



PGL & NST STAFF TRAVEL INSURANCE



Arranged by
Fogg Travel Insurance Services Limited
Crow Hill Drive, Mansfield, Notts NG18 7AE
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Underwritten by:
Union Reiseversicherung AG

**Master Policy No.
WSPMC40079-06 A & B**

THE SCHEDULE

ASSURED	PGL TRAVEL LIMITED & NST TRAVEL GROUP
PERIOD OF INSURANCE	Valid for travel as confirmed by PGL and NST between 1st April 2009 and 31st March 2010
INSURED PERSON	Each Person who is an employee of the Assured.

VALIDITY

- Policy A** **Mandatory Cover** for all Permanent Staff and Temporary Summer Season Staff of **PGL** and **NST**.
Policy B **Extended Cover** only applicable for Non residential Permanent Staff of **PGL** and **NST** based in the **United Kingdom** or the Republic of Ireland travelling on business:-
- within the **United Kingdom** or the Republic of Ireland provided the trip includes an overnight stay or
 - outside of the **United Kingdom** or the Republic of Ireland and includes
 - **United Kingdom** based Permanent Staff of **PGL** who are residential outside of the **United Kingdom** for the season.

IMPORTANT NOTE

The full list of staff members has been provided to Fogg Travel Insurance Services Limited stating their Permanent or Temporary Summer status.

A separate insurance cover applies to PGL and NST Staff on Winter Sports trips.

SUMMARY OF POLICY COVER

POLICY A

MANDATORY COVER – FOR PERMANENT STAFF AND TEMPORARY SUMMER SEASON STAFF

Policy section	Maximum benefit	Excesses
A1. Emergency medical and associated expenses	up to £5,000,000 (see note 1)	£100
A2. Repatriation charges	up to £ 5,000	£35
A3. Personal accident	up to £15,000	Nil
A4. Personal liability	up to £2,000,000	Nil

POLICY B

EXTENDED COVER – APPLICABLE ONLY TO NON RESIDENTIAL PERMANENT STAFF

Policy section	Maximum benefit	Excesses
B1. Personal possessions	up to £1,500	£35
Single article/valuable limits	up to £250	
Delayed possessions	up to £ 100	Nil
B2. Personal money	up to £500	£35

Note 1. Your policy does not provide cover for re-occurring or **pre-existing health conditions**. If you have **ever** had a heart or circulatory related problem, a stroke, cancer, any breathing problems, diabetes **or** any other health condition which has been treated in hospital or has been referred to a specialist in the last 2 years you should phone our Referral Helpline quoting **PGL and NST STAFF** on **+44 (0)845 1300 198** to see if cover is available.

We will confirm any special terms **in writing**. You should also tell us if **your** health or medication changes between buying this policy and travelling.

POLICY INFORMATION

Your insurance is covered under master policy number **WSPMC40079-06 A & B** specially arranged through Fogg Travel Insurance Services Limited and insured by Union Reiseversicherung AG. Cover is provided for each passenger who is shown as having paid the insurance premium and whose name is shown on the Insurance Schedule. This insurance wording is a copy of the master policy and is subject to the terms, conditions and exclusions of the master policy.

No refund of the insurance premium will be given after the policy has been issued unless, after receipt of the policy, **you** find that the terms, conditions and exclusions do not meet **your** requirements and an alternative is available. In this case **you** must return the policy, Insurance Schedule for policy A and, policy B if applicable and alternative insurance policy to Fogg Travel within **14** days of receipt for a refund to be considered.

Policy A and policy B starts when **you** leave **home** to start **your trip** and ends when **you** return **home** or the policy ends, whichever is the first.

We have tried to keep the wording as simple as possible. There are conditions and exclusions applying to policy A and to policy B. Each section tells **you** what is covered, what is not covered and what **you** need to do if **you** need to claim under that section. There are no hidden parts or small print.

Like most policies they exclude all **pre-existing health conditions** but if **you** do need the cover, unlike some other policies, **you** may be able to obtain cover for these conditions by calling the Referral Helpline on the lo-call number shown in the summary of cover section. Cover is not available on all conditions and to include others **we** may need to charge **you** an additional premium or increase **your** policy excess for this condition, an excess is the first part of the claim cost. Cover is not available for conditions where **you** are under investigation or awaiting treatment. If **you** do not tell **us** about **your pre-existing health conditions** they will not be covered at all and **you** will not be able to claim for anything caused by them.

If **your** health changes after **you** have bought the policy **you** must call the Referral Helpline immediately. Travel insurers require stability of health conditions whilst away so what cover is available will depend on the condition, the medication and the period of time before travel.

AGE LIMITS

This insurance is not valid in respect of any person who is **65** years and over at the date of departure.

GEOGRAPHICAL AREAS

- Area 1** - Europe, including all countries west of the Ural Mountains, Republic of Ireland, Channel Islands, Iceland, Algeria, Morocco, Tunisia, Turkey, the Azores, Canary Islands, Madeira and Mediterranean Islands.
- Area 2** - Worldwide including the United States of America and Canada.

WHERE TO OBTAIN A CLAIM FORM

If **you** require a claim form please visit www.foggtravelinsurance.com and click on **claim forms** – **you** can print the relevant claim form required or alternatively **you** can contact:

Fogg Travel Insurance Services Limited

Crow Hill Drive, Mansfield, Notts. NG19 7AE on telephone : **+44 (0)1623 631331**

or by email to claims@foggtravelinsurance.com

in all circumstances **you** should quote **PGL and NST STAFF**, advising the section under which you wish to claim.

When returning the claim form please enclose this certificate of insurance together with the tour operators confirmation of booking invoice or flight ticket.

OUR PLEDGE TO YOU

It is **our** aim to give a high standard of service and to meet any claims covered by this policy honestly, fairly and promptly. **We** occasionally get complaints and these are usually through a misunderstanding or insufficient information. Any complaint will be investigated at once and the matter resolved as quickly as possible.

YOUR RIGHT TO COMPLAIN

We sincerely hope **you** will not need to complain about **your** insurance policy or claims settlement. However, if **you** do wish to complain please forward details of **your** complaint in the first instance to:

a) The General Manager, Fogg Travel Insurance Services Limited, Crow Hill Drive, Mansfield, Notts. NG19 7AE
Should **you** still remain dissatisfied **you** may then pursue the following options:

b) Write to the
Branch Manager, URV, Oast Business Centre, North Frith Farm, Ashes Lane, Hadlow, Kent TN11 9QU
who will review the claims office decision.

If **we** are still unable to resolve **your** complaint **you** may ask the Financial Ombudsman Service (FOS) to review **your** case.

c) Their address is South Quay Plaza, 183 Marsh Wall, London, E14 9SR . Telephone: +44 (0)845 080 1800.

