

Chubb Flexible Benefits

Flexible Benefits
Annual Holiday Travel Insurance
Group Policy

CHUBB®

Contact Information

If you need details in Large Print, Braille, or Audio please call us on 0345 841 0056 for details.

If you have a hearing or speech impairment and would like to speak to us and have a textphone available, you can do so by using the Action on Hearing Loss Next Generation Text service. This is available 24 hours a day, seven days a week and allows customers to contact us via a Text Relay Operator who will relay instructions and other requests verbally to us. To use the Next Generation Text service, You must have access to a textphone or a smartphone with a compatible operating system, tablet, laptop or PC with an internet connection. To use the Next Generation Text service, just dial 18001 and then our number - once the call is connected, a Text Relay Operator will join the call to relay the message. Our responses will then appear as text on Your textphone, smartphone, tablet, laptop or PC. For the Next Generation Text service, please call 18001 0345 841 0056.

Calls may be recorded for training and quality purposes.

Customer Services

Phone +44 (0) 345 841 0056
Email cust.servuk@chubb.com

Claims

Phone +44 (0) 345 841 0059
Email uk.claims@chubb.com
Website www.chubbclaims.co.uk

Complaints

Phone +44 (0) 800 519 8026
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Website www.chubb.com/uk

Insurer:

Chubb European Group SE (CEG) is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662.

UK business address: 100 Leadenhall Street, London EC3A 3BP. Authorised and supervised by the French Prudential Supervision and Resolution Authority (4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09) and authorised and subject to limited regulation by the Financial Conduct Authority (FS Register number 820988). Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. You can find details about the firm by searching 'Chubb European Group SE' online at <https://register.fca.org.uk/>.

Additional information can be found at: www.chubb.com/uk

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Insurance agreement

Thank you for choosing this Policy which is underwritten by Chubb European Group SE.

The Policy pays benefits, in accordance with this Policy wording and has been made available to **Policyholders** through the **Group Policyholder** (as specified in the **Group Policy Schedule**).

The **Group Policyholder** and **We** agree that the **Group Policyholder** will pay the premium as agreed. The **Group Policy Schedule** and this Policy constitute the full terms and conditions of the insurance with **Us**. The **Group Policyholder** acknowledges that **We** have offered this Policy and calculated the premium using the information which **We** have asked for and the **Group Policyholder** has provided, and that any change to the responses provided by the **Group Policyholder** may result in a change in the terms and conditions of the Policy and/or a change in the premium.

The **Group Policyholder** should check over the Policy wording and **Group Policy Schedule** carefully to ensure they are correct and meet the **Group Policyholder's** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. The **Group Policyholder** should keep these documents in a safe place and should make them available to the **Policyholders**, telling them where the documents can be viewed. The **Group Policyholder** must tell **Us** if either their insurance needs or any of the information they have given **Us** changes. A change in circumstances may affect Policy cover, even if the **Group Policyholder** does not think a change is significant, and **We** may need to change this Policy. **We** will update the Policy and issue a new **Group Policy Schedule** each time a change is agreed.

Important Notes

Providing Information to You

At the beginning of each **Period of Insurance**, the **Group Policyholder** must provide a copy of the Insurance Product Information Document (IPID) to **Policyholders**, and must also make the Policy wording and **Group Policy Schedule** available too, stating where the documents can be viewed.

Eligibility

To be covered under this Policy, **You** must:

- be permanently resident in the **United Kingdom**; and
- be in the **United Kingdom** on the **Start Date** of the **Period of Insurance** or the date **You** are included in this insurance through the **Insurance Agreement** with the **Group Policyholder**, if later; and
- be under the **Maximum Age Limit** at the **Start Date**; and
- not be a full time member of the armed forces of any nation or international authority.

Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 35 to 38 in this Policy. Definitions that are relevant only to individual Sections are located and contained in the appropriate Section.

Medical Requirements

We have the right to refuse to pay any **Claim** if:

- at the time this Policy was applied for or at any later date on which a **Journey** is booked **You** are aware of any reason why a **Journey** might be cancelled or curtailed;
- at the time this Policy was applied for or at any later date on which a **Journey** is booked either **You** or any members of **Your Immediate Family** are receiving or on a waiting list for treatment at a **Hospital** or nursing home;
- **You** intend to travel against the advice of a **Doctor** or for the purpose of obtaining medical treatment or where a terminal prognosis (regardless of the duration of life expectancy) has been given.

Paying Premiums

- The **Group Policyholder** will arrange for the payment of **Policyholders'** premiums to **Us**. The amounts a **Policyholder** must pay are stated in the **Group Policy Schedule**.
- One twelfth of the appropriate annual premium is payable for each month for which cover is provided under this Policy from the **Start Date** until expiry of the **Period of Insurance**.
- If a **Policyholder** does not start paying premiums, this Policy will not provide any insurance in respect of that **Policyholder** or any **Insured Person (Partner or Children)** enrolled in this Policy by them. The **Policyholder** will pay the first premium at the **Start Date** and the other premiums on or around the same date each month.
- If within 14 days of receiving the **Confirmation Document** a **Policyholder** cancels their cover **We** will refund any premiums the **Policyholder** has paid, provided that no **Claim(s)** have been reported or paid.
- If after 14 days of receiving the **Confirmation Document** a **Policyholder**:

- a) leaves the employment of the **Group Policyholder** and is no longer eligible for cover under this Policy, **We** reserve the right to charge the **Policyholder** a premium proportionate to the cover that has been in force up to the date of their cancellation. If **We** have paid a **Claim**, in whole or part, then no refund of premium will be made;
- b) cancels their insurance under this Policy for any reason other than stated in a) the **Policyholder** will be required to pay the balance of premium due up to the end of the **Period of Insurance**.

Journeys Covered

This Policy covers all **Journeys** within the **Geographical Limits** during the **Period of Insurance** provided they meet the following conditions:

- no individual **Journey** will continue for more than 60 consecutive days;
- no more than 30 days in total are spent on **Journeys** involving **Winter Sports** (if insured) in any one **Period of Insurance**;
- no more than 90 days in total are spent on **Journeys** in any **Period of Insurance**;
- each **Journey** in the **United Kingdom** and Isle of Man includes at least two nights spent in accommodation that is booked before the **Journey** begins.

When Cover Operates for a Journey

- The Cancellation insurance provided under Section 1 of this Policy begins when a **Journey** is booked or when **Your** cover commences under this Policy if later, and ends when the **Journey** commences or when the **Period of Insurance** ends, if earlier.
- All other insurance provided under this Policy starts when, during the **Period of Insurance**, **Your Journey** commences and lasts for the duration of such **Journey** or until the **Period of Insurance** ends, whichever is later.

