuries must also have necessitated at least two visits to or by a <b>doctor</b> during that period: <ol style="list-style-type: none"> <li>grazing, cuts, lacerations (no permanent scarring)</li> <li>severe and widespread bruising</li> <li>severe soft tissue injury (not permanently disabling)</li> <li>black eye(s)</li> <li>bloody nose</li> <li>hair pulled from scalp</li> <li>total loss of fingernail(s)</li> </ol>	£1,500
Shock (including post-traumatic stress disorder and depression) where the psychological and/or physical symptoms and disability persists for more than six weeks after the incident	£1,500

### What is not covered

- Benefit will not be payable for mental injury alone unless the **insured person**:
  - was put in fear of immediate physical harm to his or her person;
  - is a close friend or **relative** of a person who sustains a physical injury, including a fatal injury, directly resulting from a crime of violence and either:
    - witnessed and was present when the crime occurred; or
    - was closely involved in the immediate aftermath;
  - was the non-consenting victim of a sexual offence.
- Any claim for injury not caused by a crime of violence.
- Any claim arising directly or indirectly from acts of terrorism.
- Any claim where the incident was not reported to the police as soon as possible and a written police report obtained.

## SUBSTITUTE ACCOMMODATION

### What is covered

We will cover **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) for additional accommodation and transport costs incurred up to the standard of **your** original booking, if **you** need to move to substitute accommodation on arrival or at any other time during the **trip** because **you** cannot use **your** booked accommodation as a result of the following events:

1. Fire, flood, storm, explosion, landslide, avalanche, hurricane, earthquake, tsunami or volcanic eruption making **your** accommodation uninhabitable.
2. An outbreak of food poisoning or an infectious disease.

### Special condition

**You** must obtain written confirmation from the company providing the service or the local police that **you** could not use **your** accommodation and the reason for this.

### What is not covered

1. The **excess** shown on **your** policy Schedule.
2. Any costs or charges also covered under any other section of this policy.
3. Any claim if **your trip** is booked as part of a **package** holiday.
4. Any claim for additional transport and accommodation costs, which are of a higher standard than that of **your** originally pre-booked transport and accommodation.
5. Any costs which are recoverable from elsewhere including those from the transport operator, the accommodation provider or **your** credit or debit card issuer or those for which **you** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers,

communication facilities or other assistance.

6. Any costs which **you** would have expected to pay during **your trip**.
7. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## ENFORCED STAY

### What is covered

We will pay **you**:

- a. £100 for every complete 24-hour period up to the amount shown in the Summary of Cover on [pages 14-17](#), that **you** are unable to reach **your** destination/return to **your** pre-booked accommodation/return **home**; or
- b. up to £1,000 for any necessary travel expenses where after 24 hours or more, **you** unavoidably have to make alternative arrangements to reach **your** destination/return to **your** pre-booked accommodation/return **home** and **your travel provider** cannot provide alternative travel arrangements.

We will also pay up to £200 for emergency replenishment of prescription medication that **you** require in the event that **your** existing supplies run out after the date that **you** were scheduled to return **home** as a result of one of the following happening while **you** are away:

1. The airspace being closed.
2. The airport or port that **you** are scheduled to travel from or through being closed (and **you** purchased **your** ticket before it was announced the airport/port was closed).
3. The Channel Tunnel being closed (and **you** purchased **your** ticket before it was announced the tunnel was closed).
4. **You** being involuntarily denied boarding onto **your** flight.
5. **Your** flight being diverted or re-directed after take-off.
6. The failure of **scheduled public transport** services.

Please note there is no cover under this section if **your** claim relates to coronavirus (COVID-19).

### Special conditions

1. **You** must get (at **your** own expense) written confirmation from the transport provider (or their handling agent) of the cancellation, number of hours of delay or being denied boarding and the reason for these together with details of any alternative transport offered.
2. **You** must comply with the terms of contract of the 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 EU Air Passenger Rights legislation or similar legislation in the event of denied boarding, cancellation or long delay of flights.

### What is not covered

1. The **excess** shown on **your** policy Schedule.
2. Any costs or charges also covered under any other section of this policy.
3. Any claim except under part b if **your trip** is booked as part of a **package** holiday.
4. Any claim arising directly or indirectly from denied boarding due to **your** inability to provide a valid passport or other documentation required by the transport provider or their handling agent.
5. Any claim for additional transport and accommodation costs, which are of a higher standard than that of **your** originally pre-booked transport and accommodation.
6. Any costs which are recoverable from elsewhere including those from the transport operator, the accommodation provider or **your** credit or debit card issuer or those for which **you** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.

7. Any accommodation costs, charges and expenses where the transport operator has offered alternative travel arrangements.
8. Any costs which **you** would have expected to pay during **your trip**.
9. The cost of prescription medication where **you** have not declared a pre-existing medical condition(s) or declined to accept the terms of **our** medical pre-screening, which apply to **your** pre-existing medical condition(s).
10. The cost of prescription medicine where **you** have not taken sufficient supplies with **you** to last the period of **your trip**.
11. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

Please note: **you** cannot make a claim for the same loss under both the 'Delayed departure' and the 'Enforced stay' sections of this policy.