POLICY A – MANDATORY COVER PERMANENT STAFF AND TEMPORARY SUMMER SEASON STAFF

HOW YOUR POLICY WORKS

Your travel policy shows the sections of cover, limits, conditions, exclusions and information on what to do if **you** need to claim and how to contact the **24** hour emergency medical assistance service. It is essential that **you** read it. The policy is a contract between **us** and **you**. **We** will pay for any event, as set out in the policy, that happens during the period of cover for which **you** have paid the appropriate premium.

Your policy covers for treatment of medical conditions in emergency and which will respond quickly to treatment. It is not intended to cover **you** for recurrent or long term treatment and in these circumstances, bearing in mind the advice given by **our** Chief Medical Officer, **we** reserve the right to transfer you to a state hospital, where adequate facilities are available, or repatriate **you** to **your home country**.

All numbers and letters shown under 'For each insured-person this insurance will not cover:' refer to the same numbers and letters under 'For each insured-person this insurance will pay:' Where no letters or numbers are shown it applies to the whole section.

You are required to disclose any **material facts** otherwise **your** policy will not cover **you** and it may invalidate it altogether.

DISCLOSURE OF PRE-EXISTING HEALTH CONDITIONS

Your policy may not cover claims arising from **your pre-existing health conditions** so **you** need to tell **us** of anything **you** know that is likely to affect **our** acceptance of **your** cover.

Pre-existing health conditions - so that **we** can ensure **you** are provided with the best cover **we** can offer please read the following questions carefully:

1. Have **you**, or anyone travelling with **you**, ever had treatment for:
 - any heart or circulatory condition,
 - a stroke or high blood pressure.
 - a breathing condition (such as asthma).
 - any type of cancer.
 - any type of diabetes

2. In the last 2 years - have **you**, or anyone who is travelling with **you**, been treated for any serious or re-occurring medical condition, asked to take regular prescribed medication, or referred to a specialist or consultant at a hospital for tests, diagnosis or treatment?

If **you** have answered 'Yes' to any of the above questions **we** may be able to offer some cover and may be able to cover **your** health condition, although an increased premium may be required. To enable **us** to consider **your** health condition please contact the Referral Helpline **PGL and NST STAFF** on **+44 (0)845 1300 198** (this will be charged as a local call from wherever **you** are calling in the **United Kingdom**) to see if cover is available. All calls will be treated in the strictest confidence.

3. **You** must also tell **us** if:
 - **you** are waiting for tests or treatment of any description
 - **your** doctor alters **your** regular prescribed medication

You need to keep copies of all letters **we** send **you** for future reference.

Your failure to disclose any **material facts** may mean that **your** policy will not cover **you** and it may invalidate it altogether.

We reserve the right to charge an increased premium, decline, withdraw, increase the policy excess, cancel or restrict cover for any person where the facts disclosed are considered unacceptable to **us**.

Should **we** require any additional premium, and **you** accept **our** offer, this should be paid to Fogg Travel either by credit card or cheque, made payable to Fogg Travel, and sent within **14** days of receipt. Should **you** decide not to pay the additional premium the declared health condition will not be covered. Full confirmation of **our** terms and conditions will be sent out to **your** address after **your** call. Any additional health conditions not declared to **us** will not be covered.

Please note:

- **We** are unable to provide any cover on psychological conditions such as stress, anxiety, depression, eating disorders or mental instability.
- **We** are unable to provide cover for anything which is a result of a **pre-existing medical condition** of a **close relative** or close **business associate**.

CHANGE IN MEDICAL CONDITION OR ONGOING MEDICATION

If **your** health or **your** ongoing medication changes between the date the policy was bought and the date of travel **you** should advise **our** Referral Helpline quoting **PGL and NST STAFF** on **+44 (0)845 1300 198** as soon as possible. **We** will advise **you** what cover **we** are able to provide after the date of diagnosis. **We** reserve the right to charge an additional premium, increase the excess, exclude the condition or withdraw cover if the condition declared makes this necessary.

WHEN YOUR COVER UNDER POLICY A STARTS AND ENDS

The cover under policy A starts at the beginning of **your trip** as specified by **your** contract of employment or time of leaving **your** normal place of residence or business in the **United Kingdom** or the Republic of Ireland (whichever the later) and ends on **your return home** on completion of the **trip** as specified in **your** contract of employment or on termination of **your** contract of employment with **PGL** and **NST** whichever is the first but shall not exceed the period stated above. In any event cover will commence no more than **24** hours prior to the booked departure time from the **United Kingdom** and will cease no more than **24** hours after the booked return to the **United Kingdom** or the Republic of Ireland.

The policy is only valid where:

- you** are resident in the European Union at the date of issue of the policy; and
- you** have an existing contract of employment with **PGL** and **NST**; and
- cover is for a round **trip** commencing in and returning to the **United Kingdom** or the Republic of Ireland during the period of insurance.

EXTENSION OF PERIOD

- In the event of **your** death, injury or illness or that of anyone travelling with **you**, **you** are unable to complete the **trip** before the expiry of this policy the cover will be automatically extended without additional premium for the additional days necessary for **you** to complete the **trip**.
- In the event of delay to any vehicle, vessel or aircraft in which **you** are travelling as a ticket holder **you** are unable to complete the **trip** before the expiry of this policy the cover will be automatically extended without additional premium up to **14** days for **you** to complete the **trip**.

USE AN EHIC or FORM E106 - NIL EXCESS IF MEDICAL COSTS ARE REDUCED

Avoid paying the excess - travellers to European Union countries and Switzerland are strongly advised to apply and obtain the European Health Insurance Card (EHIC) or form E106 (travel over 12 months). Applications in the United Kingdom, for the EHIC can be made online at www.ehic.org - the quickest route, or by Telephone on **+44 (0)845 606 2030**, or by post – application forms are available from the Post Office. As a guideline, applications can take between **7, 10, and 21** days respectively so please allow sufficient time prior to **your** departure date. This will entitle **you** to benefit from the reciprocal health arrangements which exist between European Union countries. In other countries where reciprocal health arrangements exist all reasonable steps should be made to utilise them. Please see Section **A1**.