If **Your** return from a **Journey** is unavoidably delayed due to a **Claim**, **You** will continue to be covered without any additional premium for the period of the delay.

If there is a change to this Policy it will begin on the **Start Date** shown on the subsequent **Group Policy Schedule** that is issued to record the change in cover.

Children travelling unaccompanied

Cover for **Children** travelling independently and not with another **Insured Person** is operative if stated as 'Insured' in the Cover Applicable section in the **Group Policy Schedule** and the **Confirmation Document**.

Otherwise, **Children** not travelling with another **Insured Person** will only be covered if they are:

- in the company of an adult (i.e. someone not defined as a **Child** under this Policy) who their **Parent, Legal Guardian or Foster Carer** (who is an adult **Insured Person** under this **Policy** or his/her **Partner**) know, other than on an organised school, college or university trip; or
- travelling as an unaccompanied minor on a scheduled air service which operates an unaccompanied minor scheme and, only then if they are travelling with the intention of joining, or being subsequently joined by their **Parent, Legal Guardian or Foster Carer** or another adult who is an **Insured Person** under this Policy.

Changing the cover selected

The **Policyholder** may not, during the **Period of Insurance**, change the level of cover selected, except:

- immediately following an **Eligible Lifestyle Event**; or
- where specifically agreed in writing by **Us**, in which case the **Policyholder**:
 - may be required to pay the full annual difference in premium if cover is increased (regardless of the date the increase in cover is effective from); or
 - may not be allowed any refund of, or reduction in, premium if cover is decreased.

Helplines

We have arranged the following assistance and advice services which are included automatically and are available to all Insured Persons whilst they are on a Journey. These assistance and advice services are summarised below.

Chubb Assistance

(Telephone +44 (0) 20 7173 7798)

Chubb Assistance can help in a range of different circumstances including medical emergencies. **You** should have details of this Policy, including the Policy number and **Period of Insurance** when he or she calls.

Medical Emergency Service can help with

- **Repatriation** - if the **Doctor** appointed by **Chubb Assistance** believes treatment in the **United Kingdom** and Isle of Man is preferable, transfer will be arranged by regular scheduled transport services, or by air or road ambulance services if more urgent treatment and/or specialist care is required during the **Journey**.
- **Payment of bills** - if **You** are admitted to a **Hospital Abroad**, the **Hospital** or attending doctor(s) will be contacted and payment of their fees up to the Policy limits will be guaranteed so **You** do not have to make the payment from **Your** own funds.
- **Provision of medical advice** – if **You** require emergency consultation or treatment **Abroad**, **Chubb Assistance** will provide the names and addresses of local doctors, hospitals, clinics and dentists, and its panel of doctors will provide telephone medical advice.
- **Unsupervised Children** - if a **Child** is left unsupervised on a trip **Abroad** because the **Policyholder** or their **Partner** (if insured) is hospitalised or incapacitated, **Chubb Assistance** will organise his or her return home, including a suitable escort when necessary.

Chubb Assistance - non travel services 0800 519 9969

Counselling 📞

- Identifying and managing stress and stressful situations. Crisis counselling.
- Debt emotional support.
- Addiction emotional support.
- Support on emotional aspects of living with a long-term injury or disablement.
- Following death, support and help for the bereaved customer and work related colleagues to cope with the trauma of their loss.
- Support in dealing with the psychological impact of not being able to continue in employment due to injury.
- Signpost and details of organisations which provide face-to-face counselling.

Legal advice 📞

- Advice where injury has been caused by the negligence of a third party.
- Non-contentious advice on employment issues including redundancy, bullying, harassment, unfair discrimination and retirement.

Personal tax advice 📞

General advice on tax issues of a personal nature (excluding financial planning advice relating to ways of avoiding or reducing personal tax liability). **This service is not provided in the Republic of Ireland.**

Medical advice 📞

- General medical information advice which can be given over the telephone.

- (b) How to access details of the length of hospital waiting lists.
- (c) Providing details of additional sources of information and societies who specialise in dealing with particular disabilities.
- (d) Information on facilities available through social services.
- (e) Advice on how to obtain a second opinion.

Bereavement advice 📄

- (a) Information on locating wills, obtaining grant of probate or letters of administration or the need to consult a solicitor.
- (b) Advice on how to register death, the duties of the coroner and information on the documents required by the registrar.
- (c) Signpost advice to a funeral director and advice on the practical details.

Making a Claim

Telling Us about Your Claim

If anything happens that may result in a **Claim** under this Policy, **You** must tell **Us** within 30 days, or as soon as reasonably possible after that. If **You** cannot do this, a personal representative can do this for **You**.

Chubb
(Claims Dept.),
PO Box 682,
Winchester, SO23 5AG

Phone +44 (0) 345 841 0059
Email uk.claims@chubb.com
Website www.chubbclaims.co.uk

You should notify any **Claim** to **Us** as soon as is reasonably possible. If **You** delay notifying a **Claim** to **Us** and the delay prejudices **Us** in investigating or assessing **Your Claim**, this may impact the **Claim** being paid at all, or the amount of the **Claim** that is paid.

Information We may need about Your Claim

You or the **Group Policyholder** will at their own expense provide **Us** with such certificates, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**, in order to action a relevant **Claim**. **We** will need to be sent any medical certificates or other documents, which **We** ask for. **We** will not pay for these.

Your duty to avoid or minimise a Claim

You must take ordinary and reasonable care to safeguard against loss, damage, accident, injury or illness as though **You** were not insured. If **We** believe **You** have not taken reasonable care of property, the **Claim** may not be paid. The items insured under this Policy must be maintained in good condition.

Fraudulent Claims

We will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **We** may cancel **Your** cover.

Co-operation in the Claim Process

After any **Accidental Bodily Injury** or other injury or illness, **You** should obtain and follow the advice of a **Doctor** and **We** will not be liable for any consequences of **Your** failure to obtain and follow such advice and use such appliance or remedies as may be prescribed.

You must agree to a medical examination if **We** ask for it. **We** will pay for this.

You may be required to meet with external third parties, approved by **Us**, to substantiate **Your Claim**.

We may insist on a post-mortem examination if the law allows **Us** to ask for one. **We** will pay for this.

Paying Claims

If **You** have a **Claim**, **We** will deal with it based on the cover details stated in the **Group Policy Schedule** and **Confirmation Document** which are in force immediately before the **Claim** occurred.

All benefit payments on valid **Claims** will be paid in **GBP** and will be paid into **Your** bank account.