## LOSS OF PASSPORT

### What is covered

**We** will cover **you** for accidental loss, theft or damage of **your** passport while **you** are abroad. **We** will pay up to the amount shown in the Summary of Cover on [pages 14-17](#) for extra travel, accommodation and communication facilities expenses **you** have to pay to get a temporary travel permit and the cost of the temporary travel permit.

Contact **us** on **0800 092 2101** from the **UK** or **(+44) 1444 442105** from abroad and **we** will advise **you** how to replace lost or stolen passports.

**We** will also help **you** complete **your** replacement passport forms and arrange for them to be sent to the local British Embassy/Consulate. **You** will then be advised what time **you** need to be there to present **your** signed forms and relevant documentation in order for **you** to pick up **your** replacement passport. If **you** are continuing with **your** travel outside of the **UK**, **we** can help arrange for **your** visas and replacement passport to allow **you** to continue with **your** holiday.

## Special condition

**You** must make every effort to keep **your** passport safe. If **your** passport is lost or stolen **you** must make every effort to get it back.

## What is not covered

1. Any claim where the incident was not reported to the police as soon as possible and a written report obtained.
2. Any claim arising from a malicious or deliberate act by **you**.
3. Any loss or theft of **your** passport while it is **unattended**.
4. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## PERSONAL MONEY

### What is covered

**We** will cover **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) for loss or theft of cash (including foreign currency), travellers cheques, non-refundable prepaid tickets, travel tickets, hotel vouchers, passport and driving licence during **your trip**.

Contact **us** on **0800 092 2099** from the **UK** or **(+44) 1444 442106** from abroad and **we** will advise **you** how to replace lost or stolen personal money.

### Special conditions

1. **You** must always make every effort to keep **your** personal money safe. If **your** personal money is lost or stolen **you** must make every effort to get it back.
2. **You** must be able to prove that **you** own the lost or stolen personal money and how much it is worth. If **you** do not, it may affect **your** claim.

### What is not covered

1. The **excess** shown on **your** policy Schedule.
2. Any claim where the incident was not reported to the police as

soon as possible and a written report obtained.

3. Any personal money which is delayed, detained or confiscated by customs or other officials.
4. Bonds, securities or documents of any kind.
5. Loss or theft of personal money not carried in **your** hand baggage or on **your** person while **you** are travelling.
6. Loss or theft of personal money while it is **unattended**.
7. Shortages due to a mistake or loss due to a change in exchange rates.
8. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## HIJACK AND MUGGING

### What is covered

**We** will pay £50 for each full 24-hour period up to a maximum of £1,000 per insured person if:

1. **You** cannot reach **your** destination or **you** cannot reach the **UK** on the return leg of **your trip** as a result of the transport on which **you** are travelling being hijacked; or
2. **You** are in hospital receiving **inpatient** treatment required following a mugging.

### What is not covered

**We** will not pay any claim:

1. Unless **you** provide written confirmation of the delay from the airline or carrier.
2. If **you** do not report the mugging to the police as soon as possible and get a written police report.
3. For anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## PET CARE

### What is covered

We will pay vets' fees of £25 for each 24-hour period up to the amount shown in the Summary of Cover on [pages 14-17](#) if **your** cat or dog needs inpatient veterinary treatment as a result of an injury which occurred while **your** cat or dog was being cared for by a friend, **relative** or professional carer in the **UK** while **you** were on a **trip**.

### What is not covered

We will not pay any claim:

1. If **you** do not have written confirmation from **your** vet giving details of the injury or accident and the number of days that **your** cat or dog has been an inpatient.
2. For anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## AIR RAGE

### What is covered

In the event of a delay on either **your** outbound or inbound flight directly resulting from violent or drunken behaviour by other passengers **we** will pay up to the amount shown in the Summary of Cover on [pages 14-17](#) for additional costs **you** incur. **You** must obtain written confirmation of the delay from the airline.

## PERSONAL LIABILITY

### What is covered

We will cover **you** for any money that **you** legally have to pay that relates to an accident during **your trip** which causes:

- a. death or injury to any person; and/or
- b. loss or damage to property.

### The most we will pay

The most **we** will pay for all claims arising from any one event is up to the amount shown in the Summary of Cover on [pages 14-17](#) for each **insured person**. **We** will also pay any extra costs and expenses that **you** have to pay as long as **we** agree, in writing, beforehand.