IF YOU NEED EMERGENCY MEDICAL ASSISTANCE ABROAD:

Contact the **24** hour emergency medical assistance service:

FOGG ASSIST on +44 (0)845 658 9899 quoting **your** scheme name **PGL and NST STAFF**

Our appointed emergency medical assistance service is operated **24** hours a day and **365** days a year for **your** benefit. If **you** are admitted to a hospital or clinic as an in-patient **our** emergency medical assistance service must be notified as soon as it is practical to do so, and at the latest within **24** hours of **your** admission. In order to confirm that **you** are insured **your** treating doctor or physician should contact the emergency medical assistance service to advise **your** condition so that approval of treatment and payment of medical bills can be given. **Our** appointed emergency medical assistance service has experienced multi-lingual co-ordinators to take **your** calls and to allow them to deal with **your** case quickly, please make sure **you** have this insurance policy and all other relevant information with **you**. After consultation with **your** treating doctor or physician, they will decide the most suitable, practical and reasonable solution to **your** problem, based upon the medical criteria. If adequate treatment is not available locally, it may be decided that repatriation by regular airline service, air or road ambulance is the best option, but only provided **your** treating doctor and **our** chief medical officer confirm **your** fitness to travel.

You must contact the emergency medical assistance service within **24** hours if **your** medical bills are likely to exceed **£500**.

You should advise them that **you** are insured under the scheme **PGL and NST STAFF** through URV and have the following information ready to advise:

- A contact telephone number
- Name and age of patient
- Location of hospital and doctor's telephone number
- The medical problem

Outpatient treatment: In the event that **you** need to seek outpatient treatment when **you** are travelling in any of the countries listed below, it may be that immediate payment can be arranged locally using the services of **ChargeCare International** whom **we** have appointed to act on **our** behalf. **You** will not need to use **your** holiday money to settle the bill and will also avoid the need to make a claim on return.

The countries where this service is available, are: Spain and all the Spanish Islands, Greece and the Greek Islands, Cyprus, Bulgaria and Turkey. Should the hospital need it the website address for ChargeCare is www.chargecareinternational.co.uk



To take advantage of this service please show the treating doctor or clinic the logo printed here as this will enable them to identify **our** membership and avoid any language difficulties.

If the hospital **you** are treated at subscribes to this service they will ask to see **your** proof of insurance so it is important to carry this with **you**. **You** will be asked to complete a simple ChargeCare form to confirm the nature of the treatment received. The doctor or clinic will collect the policy excess from **you** and send their bill to ChargeCare for payment.

In all other countries (other than those listed above) **you** will need to settle the bills for outpatient treatment locally and keep all **your** receipts to reclaim these costs on **your** return home. If payment of the outpatient bills is going to cause **you** immediate financial hardship then please contact the appointed **24** hour emergency service to discuss the situation,

however, **we** would strongly urge all travellers to ensure they have access to additional funds to deal with any unexpected emergencies.

POLICY EXCESSES APPLICABLE TO POLICY A

Applicable to sections A1 – Emergency medical and associated expenses and A2 – Repatriation charges only.

An excess is the amount **you** have to pay towards each claim.

Each section of the policy listed carries an excess. All excesses shown for this policy are payable by each insured-person, for each incident giving rise to a separate claim.

DEFINITION OF WORDS APPLICABLE TO POLICY A

Listed below are certain words that appear throughout the policy. These will always be shown in **bold** type and in all cases will have the meanings shown below.

Hazardous activity - means mountaineering (requiring the use of ropes and/or guides), pot-holing, racing (other than on foot), any form of **winter sports**, scuba diving below **9** metres, parachuting, gliding, canyoning, go-karting, hot-air ballooning, rugby, football, any other activity that requires skill and involves increased risk of injury unless the appropriate additional premium has been paid and accepted by **us** and other than where they form part of **your PGL** and **NST** duties. If **you** are taking part in any sport not listed above please contact **us** to ensure **you** are covered.

Home - means one of **your** normal places of residence within the European Union.

Home country – means both the country **you** live in within the European Union and **your** country of nationality.

Insured-person/you/your - means any person employed by **PGL** and **NST** as Permanent Staff and Temporary Summer Season Staff

Manual labour – means work involving the lifting or carrying of heavy items in excess of 25kg, work at a higher level than two storeys or any form of work underground.

Material fact – a piece of important information that would increase the likelihood of a claim under **your** policy.

Pre-existing health condition – means any serious or re-occurring medical condition which has been previously diagnosed, investigated or treated in any way, at any time prior to travel, even if this condition is currently considered to be stable and under control.

Resident - means a person who has had their main **home** within the European Union and has not spent more than six months abroad in the year before buying this policy.

Trip - means a holiday or journey that begins when **you** leave the **United Kingdom** or the Republic of Ireland and ends on **your** return thereto or **your home** but shall not exceed the period of insurance. Any subsequent holiday or journey that starts after **you** have returned to the **United Kingdom** or the Republic of Ireland or **your home** is not covered.

United Kingdom - means England, Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man.

We/our/us - means Union Reiseversicherung AG.

Winter sports – means skiing, snow boarding and ice skating.

POLICY CONDITIONS APPLICABLE TO POLICY A

At all times **we** will act in good faith in **our** dealings with **you**. The payments for all claims following events that occur in **your** selected geographical area during the period of cover are dependent on **you**:

1. OBSERVING THE FOLLOWING:

In respect of all sections of this policy

- (a) being a **resident** of the European Union.
- (b) taking all possible care to safeguard against accident, injury, loss or damage *as if **you** had no insurance cover*.
- (c) producing this certificate confirming **you** are insured before a claim is admitted.
- (d) giving **us** full details in writing of any incident that may result in a claim under any section of the policy at the earliest possible time.
- (e) notifying **us** immediately of any changes in **your** health or medication after this policy is issued.
- (f) accepting that no alterations and/or additions to the printed terms and conditions of **your** policy be valid unless initialled by **us**.
- (g) providing all necessary information and assistance **we** may require at **your** own expense (including where necessary medical certification and details of **your** National Health number or equivalent and Private Medical Insurance).

- (h) passing on to **us** immediately every writ, summons, legal process or other communication in connection with the claim.
- (i) not admitting liability for any event or offering to make any payment without **our** prior written consent.
- (j) accepting that **your** policy cannot be extended once it has expired.

In respect of sections A1 - Emergency medical expenses and A2 – Repatriation charges only.

- (k) checking with **your** doctor on the advisability of making the **trip** if **you** have any existing medical condition, taking into account **your** chosen destination, the climatic conditions, the stability of **your** condition, the effect of any additional drugs or vaccines necessary and the standard of the medical services available. Cover will not be given if travel is against the advice of **your** doctor.
- (l) not travelling specifically to receive medical treatment during **your trip** or in the knowledge that **you** are likely to need treatment.
- (m) not requiring insurance for any stress related condition, anxiety, depression, eating disorders or mental instability.
- (n) not requiring insurance for any health condition where a terminal prognosis has been given by a registered doctor before buying this policy.
- (o) not requiring insurance for any health condition that is being investigated or for which **you** are awaiting or receiving treatment in hospital at the time of buying this policy.
- (p) disclosing all **material facts** as soon as possible after the policy is issued.
- (q) obtaining any recommended vaccines, inoculations or medications prior to **your trip**.