For **Accidental** death, **We** will pay the **Benefit Amount** to **Your** estate and the receipt given to **Us** by **Your** personal representative will be a full discharge of liability by **Us** in respect of the **Claim** for such **Benefit Amount**.

For all **Claims** excluding **Accidental** death, **We** will pay the **Benefit Amount** or the assessed percentage to **You** and **Your** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount** or the assessed percentage. If **You** are under 18 years of age, **We** will pay the **Benefit Amount** to **Your Parent, Legal Guardian or Foster Carer** for **Your** benefit. The **Parent, Legal Guardian or Foster Carer's** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount**.

Other Insurances

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** proportionate share. This condition does not apply to Sections 4 - Serious Injury or 11 – Personal Liability of this Policy.

The Cover

IMPORTANT NOTE: Please read the Policy and the Group Policy Schedule carefully to ensure you understand the cover that is in place.

The type of cover and **Benefit Amount** is stated in the **Group Policy Schedule**, which is held by the **Group Policyholder**, and the Insurance Product Information Document (IPID) and **Confirmation Document**, which is held by the **Policyholder**.

Section 1 - Disruption

1. Cancellation, Curtailment and Rearrangement Costs

If during the **Period of Insurance** it becomes necessary for **You** to cancel, curtail or rearrange a **Journey** due to:

- a) the death, serious injury, sudden illness, complications in pregnancy (as diagnosed by a **Doctor** or specialist in obstetrics) or quarantine on the orders of a **Doctor**, of **You**, a member of **Your Immediate Family** or **Your Travelling Companions** or anyone on whom the **Journey** depends, provided that such cancellation, curtailment or rearrangement is confirmed as medically necessary by a **Doctor**;
- b) a **Public Conveyance** being cancelled or curtailed because of adverse weather, industrial action, or mechanical breakdown or derangement;
- c) **You** being required to attend Jury service or being subpoenaed;
- d) the hijacking of the conveyance in which **You** are travelling;
- e) **Your** unemployment, which qualifies for payment under any applicable statute;
- f) serious damage making **Your** home uninhabitable;
- g) **Your** presence being required by the police following a burglary or attempted burglary at **Your** home;

We will pay up to the **Benefit Amount** stated in the **Group Policy Schedule** for **Cancellation, Curtailment and Rearrangement Expenses**.

2. Catastrophe

We will pay **You** for the additional travel and accommodation expenses **You** incur up to the **Benefit Amount** stated in the **Group Policy Schedule**, to enable **You** to continue with **Your Journey** if **You** cannot live in **Your** booked accommodation because of a catastrophe involving fire, flood, earthquake, storm, lightning, explosion, hurricane or major outbreak of infectious disease.

Special Conditions for 2. Catastrophe cover

You must:

- a) provide a written statement from an appropriate public authority confirming the reason and nature of the disaster and how long it lasted;
- b) not have known about any event that results in a **Claim** before leaving from **Your** international departure point; and
- c) provide **Us** with evidence of all the extra costs incurred.

Specific Definition for Section 1 – Disruption

Cancellation, Curtailment and Rearrangement Costs

Costs for unused travel and/or accommodation (including ski hire, ski school and ski lift passes), which **You** have paid or are contracted to pay and which cannot be recovered from any other source. Curtailment and Rearrangement costs include reasonable additional travel and accommodation expenses provided that such travel is of a standard no greater than the class of transport on the outbound part of the **Journey** and the standard of accommodation is not superior to that of the **Journey**.

Specific Exclusions for Section 1 - Disruption

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable for:

1. **Cancellation, Curtailment and Rearrangement Costs:**
 - a) where a **Doctor** has not confirmed such cancellation or curtailment or rearrangement as medically necessary;
 - b) if, at the time this Policy was applied for or before a **Journey** was booked, either **You**, any members of **Your Immediate Family, Travelling Companions** or anyone on whom the **Journey** depends is receiving treatment or is on a waiting list for treatment at a **Hospital** or nursing home;
 - c) incurred as a result of strike or industrial action, which is public knowledge when this Policy is taken out, or a **Journey** is booked;
 - d) incurred as a result of an aircraft, sea vessel or train being withdrawn from service on the orders of the recognised regulatory authority in any country;
 - e) incurred as the result of **You** being called as an expert witness or if **Your** occupation would normally require a court attendance;
 - f) incurred as a result of **Your** unemployment if **You** knew that **You** might become unemployed at the time a **Journey** was booked.
2. **Cancellation, Curtailment and Rearrangement Costs** or additional travel and accommodation expenses incurred as a result of:
 - a) a **Journey** being undertaken against the advice of a **Doctor** or where a terminal complaint (regardless of the duration of life expectancy) has been diagnosed, or where the purpose of the **Journey** is to receive medical treatment or advice;
 - b) **Your** financial circumstances;
 - c) the default of any provider (or their agent) of transport or accommodation, acting for **You**;
 - d) the Foreign and Commonwealth Office advising against non-essential travel to the **Journey** destination at the time the **Journey** was booked;
 - e) **You** or **Your Partner** being aware of any reason that might cause the **Journey** to be cancelled, either at the time the **Journey** was booked or at the time **You** elected to participate in this Policy;
3. the **Excess**;
4. any additional travel and accommodation expenses incurred where the means of transport and/or accommodation used is of a standard superior to that of the outbound part of the **Journey**;
5. any loss, charge or expense due to;
 - a) a delay in notifying the tour operator, travel agent, or transport or accommodation provider that it is necessary to cancel a booking;
 - b) disinclination to go on a **Journey**;
 - c) prohibitive regulations by the government of any country;
5. a charge or expense paid for or to be discharged with any kind of promotional voucher.

Section 2 - Travel Delay

1. Delay or Abandonment

If during the **Period of Insurance** and whilst on a **Journey** involving travel **Abroad**, the outward or return departure of a **Public Conveyance** in which **You** have arranged to travel is delayed for more than 12 hours from the departure time indicated by the carrier due to strike, industrial action, adverse weather conditions, mechanical breakdown or grounding of an aircraft due to mechanical or structural defect, we will pay:

- a) the **Benefit Amount** stated in the **Group Policy Schedule** for the first full 12 hour delay and for each subsequent full 12 hour delay up to a maximum amount stated in the **Group Policy Schedule**;
- b) up to the **Benefit Amount** stated in the **Group Policy Schedule** for **Cancellation, Curtailment and Rearrangement Costs** if, after a period of more than 24 hours delay on **Your** outward departure, **You** decide to abandon **Your Journey**.