### What is not covered

1. Any fines or exemplary damages (punishing, or aimed at punishing, the person responsible rather than awarding compensation) **you** have to pay.
2. Liability arising from:
  - a. death or injury of people who work for **you** or members of **your** household
  - b. loss of or damage to property which belongs to or is under the control of **you**, a member of **your** household or people who work for **you**
  - c. **your** job
  - d. **your** involvement in manual work of any kind
  - e. **you** owning or occupying any land or building, unless **you** are occupying any temporary holiday accommodation in which case **we** will not cover any **excess**
  - f. **you** owning or using:
    - animals (except domestic animals);
    - firearms (except sporting guns used for clay pigeon shooting);
    - motorised vehicles;
    - vessels (except manually-propelled watercraft); or
    - aircraft of any description, including unpowered flight
  - g. **you** taking part in any winter sports activity listed on [page 13](#) unless winter sports cover is shown on **your** policy Schedule
  - h. **you** taking part in any leisure or winter sports activity not listed (or listed as NOT covered) on [pages 12 to 13](#)
  - i. **you** taking part in any organised team or contact sport not listed (or listed as NOT covered) on [pages 12 to 13](#), any sport or competition as a professional, competing in or practising for speed or time trials, sprints or racing of any kind.



3. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## LEGAL EXPENSES

### What is covered

**We** will pay the legal expenses incurred by **you** or **your** representative up to the amount shown in the Summary of Cover on [pages 14-17](#), where **we** consider that **you** are likely to obtain a reasonable settlement, in the pursuit of compensation and/or damages against a third party arising from or out of **your** personal injury, illness or death during the **trip**.

The most **we** will pay for any claim in total under this policy per **insured person** (and in total for all **insured persons** in connection with any one event giving rise to a claim) for legal costs and expenses directly incurred in pursuit of these proceedings is shown in the Summary of Cover on [pages 14-17](#) (including VAT).

### What is not covered

**We** will not pay for:

1. Costs or expenses incurred without prior authorisation by **us**.
2. Any claim reported more than 90 days after the start of the event giving rise to such a claim.
3. Any claim where, in **our** opinion, there is insufficient prospect of success in obtaining a reasonable settlement. This will be where **we** consider there is less than a 51% chance of succeeding with **your** claim and in **our** opinion the estimated amount of compensation payment is less than £1,000 per person after all amounts advanced or paid by **us** are repaid.
4. Damages or fines **you** have to pay.
5. Claims arising from a **trip** solely within the **UK**.
6. Any claim arising from **your** business or professional activities.
7. The pursuit of a claim against **us**, **our** agent or an insurer underwriting any section of this policy, or a travel agent, tour

operator or carrier.

8. Any legal expenses which are dependent upon the successful outcome of the case.
9. Any actions between **insured persons**, or actions pursued in order to obtain a satisfaction of a judgment or legally binding decision.
10. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

### Special conditions

Please read these conditions carefully. They are an important part of the policy.

1. Notification  
**You** must notify **us** as soon as possible of any incident which may give rise to a claim, and at the latest, within 90 days of the incident.
2. Selection of lawyers  
**We** shall have complete control over the legal proceedings up until such time as the costs reach the limit shown in the Summary of Cover on [pages 14-17](#), although **you** do not have to accept the lawyer nominated by **us** and are free to choose **your** own lawyer.  
Lawyers must be qualified to practise in the courts of the country where the event giving rise to the claim occurred or where the proposed defendant under this section is resident.  
If **you** are unable to agree with us on a suitable lawyer, **we** will ask the ruling body for lawyers in that country to nominate another lawyer. In the meantime, **we** may appoint a lawyer to protect **your** interests.
3. Proceedings  
**We** can opt to conduct legal proceedings instituted in the United States of America or Canada under the contingency fee system operating in North America.

We will not begin legal proceedings in more than one country in respect of the same occurrence.

#### 4. Settlement

If an award of compensation is made and payment is received by **you**, or by a lawyer instructed on **your** behalf, then all sums advanced or paid by **us** shall be repaid out of the settlement or compensation received.

The 'General exclusions' on [pages 37 to 38](#) and the 'General conditions' on [pages 38 and 39](#) apply to the whole policy and should be read in conjunction with this section.

## CRUISE COVER - PLUS COVER LEVEL ONLY

This cover only applies if shown on **your** policy Schedule.

### Missed Port

#### What is covered

We will provide a payment as shown in the Summary of Cover on [pages 14-17](#) for each port on **your** cruise itinerary that **you** are unable to disembark at due to adverse weather or timetable restrictions. For cover to be valid **you** must provide evidence from the cruise company confirming the port was missed and the reason why.

### Cruise Interruption

#### What is covered

We will pay up to the amount shown in the Summary of Cover on [pages 14-17](#) for additional expenses **you** pay to re-join **your** cruise if **you** temporarily disembark for hospital treatment on dry land.

For cover to apply **you** must:

- Have a valid claim under [Emergency Medical and Associated Expenses](#) see [page 24](#), then
- Contact **us** on (+44) 1444 442105 to discuss arrangements for

additional transport and accommodation costs before finalising any such arrangements.