2. RECOGNISING OUR RIGHTS TO:

- (a) make **your** policy void where a false declaration is made or any claim is found to be fraudulent.
- (b) take over and deal with in **your** name the defence or settlement of any claim made under the policy.
- (c) subrogate against the responsible party and take proceedings in **your** name but at **our** expense to recover for **our** benefit the amount of any payment made under the policy.
- (d) give **7** days notice of cancellation of this policy by recorded delivery to **you** at **your** last known address. In this case **we** will refund to **you** the pro-rata proportion of any unexpired premium **you** have paid.
- (e) obtain information from **your** medical records (with **your** permission) for the purpose of dealing with any medical claims. No personal information will be disclosed to any outside person or organisation without **your** prior approval.
- (f) cancel all benefits provided by **your** policy without refund of premium when a payment has been made for cutting short **your trip** (unless otherwise stated in the policy).
- (g) not to refund the policy premium after the policy has been issued, unless after receipt of the document **you** find that the terms and conditions do not meet **your** requirements, in which case the policy and any other relevant documents must be returned to the point of sale within **14** days of receipt for any refund to be considered.
- (h) not make any payment for any event that is covered by another insurance policy.
- (i) maintain **your** personal details in connection with an anti-fraud claims checking system.
- (j) settle all claims under the Laws of England and Wales unless **we** agree otherwise with **you**.

GENERAL EXCEPTIONS APPLICABLE TO POLICY A

A. This insurance will not pay for:

any deterioration of or loss or damage to property or any delay, legal liability, injury, illness, death or expense directly or indirectly due to, contributed to or caused by :

- (1) war, terrorism, biological or chemical warfare, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
- (2) participation in a **hazardous activity** unless an additional premium has been paid and the policy endorsed and other where they form part of **your PGL** and **NST** duties.
- (3) any **pre-existing health condition** or health condition that has been diagnosed, been in existence or for which **you** have received treatment from a hospital or specialist consultant during the last few years or for which **you** are awaiting or receiving treatment or under investigation unless **we** have agreed cover in writing and any additional premium has been paid.

- (4) any death or illness of a **close relative** or close **business associate** caused by a **pre-existing health condition**.
- (5) **your** carriers refusal to allow **you** to travel for whatever reason.
- (6) any payments made or charges levied after the date of diagnosis of any change in **your** health or medication after the policy was bought unless this has been advised to **us** and any revised terms or conditions have been confirmed in writing.
- (7) delay, confiscation, detention, requisition, damage, destruction or any prohibitive regulations by Customs or other government officials or authorities of any country.
- (6) **you** being under the influence of drugs (except those prescribed by **your** registered doctor but not when prescribed for treatment of drug addiction).
- (7) **your** abuse or prior abuse of solvents or alcohol.
- (8) any claim arising from a **material fact** known by **you** at the time of buying this policy or which occurs between booking and travel unless it has been disclosed to **us** and **we** have agreed in writing any terms applicable.
- (9) any deliberate or criminal act by an **insured-person**.
- (10) **manual labour** of any kind unless part of **your PGL** and **NST** duties.
- (11) **you** travelling against the advice or recommendations published by the Foreign and Commonwealth Office and applicable at the time of **your** departure.
- (12) participation in any **winter sports** activities.

B. This insurance will not cover:

- (1) loss of earnings, additional hotel costs, additional car hire, additional parking fees, kennel fees or any other loss unless it is specified in the policy.
- (2) any loss due to currency exchanges of any and every description.
- (3) any loss unless it is specified in the policy.
- (4) **you** if **you** are aged **65** or over.

SECTION A1 - EMERGENCY MEDICAL AND ASSOCIATED EXPENSES

Please note :

- ***If you are admitted to hospital this must be reported to our appointed emergency medical assistance service as soon as it is practically possible and at least within 24 hours.***
- ***If your medical bills are likely to exceed £500 you must contact the emergency medical assistance service within 24 hours.***

Please see front page of this insurance certificate for details.

For each insured-person this insurance will pay:

to **you** or **your** legal representatives the following *necessary* emergency expenses that are payable within six months of the event that causes the claim that results from **your** death, injury or illness:

- (a) up to **£5,000,000** for reasonable:
 - (i) fees or charges to be paid outside the **United Kingdom** or the Republic of Ireland or **your home country** for medical, surgical, hospital nursing home or nursing services.
 - (ii) additional transport and accommodation costs and repatriation costs to be made for or by **you** and for any *one other person who is required for medical reasons* to stay with **you**, to travel to **you** or to travel with **you**
 - (iii) charges following **your** death outside the **United Kingdom** or the Republic of Ireland or **your home country** for **your** burial or cremation in the locality where **your** death occurs up to a maximum cost of **£2,500**, plus the cost of returning **your** ashes **home** or the return of **your** body to **your home**
- (b) up to **£250** to cover emergency dental treatment only to cure sudden pain.

PLEASE NOTE

1. **We** will not provide cover under this insurance unless immediate notice is given to **us** of any illness or injury which necessitates admittance to hospital as an in-patient or before any arrangements are made for repatriation.
2. In the event of **your** injury or illness **we** reserve the right to:
 - (a) move **you** from one hospital to another; and
 - (b) arrange for **your** repatriation to **your home** at any time during the journey or trip in order to minimise the loss. **We** will do this if in the opinion of the doctor in attendance and the **our** medical advisers, **you** can safely be moved and/or can safely travel home to continue treatment.
 - (c) for non-United Kingdom or the Republic of Ireland residents, the cost of **your** repatriation to the **United Kingdom** or the Republic of Ireland or **your home country** is at **our** option.

For each insured-person this insurance will not cover:

- the first **£100** of each and every incident giving rise to a claim except when **you** have used the European Health Insurance Card (EHIC), E106 form or other mutual agreement between countries to obtain a reduction in medical costs, when this is reduced to **NIL**.
- in-patient treatment or repatriation that has not been notified to and agreed by the emergency medical assistance service.
- the cost of private treatment where adequate state facilities are available.
- the cost of replenishing supplies of any medication **you** were using at the start of the **trip**, or further treatment for any condition **you** had at the start of **your trip**.
- the cost of taxi fares for anyone other than the patient, telephone calls, faxes or any expenses for food or drink.
- the cost of repatriation where necessary medical treatment is available locally in a facility considered acceptable by the Chief Medical Officer of the emergency assistance service.
- any claim that is caused by:
 - **you** travelling in an aircraft (other than as a passenger in a fully licensed passenger carrying aircraft and for no other purpose).
 - **you** driving a motorcycle for which **you** do not hold a full licence to ride in **your home country** other than as part of **your PGL** and **NST** duties on a **PGL** and **NST** activity site.
 - **you** riding on a motorcycle without wearing a crash helmet, whether legally required locally or not.
 - **your** suicide, self-injury or wilful act of self exposure to peril (except where it is to save human life).
 - **your** participation in a **hazardous activity** unless an additional premium has been paid and the policy endorsed and other than where they form part of **your PGL** and **NST** duties.