2. Additional Petcare Fees

If during the **Period of Insurance** and whilst on a **Journey Abroad**, the return departure an aircraft, sea vessel or cross-channel train in which **You** have arranged to travel is delayed for more than 12 hours due to circumstances outside of **Your** control, **We** will pay up to the **Benefit Amount** stated in the **Group Policy Schedule** for additional pet care fees incurred in respect of domestic pets which **You** own.

Specific Exclusions for Section 2 – Travel Delay

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable:

1. for:
 - a) the **Excess** if a **Journey** is abandoned;
 - b) any additional travel and accommodation expenses where the means of transport and/ or accommodation used is of a standard superior to that of the outbound leg of the **Journey**;
 - c) a charge or expense paid for or to be discharged with any kind of promotional voucher;
 - d) any petcare fees **You** pay **Abroad**, as a result of quarantine regulations;
2. if **You** do not:
 - a) check-in before the scheduled departure time shown on **Your** travel itinerary;
 - b) provide **Us** with written details from the airline, shipping company, coach or train operators describing the length of, and reason for, the delay;
 - c) provide **Us** with a receipt for additional pet care fees paid;
3. if an aircraft, sea vessel, coach or train is taken out of service on the instructions of a Civil Aviation Authority, Port Authority or similar authority;
4. if a strike or industrial action could be reasonably expected when a **Journey** is booked.

Section 3 - Missed Departure

If during the **Period of Insurance** and whilst on a **Journey Abroad You** arrive at the airport, sea port, coach or train station too late to commence **Your** outward or return departure due to:

- a) the car in which **You** are travelling breaking down or being involved in an accident; or
- b) the **Public Conveyance You** are using for travel failing to arrive on schedule;

We will pay up to the **Benefit Amount** stated in the **Group Policy Schedule** for necessary and reasonable accommodation and travel expenses to enable **You** to reach **Your** scheduled destination.

Specific Exclusions for Section 3 – Missed Departure

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable for:

1. accommodation and travel expenses where the transport and/or accommodation used are of a superior standard to that of the originally booked leg of the **Journey**;
2. the **Excess**;
3. a missed departure caused by strike or industrial action that could be reasonably expected when the **Journey** was booked;
4. any **Claim** if **You** do not:
 - a) provide original written evidence from a motoring organisation or garage that the car used for travel is roadworthy and properly maintained;
 - b) provide details from the operators of the **Public Conveyance** used for travel of the length of and reason for the delay;
 - c) allow sufficient time to have reasonable expectation of checking in for the **Journey** at least 45 minutes prior to the latest time permitted by the operator of the relevant **Public Conveyance**.

Section 4 - Serious Injury

If during the **Period of Insurance** and whilst on a **Journey You** have an **Accident** which causes **You Bodily Injury We** will pay the **Benefit Amount** stated in the **Group Policy Schedule** for:

- A. **Loss of Limb**; or
- B. **Loss of Sight in Both Eyes**; or
- C. **Loss of Sight in One Eye**; or
- D. **Permanent Total Disablement**; or
- E. **Accidental** death.

Specific Definitions for Section 4 – Serious Injury

Bodily Injury

Injury to **You** which happens while the Policy is in force and which is caused only by an **Accident** and on its own within 24 months of the **Accident** leads to death, **Loss of Limb**, **Loss of Sight in Both Eyes**, **Loss of Sight in One Eye** or **Permanent Total Disablement** and results in a **Claim** covered under this Policy.

Loss of Limb

With reference to:

- an arm – amputation or complete and permanent loss of all functional use – at or above the wrist joint;
- a leg – amputation or complete and permanent loss of all functional use – at or above the ankle (talo-tibia joint).

Loss of Sight in Both Eyes

Permanent blindness which, based on medical evidence, **You** will never recover from and which results in **Your** name being added (on the authority of a qualified ophthalmic specialist) to the Register of Blind Persons maintained by the government.

Loss of Sight in One Eye

Permanent blindness which, based on medical evidence, **You** will never recover from, in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 60 feet away can only be seen from 3 feet away or less.

Permanent Disability

Any form of functional disability which has lasted for at least 12 months and from which, based on medical evidence, **You** will never recover.

Permanent Total Disablement

If **You** were in paid work at the date of the **Accident**:

A **Permanent Disability** which stops **You** from carrying out occupational duties for which **You** are fitted by way of training, education or experience; or

If **You** were not in paid work at the date of the **Accident**:

A form of **Permanent Disability** calculated on a medical assessment by **Us** or an independent medical expert appointed by **Us**, which results in **Your** inability to perform, without assistance from another person, at least 2 of the following activities of daily living:

- eating;
- getting in and out of bed;
- dressing and undressing;
- toileting; or
- walking 200 metres on level ground.

Specific Condition for Section 4 – Serious Injury

There is no cover under this Section for illness or sickness unless they are the direct result of **Accidental Bodily Injury** and does not cover any psychological impacts either.

Specific Exclusions for Section 4 – Serious Injury

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable for:

1. more than one benefit for all **Bodily Injury** arising from a single **Accident**.
2. **Bodily Injury** due to a disease or any physical defect, injury or illness which existed before the **Journey**.

Section 5 - Medical & Other Expenses

1. Medical Expenses and Emergency Repatriation Expenses

If during the **Period of Insurance** and whilst on a **Journey Abroad You** sustain an injury or become ill (including complications in pregnancy as diagnosed by a **Doctor** or specialist in obstetrics, provided that if travelling within 12 weeks of the expected date of delivery **You** provide a medical certificate issued by a **Doctor** or midwife confirming the number of weeks of pregnancy and that **You** are fit to travel, on the **Journey Abroad**. The certificate must be dated no earlier than 5 days before the outbound travel date) **We** will pay:

- a) up to the **Benefit Amount** stated in the **Group Policy Schedule** for **Medical Expenses** and **Emergency Repatriation Expenses**; and
- b) for costs incurred up to the **Benefit Amount** for additional travel and hotel expenses authorised in advance by **Chubb Assistance**, including those for one other person if **You** have to be accompanied on medical advice from a **Doctor**, or if a **Child** needs to be escorted home.

2. Repatriation of Mortal Remains

If during the **Period of Insurance** and whilst on a **Journey Abroad You** die, **We** will pay up to the **Benefit Amount** stated in the **Group Policy Schedule**:

- a) for cremation or burial charges in the country in which **You** died;
- b) to transport **Your** body or ashes back to the **United Kingdom** or Isle of Man.