## WINTER SPORTS (ADDITIONAL COVER)

This cover only applies if shown on **your** policy Schedule. For single **trip** policies the cover given by these sections only applies to winter sports during the **trip** dates shown on **your** policy Schedule. For annual multi-trip policies **you** are covered for a maximum of 21 days per policy year with this extension.

### Winter sports equipment

#### What is covered

1. If **your** skis, snowboard, boots, bindings or poles are lost, stolen or damaged by accident during **your trip**, **we** will pay for their replacement or repair, whichever is lower, after making an allowance for wear and tear and loss of value using the scale below.
  - Up to one year old, 90% of the purchase price
  - Up to two years old, 70% of the purchase price
  - Up to three years old, 50% of the purchase price
  - Up to four years old, 30% of the purchase price
  - Over four years old, 20% of the purchase priceThe most **we** will pay is £750 for each **insured person**.
2. If **you** hire winter sports equipment and it is lost, stolen or damaged by accident during **your trip**, **we** will pay for its replacement or repair. The most **we** will pay is £550 for each **insured person**.
3. If **we** pay under items 1 or 2 above, **we** will also pay to hire replacement winter sports equipment for the rest of **your trip**. The most **we** will pay under item 3 is £200 for each **insured person**.
4. **We** will pay up to £200 to replace **your** lift pass if it is lost or stolen during **your trip**.

## Special conditions

1. **You** must make every effort to keep the winter sports equipment safe.
2. If the winter sports equipment is lost or damaged by an authority, a transport company or hotel, **you** must report the details of the loss or damage to them in writing and get written confirmation.
3. If the winter sports equipment is lost or damaged by an airline, **you** must:
  - a. get a property report
  - b. give written notice of the claim to the airline within the time limit in their conditions of carriage (**you** should also keep a copy)
  - c. keep all travel tickets and tags if **you** claim under this policy.
4. If the winter sports equipment is lost or stolen, **you** must make every effort to get it back.
5. **You** must be able to prove that **you** were responsible for the lost, stolen or damaged items and the purchase price. If **you** do not do this, it may affect **your** claim.

## What is not covered

1. The **excess** shown on **your** policy Schedule.
2. Deliberate or malicious damage to winter sports equipment caused by the **insured person**.
3. Loss or damage to winter sports equipment caused by the **insured person's** carelessness or neglect.
4. Wear and tear, loss of value and damage caused by moths or vermin, or any process of cleaning, repairing or restoring.
5. Losses from motor vehicles.
6. Any loss or theft which **you** do not report to the police as soon as possible when discovered and get a written report for (where it is not possible to obtain a police report **you** must provide other independent proof of loss such as a letter from **your** transport company or resort management).

7. Winter sports equipment that is damaged while it is being used.
8. Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## Delay due to avalanche

### What is covered

**We** will cover **you** for the cost of extra travel and accommodation if an avalanche delays **your** arrival at or departure from the booked resort.

### The most we will pay

The most **we** will pay for each **insured person** is £300.

### What is not covered

Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## Piste closure

(This section does not apply to cross-country skiing.)

### What is covered

**We** will pay **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) if all the pistes at the resort **you** have booked:

- Are closed because of lack of snow, excessive snow or high winds and **you** need transportation to another site, or:
- Are closed because of lack of snow, excessive snow or high winds and there are no other sites nearby.

## Special conditions

1. This section does not apply in the **UK**, and within Europe the cover only applies during the period 15 December to 15 April.
2. **You** must provide evidence that confirms the piste closures from either **your** tour operator or resort management.

### What is not covered

Anything mentioned in the 'General exclusions' on [pages 37 to 38](#).

## Ski pack

### What is covered

If, due to illness or injury, **you** are medically certified as being unable to ski or board **we** will pay the proportionate cost of **your** non-refundable ski pack. The ski pack includes lessons from a ski school, ski hire and the cost of any lift pass.

**We** will pay up to the amount shown in the Summary of Cover on [pages 14-17](#) for each **insured person**.

### Inability to take part in winter sports activities

#### What is covered

If, due to injury or illness during **your trip**, **you** cannot take part in winter sports activities, **we** will pay **you** up to the amount shown in the Summary of Cover on [pages 14-17](#) for each day **you** are prevented from doing so.

#### What is not covered under ‘Ski pack’ and ‘Inability to take part in winter sports activities’

1. Any claim for a medical condition if any **insured person** has travelled against the advice of a **UK doctor** or would be travelling against the advice of a **UK doctor** if they had taken such advice.
2. Any claim for a medical condition if any of the following applied when **you** took out **your** policy or booked **your trip** (whichever is later). **You**:
  - a. had received advice, medication or treatment for any chronic or recurring illness, injury or disease in the last 12 months unless the condition was disclosed to and accepted by **us**
  - b. are currently suffering from any heart, cancer or respiratory condition, or have done so in the last five years, unless disclosed to and accepted by **us**
  - c. were under investigation or awaiting results for any diagnosed or undiagnosed condition unless the condition was disclosed to and accepted by **us**
  - d. were on a waiting list for **inpatient** or **outpatient** treatment or were aware of the need for **inpatient** or **outpatient**

treatment for any diagnosed or undiagnosed condition unless disclosed to and accepted by **us**