(a)(i), & (b) any services or treatment received by **you** in the **United Kingdom** or the Republic of Ireland or within **your home country**.

- any services or treatment received by **you**, including any form of cosmetic surgery **OR** any treatment that in the opinion of the emergency medical assistance service, in consultation with **your** treating doctor, can reasonably wait until **you** return to **your home**.
- any services or treatment received by **you** after the date on which in the opinion of the emergency medical assistance service, **you** can safely return **home**, that would exceed the cost of **your** repatriation.
- any routine non-emergency tests or treatment.
- repairs to or for the provision of dentures, artificial limbs or hearing aids.
- any dental work involving the use of precious metals.
- any extra costs for single or private accommodation in a hospital or nursing home.
- any costs for treatment, including exploratory tests, that has no relationship with the illness or injury on which the claim is being made.

(a)(iii) **your** burial or cremation in **your home country**.

(b) emergency dental work costing more than **£250**.

**FOR PRACTICAL ASSISTANCE IN A MEDICAL EMERGENCY CONTACT:
FOGG ASSIST ON +44 (0)845 658 9899**

NOTES:

1. If travelling within Europe you should carry an EHIC or form E128 and use this at state registered doctors and state hospitals to save costs.
2. If travelling in Australia you should register with Medicare on arrival. There is a Medicare office in all major towns and cities in Australia. Registration is free and this will entitle you to reduced medical charges from doctors, reduced prescription charges and access to Medicare hospitals.

What you need to do if you wish to make a claim under this section of the policy:

- emergency medical assistance see under 'If **you** need emergency medical assistance abroad' and details given separately above.
- for non-emergency cases, visits to doctors, hospital outpatients, or pharmacies costs **you** incur **you** must keep all receipts accounts and medical certificates.

SECTION A2- REPATRIATION CHARGES (CUTTING SHORT YOUR TRIP)

For each insured-person this insurance will pay:

- (a)** up to **£5,000** for reasonable and necessary additional transport charges and accommodation expenses from **your** resort where **you** are employed to **your home**, that **you** have paid or agreed to pay and that **you** cannot recover from any other source due to the **trip** being cut short by **your** early return **home** because of
- i) the death, injury or illness of a **close relative** or **close business associate** residing within the European Union and not travelling with **you** or
 - ii) **your home** becoming uninhabitable following fire, storm or flood or
 - iii) **your** presence being required by the police following burglary at **your home** or place of business in the European Union.
- (b)** up to a maximum of **£1,000** for reasonable and necessary additional transport charges and accommodation expenses that **you** incur or agree to pay in returning to **your** resort and that **you** cannot recover from any other source following a valid claim under **a)** of this section to get **you** back to **your** resort where **you** are employed, if required by **PGL** and **NST**.

For each insured-person this insurance will not cover :

- the first **£35** of any loss, charge or expense made on each claim under this section.
- cutting short **your trip** unless agreed by **us**.
- any event caused by **you** failure to get a medical certificate from the treating doctor of **your close relative** that states the necessity to return **home** due to death, injury or illness of **your close relative**.
- any payment or part payment made using frequent flyer vouchers, Air Miles vouchers or other vouchers that have no financial face value.
- any payment where **you** have not suffered any financial loss.
- any claim that is due to:
 - the withdrawal of previously approved leave by **you** employer unless it is due to the death or serious illness of a **close relative**.
 - cutting short **your trip** due to death or illness of a **close relative** or close **business associate** caused by a **pre-existing health condition**.
 - any stress related condition, anxiety, depression, eating disorders or mental instability.
 - **you** failure to obtain the required passport or visa.
 - the operation of law or as a result of an unlawful act or criminal proceedings against anyone included in **your** booking.
 - the failure of any transport or accommodation provider, their agent or anybody who is acting as **your** agent.
 - the curtailment of **your trip** by the tour operator.
 - the failure of **your** travel agent or tour operator.
 - financial circumstances.
 - **you** disinclination to travel.
 - **you** travelling in an aircraft (other than as a passenger in a fully licensed passenger carrying aircraft and for no other purpose).
 - death or illness of any pets or animals.
 - terrorism, riot, civil commotion, strike or lock-out.
 - **you** unemployment caused by or resulting from **your** misconduct leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the application for insurance.
- any event that is due to **you** participating in a **hazardous activity** unless an additional premium has been paid and the policy endorsed and other than where they form part of **your PGL** and **NST** duties.
- cutting short **your trip** where the **trip** is of two (2) days duration or less or is a one-way **trip**.

What you need to do if you wish to make a claim under this section of the policy:

- if **you** feel **you** need to cut short **your trip** **you** will need a letter confirming this is due to medical necessity from the treating doctor (a standard type of medical form can be obtained from Fogg Travel for completion by the doctor), and to confirm this with **us**. Repatriation claims will not otherwise be covered. **You** should keep any receipts or accounts given to **you** and send them in to Fogg Travel.

SECTION A3 - PERSONAL ACCIDENT BENEFIT

For each insured-person this insurance will pay:

A single payment for **your** accidental bodily injury, that independently of any other cause, results in **your**:

	Amount of payment
(a) death	£15,000
(b) total and permanent loss of sight in one or both eyes or total loss by physical severance or total and permanent loss of use of one or both hands or feet	£15,000
(c) permanent and total disablement from engaging in paid employment or paid occupations of <u>any and every</u> kind	£15,000

all occurring within **12** months of the event happening.

For each insured-person this insurance will not cover:

- any event that is due to:
 - **you** travelling in an aircraft (other than as a passenger in a fully licensed passenger carrying aircraft and for no other purpose)
 - **you** driving a motorcycle for which **you** do not hold a full licence to ride in **your home country**.
 - **you** riding on a motorcycle without wearing a crash helmet, whether legally required locally or not.
 - **your** suicide, self-injury or any wilful act of self-exposure to peril (except where it is to save human life).
 - **your** participation in a **hazardous activity** unless an additional premium has been paid and the policy endorsed and other than where they form part of **your PGL** and **NST** duties.
 - more than one of the benefits that is a result of the same injury.
- any payment when **your** age is under sixteen (**16**) years of age or sixty-five (**65**) years or over at the time of the incident.