Specific Definitions for Section 5 – Medical & Other Expenses

Medical Expenses

All reasonable costs necessarily incurred **Abroad** for **Hospital**, nursing home, ambulance, surgical or other diagnostic or remedial treatment given or prescribed by a **Doctor** and includes charges for staying in a **Hospital**.

Emergency Repatriation Expenses

All reasonable costs necessarily incurred in repatriating **You** to the most suitable **Hospital** or to **Your** home address in the **United Kingdom** or Isle of Man provided that such repatriation is:

1. Medically necessary; and
2. organised by **Chubb Assistance**.

Specific Exclusions for Section 5 – Medical & Other Expenses

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable for:

1. any amount recovered under a National Health Service reciprocal agreement;
2. treatment not confirmed as medically necessary;
3. expense incurred in **Your** country of residence;
4. dental or optical expenses other than those incurred in providing the minimum treatment necessary to relieve pain and discomfort for the duration of the **Journey**;
5. any expenses incurred more than 12 months after the date on which **You** were injured or became ill;
6. additional travelling expenses not authorised by **Chubb Assistance** if **You** have to return home earlier than planned or be repatriated;
7. any expenses incurred where a **Journey** is undertaken against the advice of a **Doctor** or where a terminal complaint (regardless of the duration of life expectancy) has been diagnosed or where the purpose of the **Journey** is to receive medical treatment or advice;
8. medication **You** are taking before, and which **You** will have to continue taking during, a **Journey**;

9. surgery, medical or preventative treatment which can be delayed, in the opinion of the **Doctor** treating **You**, until **You** return to the **United Kingdom** or Isle of Man;
10. any additional costs for single or private room accommodation;
11. additional travel and hotel expenses incurred which have not been authorised in advance by **Chubb Assistance**;
12. cremation or burial costs in the **United Kingdom** or Isle of Man;
13. the **Excess**, except where **You** have obtained a reduction in the cost of medical expenses in European Union Countries by using a European Health Insurance Card.

Special Conditions for Section 5 – Medical & Other Expenses

1. **Chubb Assistance** must be informed immediately or as soon as reasonably possible of any emergency that may potentially give rise to a **Claim**.
2. The **Group Policyholder** or **You** must not make or attempt to make arrangements without the involvement and/or agreement of **Chubb Assistance**.
3. Any repatriation will be organised by **Chubb Assistance** by the most appropriate method including, if necessary, the use of air services and arrangements for qualified medical staff to accompany **You** if required.
4. The **Group Policyholder** or **You** will make full reimbursement to **Us** for all costs incurred in the event of repatriation services being provided by **Chubb Assistance** in good faith to any person not insured under this Policy.

Section 6 – Hospital Stay Abroad

If during the **Period of Insurance** and whilst on a **Journey Abroad You** are admitted to **Hospital** as an **In-Patient** and a valid **Claim** is payable under Section 5 (Medical & other expenses) of this Policy **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule**.

Specific Definitions for Section 6 – Hospital Stay Abroad

Hospital Stay

Admission to a **Hospital Abroad** as an **In-Patient** on the advice of, and under the regular care and attendance of, a **Doctor**.

In-Patient

Your Hospital Stay as a resident bed patient, for whom a clinical case record has been opened and which is necessary for the medical care, diagnosis and treatment of injury or illness covered by this Policy and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.

Special Extension for Section 6 – Hospital Stay Abroad

If **Your Hospital Stay** is as a result of unprovoked malicious assault the **Benefit Amount** will be doubled provided that the police are informed within 12 hours of the happening of such assault, or as soon as reasonably possible thereafter, and a written report obtained from them.

Section 7 - Personal Belongings

1. Personal Belongings

If during the **Period of Insurance** and whilst on a **Journey Your Personal Belongings** are lost or damaged **We** will pay **You** for **Repair and Replacement Costs** up to the **Benefit Amount** stated in the **Group Policy Schedule**.

2. Personal Belongings Delay

If **Your Personal Belongings** are lost or misplaced for more than 12 hours by an airline or other carrier whilst **You** are on a **Journey We** will reimburse **You** for any sums paid for the purchase of reasonable and essential items of replacement clothing or toileteries up to the **Benefit Amount** stated in the **Group Policy Schedule**.

Special Provisos for 1. Personal Belongings

1. **You** must provide **Us** with original written confirmation from the carrier or tour representative that the lost or misplaced **Personal Belongings** were delayed for at least 12 hours after **You** arrived at **Your** destination; and
2. this cover will not apply to **Personal Belongings** lost or misplaced on the final part of a **Journey** returning **You** to the **United Kingdom** or Isle of Man.

Specific Definitions for Section 7 – Personal Belongings

Personal Property

Personal articles which are **Your** property or for which **You** are responsible and are taken on or acquired during the **Journey**.

Repair and Replacement Costs

The cost of repairing partially damaged property or, if property is totally lost or destroyed or uneconomical to repair, the cost of replacing property as new less a deduction for wear, tear or depreciation.

Valuables

Cameras and other photographic equipment, telescopes and binoculars, audio/video equipment (including radios, iPods, mp3 and mp4 players, camcorders, DVD, video, televisions, and other similar audio and video equipment), mobile phones, satellite navigation equipment, computers and computer equipment (including PDAs, personal organisers, laptops, notebooks, netbooks, iPads, tablets and the like), computer games equipment (including consoles, games and peripherals), jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals.

Specific Exclusions for Section 7 – Personal Belongings

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable for:

1. the **Excess**;
2. more than the maximum amount payable stated in the **Group Policy Schedule** for loss or theft of or damage to;
 - a) a single article, pair or set, or part of a pair or set;
 - b) golf clubs, bags and accessories;
 - c) spectacles or prescription sunglasses;
 - d) duty free goods brought on the return part of the **Journey**;
3. more than the **Valuables** limit stated in the **Group Policy Schedule** in total for all **Valuables**;
4. any items stolen from an unattended vehicle or trailer unless;
 - a) they were out of view in the locked boot of the vehicle or in the luggage space at the rear of a locked estate car or hatchback under a top cover;
 - b) they were out of view in a locked trailer;and there is evidence of forced entry;