- e. had been told **you** have a terminal illness.
3. Any claim for a medical condition where **you** have received medical advice for an illness or injury between booking **your trip** and the departure date unless disclosed to and accepted by **us**.
4. Any claim that results from:
  - a. any anxiety state, depression, mental or nervous disorder which had been diagnosed when **you** took out **your** policy or booked **your trip** (whichever is later) unless disclosed to and accepted by **us**
  - b. **your** pregnancy or childbirth that has exceeded 28 weeks (24 weeks for a multiple pregnancy)
  - c. **your** involvement in manual work of any kind
  - d. **you** taking part in any winter sports activity listed on [page 13](#) unless winter sports cover is shown on **your** policy Schedule
  - e. **you** taking part in a leisure or winter sports activity not listed (or listed as NOT covered) on [pages 12 to 13](#)
  - f. **you** taking part in any organised team or contact sport not listed (or listed as NOT covered) on [pages 12 to 13](#), any sport or competition as a professional or competing in or practising for speed or time trials, sprints or racing of any kind
  - g. **you** taking part in expeditions or being a crew member on a vessel travelling from one country to another.
5. Anything mentioned in the ‘General exclusions’ on [pages 37 to 38](#).

## GENERAL EXCLUSIONS THAT APPLY TO THE WHOLE POLICY

This policy does not cover the following:

1. Apart from coronavirus (COVID-19) cover under the 'Cancellation' and 'Abandonment' sections and the 'Emergency medical and associated expenses' section, this policy does not cover any claim arising directly, or indirectly, from any coronavirus disease, including but not limited to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and COVID-19, or any related or mutated form of the virus. This includes the fear or threat of catching coronavirus, and the advice, or action, of any government or medical practitioner not to travel or preventing travel.
2. Any claim arising from:
  - a - **war** and warlike activities whether declared or not.
  - b - **cyber terrorism**
  - c - radioactive contamination, the use of, or a threat to use any nuclear device, chemical, or biological weapon.
3. Death, injury, illness or disability resulting from **your** suicide or attempted suicide, or exposure to danger which can reasonably be predicted (unless **you** are trying to save human life).
4. Any claim arising as a result of **you** drinking too much alcohol, evidenced by:
  - a **doctor** stating that **your** alcohol consumption has caused or actively contributed to **your** injury or illness;
  - the results of a blood test showing that **your** blood alcohol level exceeds 0.19%, which is approximately four pints of beer or four 175ml glasses of wine;
  - the witness report of a third party advising that **you** have notably impaired **your** faculties and/or judgement; or
  - **your** own admission and/or the events **you** have described on the claim form.
5. Any claim arising from alcohol abuse or alcohol dependency, which is evidenced by:
  - **your** medical records or the opinion of **your doctor**; or
  - the opinion of an independent **doctor**.
6. Any claim arising from substance abuse, drug abuse (whether over the counter, prescription or otherwise) and/or ingestion of any illegal drugs or substances.
7. Any indirect loss that is not described in this policy.
8. Any claim arising, directly or indirectly, from circumstances known to **you**, including strike or industrial action existing or declared publicly, prior to the date this insurance is purchased by **you** or at the time of booking any **trip** (whichever is later). This exclusion does not apply to the 'Emergency medical and associated expenses' section.
9. Any claim arising as a result of **you** travelling to a country to which the Foreign, Commonwealth & Development Office (FCDO) has advised against all but essential travel and the claim is related to the reason for the advice, subject to there being no other government restrictions in place prohibiting travel. (See General exclusion 22.)
10. Any **trip** where **you** have already left the **UK** at the time of purchasing this insurance, except where **you** renew an existing annual multi-trip policy, which falls due for renewal during the **trip**.
11. Any claim where there is another insurance policy in place covering the same risk.
12. Costs recoverable elsewhere.
13. Any claim as a result of **your** own unlawful action or any criminal proceedings against **you**.
13. Any claim as a result of:
  - **You** as a rider or passenger on a machine over 125cc; or
  - as a rider or passenger on a machine 125cc or under unless **you** wear a crash helmet and, as a rider, **you** hold a full **UK** motorcycle licence or a valid CBT certificate (DL196).
14. Any claim where **you** are not wearing a seatbelt when travelling in

a motor vehicle, where a seatbelt is available.

