



PREMIER TRAVEL INSURANCE

Some important facts about your insurance are summarised below. This summary does not describe all the terms and conditions of your policy, so please take time to read the policy document to make sure you understand the cover it provides.

Insurer: UK General Insurance Limited on behalf of Ageas Insurance Limited
This policy is designed to offer protection for your travel arrangements as described in this policy summary.

SUMMARY OF COVER, LIMITS AND EXCESSES - COVER AND LIMITS ARE PER PERSON, UNLESS OTHERWISE SPECIFIED		
(Sub limits may apply - please refer to policy section for full details)		
This is to certify that we, in consideration of the premium specified on your certificate, agree to indemnify you on this certificate of insurance in respect of:		
Section	Cover (Up to)	Excess
A Cancellation Curtailment	£3,000 £3,000	Nil Nil
B Emergency Medical Expenses	Up to £5,000,000	Nil
C i) Hospital Benefit ii) Additional Expenses iii) Return to Home	i) Up to £600 (£20 per 24 hours) ii) Up to £1,500 (UK, Channel Islands or Isle of Man) iii) Up to £1,000 (UK, Channel Islands or Isle of Man)	i) Nil ii) Nil iii) Nil
D1 Travel Delay	Up to £60 (£20 for first 12 hours and £10 for each subsequent 12 hours)	Nil
D2 Holiday Abandonment	Up to £3,000	Nil
E Missed Departure	Up to £500	Nil
F Personal Accident 1) Death Benefit 2) Permanent Loss of Limb 3) Permanent Loss of Sight 4) Permanent Total Disablement	Maximum Benefit £15,000 Up to £5,000 Up to £15,000 Up to £15,000 Up to £15,000	Nil
G Personal Liability	Up to £2,000,000	Nil
H Legal Expenses	Up to £10,000	Nil
I Personal Effects & Baggage Single Item Limit Total Valuables Limit Travel Documents Delayed Baggage	Up to £1,500 Sub limited to: Up to £200 Up to £200 Up to £200 Up to £100	Nil Nil Nil Nil
J Personal Money Cash Limit	Up to £250 Up to £200	Nil
K Homeplan	Up to £100 (per household), plus 3 hours labour	Nil

HOW TO MAKE A CLAIM

If you need to make a claim, please obtain a claim form no later than 31 days after the event by:

- Telephoning Direct Group Travel Services on 0844 412 4296, or
- Writing to Direct Group Travel Services, Claims Department, PO BOX 800, Halifax, HX1 9ET

Please quote reference **04497A** in all correspondence.

HOW TO COMPLAIN

It is the intention to give you the best possible service but if you do have any questions or concerns about this policy or the handling of a claim you should refer to the complaints procedure on page 7 of the policy document. Alternatively for general policy enquiries call our customer helpline on 0844 573 4172.

Significant Exclusions and Limitations	Policy Reference
Medical Treatment In the event of any illness, injury or accident if you are admitted to hospital as an in-patient you must contact the 24-hour medical emergency service.	Section B Page 4.
Personal Property & Personal Money Cover does not apply on a new for old basis. Deductions will be made where wear and tear has occurred. Cover is only provided up to the maximum amounts specified for individual items, pairs or sets, valuable items and cash. The policy wording provides full details of these limits.	Sections I & J Pages 6.
Age Limit No upper age limit applies.	See Age Limits definition on Page 3.
Relative Means your spouse, partner, fiancé(e), parent, parent-in-law, step-parent, son, son-in-law, step-son, daughter, daughter-in-law, step-daughter, grandparent, grandson, granddaughter, brother, brother-in-law, step-brother, sister, sister-in-law or step-sister.	See Relative Definition on Page 3.
Family Family policies provide cover in respect of a maximum two parents or grandparents and their children or grandchildren. Cover for families shall apply where the appropriate premium has been paid and where the family members travel together. Adults insured on an annual multi-trip policy are entitled to travel independently of each other. Cover for children/grandchildren will only be provided if travelling with an insured adult and all travellers are named on the policy certificate.	See family Definition on Page 3.
Residency This policy is only available to you if you are permanently resident in the United Kingdom, Channel Islands or the Isle of Man and registered with a medical practitioner in one of these areas, being the one in which you permanently reside.	See 'You, Your(s), Insured' definition on Page 4.

PERIOD OF INSURANCE

The policy you have purchased will run for the period of insurance shown on your insurance certificate.

CANCELLATION RIGHT

We hope you are happy with the cover this policy provides. However, you have the right to cancel it within 14 days of receiving the policy. See the enclosed policy document and the section headed "YOUR RIGHT TO CANCEL" on page 1.

COMPENSATION SCHEME

In the event that Ageas Insurance Limited is unable to meet their liabilities, you may be entitled to compensation from the Financial Services Compensation Scheme (FSCS).

Further information can be found in your policy under the "Compensation Scheme", see page 7.

WHILE YOU ARE AWAY WHAT TO DO IN CASE OF MEDICAL EMERGENCY

The emergency assistance provided for **you** by this Insurance is operated by Global Response and Healthwatch S.A. In the event of any illness, injury, **accident** which requires:

Inpatient treatment anywhere in the world **you** must contact:

Global Response:

Tel: +44 (0)113 3189 493

Fax: +44 (0)113 318 9494

Email: operations@global-response.co.uk

Outpatient treatment anywhere in the world, excluding North America and the **United Kingdom**, **you** must contact:

Healthwatch S.A.:

Tel: +44 (0)113 3180 124

Fax: +44 (0)113 3180 125

Email: newcase@healthwatch.gr

Outpatient treatment in North America and the **United Kingdom** **you** must contact:

Global Response:

Tel: +44 (0)113 3189 493

Fax: +44 (0)113 318 9494

Email: operations@global-response.co.uk

Global Response or Healthwatch S.A. may be able to guarantee costs on **your** behalf. When contacting Global Response or Healthwatch S.A. please state that **your** insurance is provided by UK General Insurance Limited and quoting the appropriate reference number:

Scheme name: **Arvonias Coaches Ltd**

Reference number: **04497A**

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