5. subject to 5 above, loss or theft of or damage to **Personal Belongings** or **Valuables** left unattended, out of **Your** sight or in a position where **You** cannot prevent interference with them. However, this exclusion will not apply to:
 - a) **Personal Belongings** other than **Valuables** contained in a locked room; or
 - b) **Valuables** left in a locked safe or locked safety deposit box;at the time they are lost, damaged or stolen;
6. loss or theft unless it is reported to the police (and the hotel management if the loss or theft occurs in a hotel) within 24 hours of discovery and **We** are provided with a copy of the original written police report;
7. loss or theft of or damage to:
 - a) **Personal Belongings** in the custody of an airline or other carrier unless the loss, theft or damage is reported in writing to the airline or other carrier within 24 hours of discovery and **We** are provided with a copy of the original written airline or carrier report;
 - b) household goods, contact or corneal lenses, sunglasses (other than spectacles or prescription sunglasses), dentures, hearing aids, samples or merchandise, bonds, securities or documents of any kind;
 - c) antiques, musical instruments, pictures, typewriters, any computer equipment not defined under **Valuables**, sports equipment whilst being used (except for **Winter Sports** equipment if Winter Sports cover is shown as covered in the **Group Policy Schedule**), vehicles or their accessories, watercraft and ancillary equipment, glass (other than spectacles or prescription sunglasses), china or similar fragile items, and pedal cycles;
8. depreciation in value, normal wear and tear, denting or scratching, damage by moth or vermin, electrical, electronic or mechanical derangement, or damage due to atmospheric or climatic conditions;
9. delay, detention, seizure or confiscation by customs or other officials.

Section 8 - Money

If during the **Period of Insurance** and whilst on a **Journey Your Money** is lost or stolen when **You** are carrying it or whilst left in a locked hotel safety deposit box, **We** will pay up to the **Benefit Amount** stated in the **Group Policy Schedule**.

Specific Definition for Section 8 - Money

Money

Coins or bank notes (cash), postal or money orders, signed travellers' cheques and other cheques, letters of credit, travel tickets, promotional vouchers, petrol coupons or other prepaid coupons which belong to **You** or are in **Your** the custody and control and are intended for travel, meals, accommodation and personal expenditure only.

Specific Exclusions for Section 8 - Money

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable for:

1. the **Excess**;
2. more than the limit stated in the **Group Policy Schedule** if **You** are under 16 years of age;
3. delay, detention, seizure or confiscation by customs or other officials;
4. loss or theft unless it is reported to the police (and the hotel management if the loss or theft occurs in a hotel) within 24 hours of discovery and **We** are provided with a copy of the original written police report;
5. traveller's cheques:
 - a) if the issuing company provides a replacement service; and/or
 - b) the loss or theft is not reported immediately to the local branch or agent of the issuing company and **We** are provided with a copy of their written acknowledgement;
6. depreciation in value or shortage due to any error or omission.

Section 9 - Loss of Travel Documents

If during the **Period of Insurance** and whilst on a **Journey Your** passport or driving licence is stolen **We** will pay up to the **Benefit Amount** stated in **Group Policy Schedule** to cover fees to replace the original documents and any reasonable travel and accommodation expenses necessarily incurred in obtaining such replacements.

Exclusions Specific to Section 9 – Loss of Travel Documents

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable for:

1. delay, detention, seizure or confiscation by customs or other officials;
2. loss or theft unless it is reported to the police (and the hotel management if the loss or theft occurs in a hotel) within 24 hours of discovery and **We** are provided with a copy of the original written police report;
3. a passport or driving licence stolen from an unattended vehicle, unless it was in the locked boot of the vehicle or in the luggage space at the rear of a locked estate car or hatchback under a top cover and out of view, and there is evidence of forced entry.

Section 10 - Hijack

If during the **Period of Insurance** and whilst on a **Journey You** are detained or held hostage during a **Hijack**, **We** will pay up to the **Benefit Amount** stated in the **Group Policy Schedule**.

Specific Condition for Section 10 – Hijack

You must provide a written statement from an appropriate authority confirming the **Hijack** and how long it lasted.

Section 11 - Personal Liability

If **You** become legally liable to pay damages in respect of:

1. accidental bodily injury (which includes death, illness and disease) to any person; and/or
2. accidental loss of or damage to material property;

occurring during the **Period of Insurance** and arising out of a **Journey**, **We** will pay **You** for all such damages payable in respect of each occurrence or a series of occurrences arising directly or indirectly from one source or original cause up to the **Limit of Liability** stated in the **Group Policy Schedule**.

We will also pay **Costs and Expenses**.

Specific Definition for Section 11 – Personal Liability

Costs and Expenses

1. All costs and expenses recoverable by a claimant from **You**; or
2. all cost and expenses incurred with **Our** written consent; or
3. solicitors' fees for representation at any coroner's inquest or fatal accident inquiry or in any Court of Summary Jurisdiction; except that in respect of occurrences happening in or claims or legal proceedings brought or originating in the United States of America and Canada or any other territory within the jurisdiction of either such country, costs and expenses described in 1, 2 and 3 above are deemed to be included in the **Limit of Liability** stated in the **Group Policy Schedule**.

Specific Exclusions for Section 11 – Personal Liability

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable for any liability:

1. in respect of bodily injury to any person who is under a contract of service or apprenticeship with **You** when such injury arises out of and in the course of their employment by **You** or a member of **Your** family;
2. assumed by **You** under any contract or agreement unless such liability would have attached in the absence of such contract or agreement;
3. for the carrying on of, or engaging in, any:
 - a) trade, business or profession; or
 - b) activities or volunteer work organised by, or under the auspices of, a charitable, voluntary, not for profit, social or similar organisation when liability for such activities or work should reasonably be included within the organisation's own Public Liability policy;
4. directly or indirectly occasioned by, happening through or in consequence of **War**;
5. in respect of loss of or damage to **Personal Belongings** (as defined in Section 7);
6. in respect of bodily injury loss or damage caused directly or indirectly in connection with:
 - a) the carrying on of any trade, business or profession;
 - b) the ownership, possession or use of:
 - i. horse-drawn or mechanically propelled vehicles;
 - ii. aircraft, hovercraft or watercraft (other than manually propelled watercraft);
 - iii. firearms (other than sporting guns);
 - iv. animals (other than horses and domestic cats and dogs);
7. arising from the occupation or ownership of any land or building. However, this Exclusion will not apply in respect of loss of or damage to buildings and their contents not belonging to, but temporarily occupied, by **You** in the course of a **Journey**;
8. in respect of any willful or malicious act;
9. for punitive or exemplary damages.