15. Needless self-exposure to peril except in an endeavour to save human life.
16. Any costs incurred by, or on behalf of, any person who is not insured under this policy.
17. Any loss or damage directly or indirectly caused by the provision of, or any delay in providing, the medical (or medical related) services to which the cover under this policy relates, whether provided by **us** or by anybody else (whether or not recommended by **us** and/or acting on **our** behalf) unless negligence on **our** part can be demonstrated.
18. **We** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **UK** and or sanctions of the United States of America (provided that this does not violate current EU and/or **UK** law).
19. **We** do not cover any payment which **you** would normally have made during **your** travels and/or which does not fall within the events insured under the terms of this policy.
20. Claims are not covered during **your trip** if **you** travel against restrictions put in place by a government to prevent or restrict travel. Examples of government action are, but not limited to, prohibiting all travel or restricting travel to specified reasons, closing borders, revoking visas, or imposing lockdowns of a geographical location or FCDO advice being 'do not travel'.
21. The insolvency or failure of any **travel provider** to provide a service due to inability to trade.

In addition, these exclusions apply to the 'Cancellation', 'Abandonment', 'Emergency medical and associated expenses', 'Hospital benefit' and 'Personal accident' sections of **your** policy.

**We** will not pay any directly related claims if at any time **you**:

- a. travel against the advice of a medical practitioner or where **you** would have been advised against travel if **you** had sought their advice before beginning **your trip**;
- b. incur costs for medical treatment or consultation at any medical facility during **your trip** that **you** knew would be required before travelling;
- c. are travelling specifically for the purpose of obtaining and/or receiving any elective surgery, procedure or hospital treatment;
- d. are not taking the recommended treatment or prescribed medication for a medical condition as directed by a medical practitioner;
- e. travel against health requirements stipulated by the carrier, their handling agents or any other public transport provider.

## GENERAL CONDITIONS THAT APPLY TO THE WHOLE POLICY

1. At the time of purchasing this insurance **you** will have been asked questions to enable **us** to assess **your** risk, failure to answer accurately and honestly could lead to **your** policy being invalid and all claims will be forfeited.  
These may include but are not limited to questions about **your** state of health or that of an immediate **relative** or any planned sports or activities.  
If the answers given change after the policy was purchased **you** must notify **us** of this change.
2. **You** must pay **us** back any amount which **we** have paid which **you** are not covered for.
3. **You** must tell **us** as soon as possible after any injury, illness, incident or redundancy, or if **you** discover any loss or damage which may lead to a claim under this policy. **You** must also tell **us** if **you** are aware of any writ, summons or prosecution. **You** must send **us** every communication relating to a claim immediately.
4. **You**, or any person acting for **you**, must not negotiate, admit or reject any claim without **our** permission in writing.

5. **We** may refuse to pay any expenses for which **you** cannot provide receipts or bills.
6. **You** or **your** legal representative must pay for any certificates, information and evidence, which **we** may need. When there is a claim for injury or illness, **we** may ask for, and will pay for, any **insured person** to be medically examined on **our** behalf. **We** may also ask for, and will pay for, a post-mortem examination if any **insured person** dies.
7. If, at the time of an incident which results in a claim under this policy, there is any other insurance covering the same loss, damage, expense or liability, **we** are entitled to approach that insurer for a contribution towards the claim, and will only pay **our** share. This condition does not apply to 'Personal accident' or 'Hospital benefit'.
8. **We** are entitled to take over and carry out in **your** name the defence or settlement of any legal action. **We** may also take proceedings at **our** own expense and for **our** own benefit, but in **your** name, to recover any payment **we** have made under this policy to anyone else.
9. **You** cannot transfer **your** rights under this policy. A person, partnership (whether limited or not) or company who is not named on the policy Schedule for this policy has no rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any of its terms.
10. If **you** make a claim under this travel insurance policy, **we** may contact **your doctor** to obtain **your** medical information. This is to enable **us** to check that the information **we** hold is correct, to ensure that **you** are given the most appropriate and effective medical treatment, and also to assess whether cover applies. If **you** do not agree to provide this, **we** may not deal with **your** claim.
11. If **you**, or anyone acting for **you**, make a claim under this policy knowing the claim to be dishonest or intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration or statement to support the claim, **we** will not pay the claim and all

cover under the policy will end.

12. **You** must pay the appropriate premium for the full number of days that comprise **your** planned **trip**. If **you** travel for more than the number of days for which **you** have paid, **you** will not be covered after the last day for which **you** have paid.
13. No cover will come into force, or continue in force, unless each **insured person** (who must make a Medical Health Declaration in respect of the period for which insurance is required) has declared ALL pre-existing medical conditions to the Medical Screening Service and these have been formally accepted by **us** in writing.
14. Any event of natural catastrophes or terrorism must be declared by the appropriate governmental department, **us** or the **insurer**.

## OUR PROMISE OF SERVICE

### Saga Travel Insurance complaints process

#### Our customer service commitment to you

Saga aims to provide **you** with high levels of service at all times.

However, there may be times when **you** feel that our service has fallen below the standard **you** expect. If this is the case, and **you** want to complain, **we** will do our best to try to resolve the situation.

Whether **you** are phoning or writing, please remember to quote **your** name, address and policy number as it will help us deal with **your** enquiry or complaint quickly.