PLEASE NOTE: Where **you** are not in any paid employment or paid occupations, this shall be defined as 'all **your** usual activities, pastimes and pursuits of any and every kind'.

What you need to do if you wish to make a claim under this section of the policy:

- in the event of death **we** will require sight of an original copy of the death certificate, for other claims please write describing the circumstances of the accident and its consequences, and **you** will be advised what further documentation is required.

SECTION A4 - PERSONAL LIABILITY

For each insured-person this insurance will pay:

up to **£2,000,000**, plus costs agreed between **us** in writing, for any event occurring during the period of this insurance that **you** are legally liable to pay that relate to an incident caused by **you** and that results in:

- (a) injury, illness or disease of any person.
- (b) loss of, or damage to, property that does not belong to **you** and is neither in **your** charge or control.
- (c) loss of, or damage to **trip** accommodation which does not belong to **you**.

For each insured-person this insurance will not cover:

- any liability for loss of or damage to property or injury, illness or disease:-
 - where an indemnity is provided under any other insurance.
 - that is suffered by anyone who is under a contract of service with **you** and is caused by the work **you** employ anyone to do.
 - that is caused by any deliberate act or omission by **you**.
 - that is caused by **your** own employment, profession or business.
 - that is caused by **your** ownership, care, custody or control of any animal.
 - that falls on **you** by agreement and would not have done if such agreement did not exist.
- any liability for injury, illness or disease suffered by **you**.
- compensation or any other costs caused by accidents involving **your** ownership, possession or control of any:
 - land or building or their use either by or on **your** behalf other than **your** temporary **trip** accommodation.
 - mechanically propelled vehicles and any trailers attached to them (except motorised equipment owned by **PGL** and **NST** for the on site leisure use of its guests and used by **you** within the confines of the **PGL** and **NST** site for **your** pleasure purposes only).
 - aircraft, motorised skis, motorised waterborne craft or sailing vessel.
 - firearms or incendiary devices.

What you need to do if you wish to make a claim under this section of the policy:

- never admit responsibility to anyone and do not agree to pay for any damage, repair costs or compensation.
- keep notes of any circumstances that may become a claim so these can be supplied to **us** along with any supporting evidence **we** may require

POLICY B - EXTENDED COVER
ONLY APPLICABLE FOR NON RESIDENTIAL PERMANENT STAFF OF PGL AND NST.

HOW YOUR POLICY WORKS

Your travel policy shows the sections of cover, limits, conditions, exclusions and information on what to do if **you** need to claim. It is essential that **you** read it. The policy is a contract between **us** and **you**. **We** will pay for any event, as set out in the policy, that happens during the period of cover for which **you** have paid the appropriate premium.

Your policy is not intended to cover items of high value, such as video camcorders, expensive watches etc., as these should be fully insured under **your** house contents insurance on an All Risks extension for **365** days of the year. There is a maximum amount **you** can claim for each individual item and a maximum amount in total for **valuables**, and these are shown under the **personal possessions** section. The **personal possessions** cover is not 'new-for-old' and an amount for age, wear and tear will be deducted.

All numbers and letters shown under 'For each insured-person this insurance will not cover:' refer to the same numbers and letters under 'For each insured-person this insurance will pay:' Where no letters or numbers are shown it applies to the whole section.

You are required to disclose any **material facts** otherwise **your** policy will not cover **you** and it may invalidate it altogether.

WHEN YOUR COVER UNDER POLICY B STARTS AND ENDS

The cover policy B starts at the beginning of **your trip** as specified by **your** contract of employment or time of leaving **your** normal place of residence or business in the **United Kingdom** or the Republic of Ireland (whichever the later) and ends on **your** return **home** on completion of the **trip** as specified in **your** contract of employment or on termination of **your** contract of employment with **PGL** and **NST** whichever is the first but shall not exceed the period stated above. In any event cover will commence no more than **24** hours prior to the booked departure time from the **United Kingdom** or the Republic of Ireland and will cease no more than **24** hours after the booked return to the **United Kingdom** or the Republic of Ireland.

The policy is only valid where:

- a) **you** are resident in the European Union at the date of issue of the policy; and
- b) **you** have an existing contract of employment with **PGL** and **NST**; and
- c) cover is for a round **trip** commencing in and returning to the **United Kingdom** or the Republic of Ireland during the period of insurance.

EXTENSION OF PERIOD

1. In the event of **your** death, injury or illness or that of anyone travelling with **you**, **you** are unable to complete the **trip** before the expiry of this policy the cover will be automatically extended without additional premium for the additional days necessary for **you** to complete the **trip**.
2. In the event of delay to any vehicle, vessel or aircraft in which **you** are travelling as a ticket holder **you** are unable to complete the **trip** before the expiry of this policy the cover will be automatically extended without additional premium up to **14** days for **you** to complete the **trip**.

POLICY EXCESSES APPLICABLE TO POLICY B

Applicable to sections B1 - Personal possessions and B2 - Personal money only.

An excess is the amount **you** have to pay towards each claim.

Each section of the policy listed carries an excess. All excesses shown for this policy are payable by each **insured-person**, for each incident giving rise to a separate claim.

DEFINITION OF WORDS APPLICABLE TO POLICY B

Listed below are certain words that appear throughout the policy. These will always be shown in **bold** type and in all cases will have the meanings shown below.

Close relative - means spouse or partner of over six months, parents, grandparents, parents-in-law, brother, sister, brother-in-law, sister-in-law, son, daughter, son-in-law, daughter-in-law, grandchild, step-parent, step-brother, step-sister, step-child, fiancé(e), aunt, uncle, cousin, nephew or niece.

Hazardous activity - means mountaineering (requiring the use of ropes and/or guides), pot-holing, racing (other than on foot), any form of **winter sports**, scuba diving below **9** metres, parachuting, gliding, canyoning, go-karting, hot-air ballooning, rugby, football, any other activity that requires skill and involves increased risk of injury unless the appropriate additional premium has been paid and accepted by **us** and other than where they form part of **your PGL** and **NST** duties. If **you** are taking part in any sport not listed above please contact **us** to ensure **you** are covered.

Home - means one of **your** normal places of residence within the European Union.

Home country – means both the country **you** live in within the European Union and **your** country of nationality.

Insured-person/you/your - means any person named on the Insurance Schedule.

Manual labour – means work involving the lifting or carrying of heavy items, work at a higher level than two storeys or any form of work underground.

Material fact – a piece of important information that would increase the likelihood of a claim under **your** policy.

Pair or set - means two or more items of **personal possessions** that are complementary, purchased as **1** item or used or worn together.