Special Conditions for Section 11 – Personal Liability

1. No admission, offer, promise or indemnity will be made without **Our** consent. **We** will be entitled to take over and conduct, in **Your** name, the defence or settlement of any **Claim** or to prosecute in **Your** name, for **Our** own benefit, any **Claim** for indemnity or damages or otherwise and will have full discretion in the conduct of any proceedings and in the settlement of any **Claim** and **You** must give all information and assistance as **We** may require. Every letter, **Claim**, writ, summons and process must be forwarded to **Us** on receipt. Written notice must be given to **Us** immediately **You** have notice of any prosecution or inquest in connection with any circumstances that may give rise to liability under this Section.
2. **We** may, at **Our** sole discretion, in respect of any occurrence or occurrences covered by this Section pay to **You** the **Limit of Liability** applicable to such occurrence or occurrences (but deducting therefrom any sum(s) already paid) or any lesser sum for which the claim(s) arising from such occurrence(s) can be settled and **We** will thereafter be under no further liability in respect of such occurrence(s), except for the payment of **Costs and Expenses** incurred prior to the date of such payment and for which **We** may be responsible hereunder.
3. If at the time of the happening of any occurrence covered by this Section there is any other existing insurance, whether taken out by **You** or not, covering the same liability **We** will not be liable to pay **You** in respect of such liability except so far as concerns any excess beyond the amount which would have been payable under such other insurance had this Section not been effected.

Section 12 - Overseas Legal Expenses

If during the **Period of Insurance** and whilst undertaking a **Journey Abroad You** sustain accidental bodily injury or illness which is caused by a third party **We** will pay up to the **Benefit Amount** stated in the **Group Policy Schedule** to cover **Legal Expenses** arising out of **Any One Claim**.

Specific Definitions for Section 12 – Overseas Legal Expenses

Legal Expenses

1. Fees, expenses, costs/expenses of expert witnesses and other disbursements reasonably incurred by the **Legal Representatives** in pursuing a claim or legal proceedings for damages and/or compensation against a third party who has caused **You** accidental bodily injury or illness or in appealing or resisting an appeal against the judgment of a Court, tribunal or arbitrator.
2. Costs for which **You** are legally liable following an award of costs by any court or tribunal or an out of Court settlement made in connection with any claim or legal proceedings.

Legal Representatives

The solicitor, firm of solicitors, lawyer, advocate or other appropriately qualified person firm or company appointed to act on **Your** behalf.

Any One Claim

All claims or legal proceedings, including any appeal against judgment consequent upon the same original cause, event or circumstance.

Specific Exclusions for Section 12 – Overseas Legal Expenses

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

In respect of each **Claim** under this Section **We** will not pay for:

1. any **Claim** reported to **Us** more than 12 months after the beginning of the incident which led to the **Claim**;
2. any **Claim** where it is **Our** opinion that the prospects for success in achieving a reasonable settlement are insufficient and/or where the laws, practices and/or financial regulations of the country in which the incident occurred, would preclude the obtaining of a satisfactory settlement or the costs of doing so would be disproportionate to the value of the **Claim**;
3. **Legal Expenses** incurred before receiving **Our** prior authorisation in writing, unless such costs would have been incurred subsequent to **Our** authorisation;
4. **Legal Expenses** incurred in connection with any criminal or willful act or **You** driving a motor vehicle;
5. **Legal Expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **You**, unless as a counter claim;
6. fines, penalties, compensation or damages imposed by a court or other authority;
7. **Legal Expenses** incurred for any claim or legal proceedings brought against:
 - a) a tour operator, travel agent, carrier, insurer or their agents where the subject matter of the claim or legal proceedings is eligible for consideration under an Arbitration Scheme or Complaint Procedure;
 - b) **Us** or **Our** agents; or
 - c) **Your** employer;
8. actions between **Insured Persons** or pursued in order to obtain satisfaction of a judgment or legally binding decision;
9. **Legal Expenses** incurred in pursuing any claim for compensation (either individually or as a member of a group or class action) against the manufacturer, distributor or supplier of any drug, medication or medicine;
10. **Legal Expenses** chargeable by the **Legal Representatives** under contingency fee arrangements;
11. **Legal Expenses** incurred where **You** have:

- a) failed to co-operate fully with and ensure that **We** are fully informed at all times in connection with any claim or legal proceedings for damages and or compensation from a third party; or
 - b) settled or withdrawn a **Claim** in connection with any claim or legal proceedings for damages and or compensation from a third party without **Our** agreement. In such circumstances **We** will be entitled to withdraw cover immediately and to recover any fees or expenses paid;
12. **Legal Expenses** incurred after **You** have not:
- a) accepted an offer from a third party to settle a claim or legal proceedings where the offer is considered reasonable by **Us**; or
 - b) accepted an offer from **Us** to settle a **Claim**;
13. **Legal Expenses** that **We** consider unreasonable or excessive or unreasonably incurred;
14. any amount of money **You** agree to pay to any lawyer out of any compensation that **You** receive.

Special Conditions for Section 12 – – Overseas Legal Expenses

1. **Legal Representatives** 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.
2. **You** have the right to select and appoint a **Legal Representative** of **Your** choice to represent **You** in any legal inquiry or legal proceedings (provided any appointment of a **Legal Representative** is not on a contingency fee basis, where the **Legal Representative** charges a proportion of the amount recovered as a fee). **You** will provide **Us** with details of the selected **Legal Representative's** name and address. **We** may provide information about **Legal Representatives** in **Your** local area if asked to do so.
3. The **Legal Representatives** and **You** must co-operate fully with and ensure that **We** are fully informed at all times in connection with any claim or legal proceedings for damages and or compensation from a third party. **We** are entitled to obtain from the **Legal Representatives** any information, document or advice relating to a claim or legal proceedings under this insurance. On request **You** will give to the **Legal Representatives** any instructions necessary to ensure such access.
4. **Our** authorisation to incur **Legal Expenses** will be given if **You** can satisfy **Us** that:
 - a) There are reasonable grounds for pursuing or defending the claim or legal proceedings and the **Legal Expenses** will be proportionate to the value of the claim or legal proceedings; and
 - b) It is reasonable for **Legal Expenses** to be provided in a particular case. The decision to grant authorisation will take into account the opinion of the **Legal Representatives** as well as that of **Our** own advisers. If there is a dispute, **We** may request, at **Your** expense, an opinion of a barrister as to the merits of the claim or legal proceedings. If the **Claim** is admitted, **Your** costs in obtaining this opinion will be covered by this insurance.
5. If there is any dispute, other than in respect of the admissibility of a **Claim** on which **Our** decision is final, the dispute will be referred to a single arbitrator who will be either a solicitor or barrister agreed by all parties, or failing agreement, one who is nominated by the current President of the appropriate Law Society. The party against whom the decision is made will meet the costs of the arbitration in full. If the decision is not clearly made against either party the arbitrator will have the power to apportion costs. If the decision is made in **Our** favour, **Your** costs will not be recoverable under this insurance.
6. **We** may, at **Our** discretion, assume control at any time of any claim or legal proceedings in **Your** name for damages and or compensation from a third party.
7. All **Claims** within this Section must be submitted to **Us** in writing within 90 days of the event giving rise to a potential claim.
8. Any **Legal Expenses** incurred without **Our** written agreement will entitle **Us** to withdraw cover immediately and to recover any fees or expenses paid to **You**.
9. **We** may, at **Our** discretion, require **You**, at **Your** expense, to obtain an opinion of a barrister agreed by **You** and **Us** as to whether or not there are reasonable grounds for continuing to pursue or defend any claim or legal proceedings. **We** will pay such expense if the opinion indicates that there are reasonable grounds for pursuing or defending the claim or legal proceedings.