If **you** are not satisfied with the final response, **you** can ask the Financial Ombudsman Service to review **your** case. The Financial Ombudsman Service resolves disputes in an independent and fair way and can be contacted at:

Financial Ombudsman Service  
Exchange Tower

Harbour Exchange Square  
London E14 9SR

Telephone: **0300 123 9123** or **0800 023 4567**

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

If **you** have a complaint about a travel claim, please call Collinson Insurance Services Limited on **0800 092 2099**.

Quality Department

Collinson Insurance Services Limited

Sussex House

Perrymount Road

Haywards Heath

West Sussex RH16 1DN

Email: [complaints@collinsoninsurance.com](mailto:complaints@collinsoninsurance.com)

If **you** have a complaint about **your** Saga Travel Insurance policy, please contact Saga Customer Relations on **0800 904 7489**.

Customer Relations Department

Saga Services Limited, PO Box 253, Seaham, DO SR7 1BN

Fax: 01303 771347

Email: [services.customer-relations@saga.co.uk](mailto:services.customer-relations@saga.co.uk)

### Important note

The Financial Ombudsman Service will only consider **your** complaint if **you** have already given **us** the opportunity to resolve the matter. However, if **we** have not provided a final response within eight weeks **you** can refer **your** complaint straight to the Financial Ombudsman Service.

If **you** follow the complaints procedure, it does not affect **your** legal rights.

### Financial Services Compensation Scheme

The **insurers** are covered by the Financial Services Compensation Scheme (FSCS). This provides compensation in case any of its members go out of business or into liquidation and are unable to meet any valid claims under their policies. Further information can be obtained from the Financial Services Compensation Scheme ([www.fscs.org.uk](http://www.fscs.org.uk)) or by contacting the FSCS at 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by calling **0800 678 1100** or **020 7741 4100**.

### Fraud prevention and financial crime

To help Saga prevent fraud, money laundering and other financial crime, the information **you** provide may be submitted to fraud prevention agencies and other organisations whose records may be searched.

As part of the **insurer's** fraud prevention process it will complete a number of enquiries to check the details **you** provide against relevant fraud prevention databases. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

The **insurer** and other organisations may also access and use this information to prevent fraud and financial crime, for example, when:

- checking details on applications for credit and credit-related or other facilities;
- managing credit and credit-related accounts or facilities and recovering debt;
- checking details on proposals and claims for all types of insurance;
- checking details of job applicants and employees.

The **insurer** and other organisations may access and use, from other countries, the information recorded by fraud prevention agencies in the United Kingdom.

If **you** would like to receive details of the fraud prevention agencies used, please contact the Application Counter Fraud Manager, Saga Services Limited, PO Box 253, Seaham DO, SR7 1BN.



## Data Protection Legislation

Please note that any information provided to **us** will be processed by **us** and **our** agents in compliance with **Data Protection Legislation** for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties.

## Use of your information

The information **you** have given to Saga Services Limited (Saga) and/or the **insurer(s)** will be held and used to manage **your** insurance policy, which includes both underwriting and claim handling. For this purpose, Saga and/or the **insurer(s)** may disclose it to other interested third parties, such as other insurers, agents who provide services on their behalf and to regulatory authorities for this and the monitoring and/or enforcing of compliance with any regulatory rules or codes. It may also be used for offering renewals, research and crime prevention purposes. Any calls made to Saga may be monitored and recorded to improve the service and help prevent and detect fraud. Saga and/or the **insurer(s)** may check information provided or received and may also undertake additional fraud searches.

Saga and/or the **insurer(s)** will hold **your** personal data securely and in accordance with **Data Protection Legislation**. From time to time Saga and/or the **insurer(s)** may use service providers and organisations outside the European Economic Area (EEA) where they do not afford the same level of data security as the UK. **We** will, however, use every reasonable effort to ensure sufficient protections are in place to safeguard **your** personal information.

All information **you** provide must be accurate and, if **you** have supplied another person's personal data who may be insured under the policy, **you** have done so confirming that **you** have the specific consent of that other person to disclose that data.

Saga and/or the **insurer(s)** will use **your** information and sometimes that of other people named on **your** policy, either collected at the outset or obtained from other third party sources, for the following purposes:

- To assess financial and insurance risks, **your** insurance application, the terms on which cover may be offered, including **your** premium at quote and renewal, and the payment methods offered;
- To prevent and detect crime including fraud, money laundering and financial sanctions;
- To develop our products, pricing, systems, services and relationships with **you**;
- To comply with our legal and regulatory obligations.

These sources include credit reference agencies, the electoral roll and public data provided to us by credit reference agencies and other third parties. The credit reference agencies will keep a record of the search; this may be reflected in **your** credit score.