Personal money - means bank and currency notes, cash, cheques, postal and money orders, current postage stamps, travellers' cheques, coupons or vouchers that have a monetary value and travel tickets (excluding lift passes), passports, all of which are for **your** private use.

Personal possessions - means each of **your** suitcases and containers of a similar nature and their contents and articles **you** are wearing or carrying including **your valuables** (as shown below).

Pre-existing health condition – means any serious or re-occurring medical condition which has been previously diagnosed, investigated or treated in any way, at any time prior to travel, even if this condition is currently considered to be stable and under control.

Public transport – means buses, coaches, internal **flights** or trains that run to a published scheduled timetable.

Resident - means a person who has had their main **home** within the European Union and has not spent more than six months abroad in the year before buying this policy.

Trip - means a holiday or journey that begins when **you** leave **home** and ends on **your** return within the European Union but shall not exceed the period stated in the Insurance Schedule. Any subsequent holiday or journey that starts after **you** have returned **home** is not covered.

Unattended - means left away from **your** person where **you** are unable to clearly see and are unable to get hold of **your personal possessions**.

United Kingdom - means England, Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man.

Valuables - means cameras, photographic equipment, camcorders, video, satellite navigation equipment, television and equipment, radios, cassette players, CD players, Ipods, MP3 players, audio equipment, computers, computer games machines, binoculars, telescopes, antiques, jewellery, watches, furs, precious or semi-precious stones, articles made of or containing gold silver or other precious metals, films, tapes, cassettes, cartridges, discs or Compact Discs.

We/our/us - means Union Reiseversicherung AG.

Winter sports – means skiing, snow boarding and ice skating.

POLICY CONDITIONS APPLICABLE TO POLICY B

At all times **we** will act in good faith in **our** dealings with **you**. The payments for all claims following events that occur in **your** selected geographical area during the period of cover are dependent on **you**:

1. OBSERVING THE FOLLOWING:

In respect of all sections of this policy

- (a) being a **resident** of the European Union.
- (b) taking all possible care to safeguard against accident, injury, loss or damage *as if **you** had no insurance cover*.
- (c) producing this certificate confirming **you** are insured before a claim is admitted.
- (f) giving **us** full details in writing of any incident that may result in a claim under any section of the policy at the earliest possible time.
- (g) accepting that no alterations and/or additions to the printed terms and conditions of **your** policy be valid unless initialled by **us**.
- (h) providing all necessary information and assistance **we** may require at **your** own expense.
- (i) passing on to **us** immediately every writ, summons, legal process or other communication in connection with the claim.
- (j) not admitting liability for any event or offering to make any payment without **our** prior written consent.
- (k) accepting that **your** policy cannot be extended once it has expired.

In respect of sections B1 - Personal possessions, and B2 – Personal money only.

- (l) providing full details of any House Contents and All Risks insurance policies **you** may have.
- (m) retaining **your** tickets and luggage tags and notifying the Police within **24** hours of any loss or theft or to the carriers when the loss or damage has occurred in transit. **You** should obtain either a Police report or a carrier's Property Irregularity Report (PIR) form within **24** hours and enclose this with **your** claim form.
- (n) complying with the carrier's conditions of carriage.
- (o) not abandoning any property to **us** or Fogg Travel.

2. RECOGNISING OUR RIGHTS TO:

- (a) make **your** policy void where a false declaration is made or any claim is found to be fraudulent.
- (b) take over and deal with in **your** name the defence or settlement of any claim made under the policy.
- (c) subrogate against the responsible party and take proceedings in **your** name but at **our** expense to recover for **our** benefit the amount of any payment made under the policy.
- (d) give **7** days notice of cancellation of this policy by recorded delivery to **you** at **your** last known address. In this case **we** will refund to **you** the pro-rata proportion of any unexpired premium **you** have paid.
- (e) cancel all benefits provided by **your** policy without refund of premium when a payment has been made for cutting short **your trip** (unless otherwise stated in the policy).
- (f) not to refund the policy premium after the policy has been issued, unless after receipt of the document **you** find that the terms and conditions do not meet **your** requirements, in which case the policy and any other relevant documents must be returned to the point of sale within **14** days of receipt for any refund to be considered.
- (g) not make any payment for any event that is covered by another insurance policy.
- (h) maintain **your** personal details in connection with an anti-fraud claims checking system.
- (i) settle all claims under the Laws of England and Wales unless **we** agree otherwise with **you**.

GENERAL EXCEPTIONS APPLICABLE TO POLICY B

A. This insurance will not pay for:

- (1) any deterioration of or loss or damage to property or any delay, legal liability, injury, illness, death or expense directly or indirectly due to, contributed to or caused by :
 - (2) war, terrorism, biological or chemical warfare, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
 - (3) participation in a **hazardous activity** unless an additional premium has been paid and the policy endorsed and other than where they form part of **your PGL** and **NST** duties.
 - (4) any claim arising from any **pre-existing health condition** or health condition that has been diagnosed, been in existence or for which **you** have received treatment from a hospital or specialist consultant during the last few years or for which **you** are awaiting or receiving treatment or under investigation unless **we** have agreed cover in writing and any additional premium has been paid.
 - (5) any claim arising from any **pre-existing health condition** of **your close relative** unless **we** have agreed cover in writing.
 - (6) any payments made or charges levied after the date of diagnosis of any change in **your** health or medication after the policy was bought unless this has been advised to **us** and any revised terms or conditions have been confirmed in writing.
 - (7) delay, confiscation, detention, requisition, damage, destruction or any prohibitive regulations by Customs or other government officials or authorities of any country.
 - (8) **you** being under the influence of drugs (except those prescribed by **your** registered doctor but not when prescribed for treatment of drug addiction).
 - (9) **your** abuse or prior abuse of solvents or alcohol.
 - (10) any claim arising from a **material fact** known by **you** at the time of buying this policy or which occurs between booking and travel unless it has been disclosed to **us** and **we** have agreed in writing any terms applicable.

- (11) any deliberate or criminal act by an **insured-person**.
- (12) **manual labour** of any kind unless part of **your PGL** and **NST** duties.

B. This insurance will not cover:

- (1) loss of earnings, additional hotel costs, additional car hire, additional parking fees, kennel fees or any other loss unless it is specified in the policy.
- (2) any loss due to currency exchanges of any and every description.
- (3) any loss unless it is specified in the policy.
- (4) **your** carriers refusal to allow **you** to travel for whatever reason.
- (5) **you** if **you** are aged **65** or over.