Saga uses the data it collects from **you**, including special categories of personal data, to contact **you** and personalise their communication. Saga and/or the **insurer(s)** also use it for administrative purposes to provide the service **you** requested and for preparing quotations. If Saga has obtained **your** permission to do so, they will also contact **you** by post, telephone, email or other means to tell **you** about offers, products and services that may be of interest to **you**. At any time **you** can opt out of receiving such information, revise the products **you** would like to hear about or change the method they use to communicate with **you**. **You** can update these preferences by calling 0800 904 7489. For further information about how the Saga Group uses **your** personal information, please visit [www.saga.co.uk/privacy-policy](http://www.saga.co.uk/privacy-policy) or contact the Saga Group Data Protection Officer by email: [data.protection@saga.co.uk](mailto:data.protection@saga.co.uk) or post: Saga Services Limited, 3 Pancras Square, London N1C 4AG.

## How we use the information about you

As a data controller, **we** collect and process information about **you** so that **we** can provide **you** with the products and services **you** have requested. **We** also receive personal information from Saga on a regular basis while **your** policy is still live. This will include **your** name, address, health information, risk details and other information which is necessary for **us** to:

- meet **our** contractual obligations to **you**;

- issue **you** this insurance policy;
- deal with any claims or requests for assistance that **you** may have;
- service **your** policy (including claims and policy administration, payments and other transactions); and
- detect, investigate and prevent activities which may be illegal or could result in **your** policy being cancelled or treated as if it never existed.

Some of the personal information that **you** provide may be sensitive information. This includes details about **your** health or medical records. Where **we** need **your** consent to collect and process **your** sensitive information, this will be obtained from **you** at the relevant time. Please note that, in these cases, **we** may not be able to sell **you** an insurance policy or deal with a claim if **you** do not agree to **us** processing relevant sensitive information.

In order to administer **your** policy and deal with any claims, **your** information may be shared with trusted third parties. This will include members of The Collinson Group, contractors, investigators and claims management organisations where they provide administration and management support on **our** behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, **we** will have strict contractual terms in place to make sure that **your** information remains safe and secure.

**We** will not share **your** information with anyone else unless **you** agree to this, or **we** are required to do this by **our** regulators (e.g. the Financial Conduct Authority) or other authorities.

## Processing your data

The personal information **we** have collected from **you** will be shared with fraud prevention agencies and databases who will use it to prevent fraud and money-laundering and to verify **your** identity. If fraud is detected, **you** could be refused certain services, finance, or employment. Further details of how **your** information will be used by us and these fraud prevention agencies and databases, and **your** data protection rights, can be found by visiting [www.cifas.org.uk/fpn](http://www.cifas.org.uk/fpn) and [www.insurancefraudbureau.org/privacy-policy](http://www.insurancefraudbureau.org/privacy-policy)

**Your** data will generally be processed on the basis that it is:

- necessary for the performance of the contract that **you** have with **us**;
- in the public or **your** vital interest; or
- for **our** legitimate business interests.

If **we** are not able to rely on the above, **we** will ask for **your** consent to process **your** data.

## How we store and protect your information

All personal information collected by **us** is stored on secure servers, which are either in the United Kingdom or European Union.

**We** will need to keep and process **your** personal information during the period of insurance and after this time so that **we** can meet **our** regulatory obligations or to deal with any reasonable requests from **our** regulators and other authorities.

**We** also have security measures in place in **our** offices to protect the information that **you** have given **us**.

## How you can access your information and correct anything that is wrong

**You** have the right to request a copy of the information that **we** hold about **you**. If **you** would like a copy of some or all of **your** personal information please contact **us** by email or letter as shown below:

Email: [Data.Protection@collinsongroup.com](mailto:Data.Protection@collinsongroup.com)

Post: Sussex House  
Perrymount Road  
Haywards Heath  
West Sussex  
RH16 1DN

This will normally be provided free of charge, but in some circumstances, **we** may either make a reasonable charge for this service, or refuse to give **you** this information if **your** request is clearly unjustified or excessive.

**We** want to make sure that **your** personal information is accurate and up to date. **You** may ask **us** to correct or remove information **you** think is inaccurate.

If **you** wish to make a complaint about the use of **your** personal information, please contact **our** complaints manager using the details above. **You** can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at [www.ico.org.uk](http://www.ico.org.uk)

## HELPLINES

### NEED EMERGENCY MEDICAL HELP ABROAD?

Call us first

from abroad **(+44) 1444 442105**

24 hours a day, 7 days a week.

### ALL OTHER CLAIMS

Please see [page 3](#) of this Policy Book

### CUSTOMER SERVICE

To make amendments to your policy, or for any general enquiries, call us on **0800 904 7489**

Lines are open 8.30am–7pm Monday to Friday and 8.30am–5pm Saturday.

Please have your policy number to hand when calling.

This Policy Book is also available in large print, audio and Braille. If you require any of these formats please contact us on **0800 904 7489**

If you have a hearing or speech impairment, you can also contact us by emailing [dda@saga.co.uk](mailto:dda@saga.co.uk)

Benefits under this policy are underwritten by Astrenska Insurance Limited, with claims administered on their behalf by Collinson Insurance Services Limited.

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