SECTION B1 - PERSONAL POSSESSIONS

For each insured-person this insurance will pay:

- (a) up to a total of **£1,500** for **your personal possessions** to cover:
 - either* (i) the cost of repair of items that are partially damaged whilst on **your trip**, up to the market value of the item, allowing for age, wear and tear,
 - or* (ii) the market value of the item, allowing for age, wear and tear, to cover items that are stolen, permanently lost or destroyed whilst on your trip.
- (b) up to a total of **£100** to cover the purchase of essential items if **your personal possessions** are misplaced, lost or stolen on **your** outward journey from the **United Kingdom** or the Republic of Ireland for over **12** hours from the time **you** arrived at **your trip** destination outside **your home country**. **You** must keep all receipts for these items and send them in to **us** with your claim and any amount paid will be deducted from the final claim settlement if the items are permanently lost

For each insured-person this insurance will not cover:

- any claim for loss or theft where **you** have not notified the police, **your** carrier or **your** tour operator manager and obtained a written report.
- any claim where **you** are unable to provide the damaged items on request or to prove the existence or prove the ownership of any item with an insured value in excess of **£50**.
- loss of, or damage to, property that does not belong to **you** or any member of **your** family.
- any claim that is the result of a domestic dispute.
- any breakage or damage to fragile articles, paintings, works of art, sculptures, audio, video, computer, television equipment, musical instruments, household goods unless the breakage or damage is caused by fire, theft or in an accident to the motor vehicle in which they are being carried.
- mobile telephones, SIM cards, mobile telephone prepayment cards, lost or stolen mobile telephone call charges or mobile telephone accessories.
- the cost of replacing or repairing dentures.
- loss or damage due to atmospheric or climatic conditions, wear, tear and depreciation, superficial marks and scratches, moth or vermin.
- sports equipment whilst in use.
- any items more specifically insured elsewhere.
- (a) the first **£35** of each and every incident giving rise to a claim.
 - more than **£250** for any one article, **pair or set** of any kind, whether they are solely or jointly owned.
 - more than **£250** in total for **valuables** whether solely or jointly owned.
 - more than **£100** in respect of sunglasses.
 - the loss, theft or damage to:-
 - films, tapes, cassettes, cartridges or discs other than their value as unused material unless purchased pre-recorded when **we** will pay up to the maker's latest list price.
 - duty free items such as tobacco products, alcohol and perfumes.
 - perishable goods, bottles, cartons and any damage caused by them or their contents.
 - pedal cycles, wheelchairs, prams, pushchairs or baby buggies except while they are being carried as luggage on **public transport**.
 - **valuables** carried in any suitcases, trunks or similar containers when left **unattended**.
 - **valuables** left **unattended** except where they are locked in a safe or safety deposit box where these are available or left out of sight in **your locked** personal holiday or **trip** accommodation.
 - contact or corneal lenses or artificial limbs.
 - money, bonds, coupons, stamps, negotiable instruments, securities or documents of any kind.
 - **personal possessions** left **unattended** away from **your** personal holiday or **trip** accommodation except **personal possessions** (but not **valuables**) left between **6.00 am** and **11.00 pm** local time (during daytime) in the locked boot or covered luggage area of a motor vehicle where entry was gained by violent and forcible means

What you need to do if you wish to make a claim under this section of the policy:

- for all loss or damage claims during transit **you** need to (a) retain **your** tickets and luggage tags, (b) report the loss or damage to the airline, railway company, shipping line, coach company or their handling agents, and obtain a Property Irregularity Report (PIR) form or its equivalent within **24** hours.
- for all damage claims **you** should retain the items in case **we** wish to see them. **You** will need to obtain an estimate for repairs or a letter confirming that the damage is irreparable. **You** should keep receipts or vouchers for any items lost or damaged as these will help to prove **your** claim.
- for all losses **you** should report to the Police as soon as possible, and within **24** hours of discovery, and obtain a written report and reference number from them. **You** should also report the loss to **your** tour operator's representative or hotel/apartment manager wherever appropriate.

SECTION B2- PERSONAL MONEY

For each insured-person this insurance will pay:

up to **£500** for the loss or theft of **your personal money** during **your trip**.

For each insured-person this insurance will not cover:

- the first **£35** of each and every incident giving rise to a claim.
- any claim for loss or theft where **you** have not notified the Police, **your** carrier or tour operator's representative and obtained a written report.
- loss or theft of **personal money** that is not :
 - on **your** person.
 - held in a safe or safety deposit box where one is available
 - left out of sight in **your locked** personal **trip** accommodation.
- loss of **personal money** from an **unattended** vehicle.
- loss or theft of **personal money** due to depreciation in value, currency changes or shortage caused by any error or omission
- loss or theft of travellers' cheques where the bank provides a replacement service.
- more than the unused portion of **your** passport.

What you need to do if you wish to make a claim under this section of the policy:

- for all losses **you** should report to the Police as soon as possible, and within **24** hours of discovery, and obtain a written report and reference number from them. **You** should also report the loss to **your** tour operator's representative or hotel/apartment manager wherever appropriate.
- for loss of money **we** will require (a) confirmation from **your home country** currency exchange of the issue of foreign currency or travellers' cheques, (b) exchange confirmations for currency changed from travellers' cheques, or, (c) where sterling or euros are involved, documentary evidence of possession.

URV, Branch Office of Union Reiseversicherung AG for the United Kingdom and the Republic of Ireland.
Registered in England & Wales. Company No. FC024381. Branch No. BR006943.

A public body corporate with limited liability.

Registered Office: Maximilianstrasse 53, D-80530 Munich, Germany.

Registered with Amtsgericht Munich, Germany. Registered Number: HRB 137918. URV are authorised in Germany with BaFin and regulated in the United Kingdom by the Financial Services Authority. The URV Branch office is administered in the United Kingdom and Ireland by Travel Insurance Facilities plc.

Registered Office: 10 Victoria Road South, Southsea, Hampshire, PO5 2DA. Registered in England.

Registered Number: 3220410.

Travel Insurance Facilities plc are authorised and regulated by the Financial Services Authority.



Fogg Travel Insurance Services Limited is authorised and regulated by the Financial Services Authority. Our FSA Register reference is 307304. This can be checked at www.fsa.gov.uk/pages/register

Quick find numbers
(these are given within the full policy)

Fogg Travel Insurance Services Limited

Crow Hill Drive, Mansfield, Notts NG19 7AE
Tel: 01623 631331
Fax: 01623 420450
E-mail: sales@foggtravelinsurance.com
Website: www.foggtravelinsurance.com

Medical Referral Helpline

Tel: 0845 1300 198 *(quote PGL & NST STAFF)*

24 hour Medical Assistance Service

Tel: ++ 44 (0)845 658 9899 *(quote PGL & NST STAFF)*

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