10. **We** may, at **Our** discretion, offer to settle a counter-claim against **You** which **We** consider to be reasonable instead of continuing any claim or legal proceedings for damages and/or compensation by a third party.
11. **You** will be responsible for the repayment to **Us** of all sums paid by **Us** in respect of the **Legal Expenses** where;
 - a) an award of costs is made in **Your** favour in the claim or legal proceedings; or
 - b) Costs are agreed to be paid to **You** as part of any settlement of the claim or legal proceedings.
12. If a conflict of interest arises, where **We** are also the insurers of the third party or proposed defendant to the claim or legal proceedings, **You** have the right to select and appoint other **Legal Representatives** in accordance with Special Condition 2 of this Section.
13. If, at **Your** reasonable request **Legal Representatives**, cease to continue acting for **You**, **We** will agree with **You** to appoint other **Legal Representatives** in accordance with the terms of this insurance.

Section 13 - Winter Sports

This Section only applies if the Winter Sports Section is included in **Your** cover – see the **Group Policy Schedule** and **Your Confirmation Document** for details.

1. Unused Ski Pack

If during the **Period of Insurance** and whilst on a **Journey** to undertake **Winter Sports** **You** are medically certified as unable to use **Your** ski pack as a result of an **Accident** or illness, **We** will pay up to the **Benefit Amount** stated in the **Group Policy Schedule** towards the cost of **Your** unused ski pack which you cannot otherwise recover. A ski pack includes ski school fees or ski instructor fees, hired skis, ski boots and bindings, snowboards, snowboard boots and bindings or ice skates and the cost of any booked lift pass.

2. Replacement Winter Sports Equipment Hire

If during the **Period of Insurance** and whilst on a **Journey** to undertake **Winter Sports** **Your** **Winter Sports** equipment is:

- a) lost or broken in an accident;
- b) lost or misplaced by an airline or other carrier on the outward part of **Your Journey Abroad** and delayed for at least 12 hours after **Your** arrival at **Your** destination;

We will pay up to the **Benefit Amount** stated in the **Group Policy Schedule** for each full 24 hour period that it is necessary for **You** to hire replacement equipment, up to the maximum **Benefit Amount** stated in the **Group Policy Schedule**.

3. Piste Closure (Lack of Snow)

If during the **Period of Insurance** and whilst on a **Journey** to undertake **Winter Sports** (between 1 December and 15 April for travel to the Northern hemisphere or between 1 May and 30 September for travel to the Southern hemisphere) **You** are unable to ski due to a lack of snow in the pre-booked resort and with no alternative skiing being available, **We** will pay up to the **Benefit Amount** stated in the **Group Policy Schedule** for each full 24-hour period that **You** are unable to ski up to the maximum **Benefit Amount** stated in the **Group Policy Schedule**.

4. Avalanche

If during the **Period of Insurance** and whilst on a **Journey** to undertake **Winter Sports** **Your** pre-booked arrival at or departure from the resort at which **You** are staying during the **Journey** is delayed by an avalanche for more than 10 hours from the scheduled arrival or departure time stated on **Your** travel ticket **We** will pay for **Your** additional and necessary travel and accommodation costs up to the **Benefit Amount** stated in the **Group Policy Schedule**.

Specific Conditions for Section 13 – Winter Sports

1. Applicable to 3. Piste Closure (lack of Snow)

- a) **You** must obtain a written statement from the management of the resort confirming the reason for the closure and how long it lasted;
- b) the pre-booked resort where **You** are staying must be at least 1,000 metres above sea level;
- c) cover will not be provided if **You** buy this Policy within 14 days of the start date of **Your Journey** and there is public knowledge that there is, or may be, insufficient snow in the pre-booked resort.

2. Applicable to 4. Avalanche

You must obtain a written statement from the appropriate authority confirming how long the delay lasted.

Specific Exclusions for Section 13 – Winter Sports

(Note: General Exclusions also apply – see pages 29 and 30 of this Policy)

We will not be liable for:

1. delay, detention, seizure or confiscation by customs or other officials;

2. any **Claim** under sub-sections 1 (Unused ski pack) or 2 (Replacement Winter Sports equipment hire) due to loss or theft unless such loss or theft is reported to the police (and the hotel management if the loss or theft occurs in a hotel) within 24 hours of discovery and **We** are provided with a copy of the original written police report;
3. more than the maximum **Benefit Amounts** in total for all **Claims** under both sub-section 4 (Avalanche) and Section 2 - Travel delay;
4. more than 28 days cover for **Winter Sports** in any one **Period of Insurance**.

General exclusions

These General Exclusions apply to all sections of this Policy, and are in addition to the Specific Exclusions listed under Sections 1 (Disruption), 2 (Travel Delay), 3 (Missed Departure), 4 (Serious Injury), 5 (Medical and Other Expenses), 7 (Personal Belongings), 8 (Money), 11 (Personal Liability), 12 (Overseas Legal Expenses) and 13 (Winter Sports) of this Policy.

We will not be liable to make payment of any benefit for **Bodily Injury**, loss or expense due to:

1. participation in **Air Sports**;
2. air travel, unless **You** are travelling as a fare-paying passenger in a fixed wing aircraft, which is provided by a licensed airline or air charter company;
3. currency exchange;
4. **We** will not pay any **Claims** which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. **You** should contact **Our** Customer Services Team on 0345 841 0056 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. Applicable to US Persons only: Policy cover for a journey involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons will be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons;
5. **We** will not be liable to make any payment under this Policy where **You** do not meet the Eligibility Criteria detailed on Page 2;
6. participation in or training for the hazardous activities noted below:
 - a) mountaineering requiring the use of ropes or guides; or
 - b) potholing; or
 - c) travelling on a motorcycle over 125cc; or
 - d) competitive **Winter Sports**; or
 - e) scuba diving to depths greater than 30 metres; or
 - f) speed or endurance tests;
7. **Your** illegal acts;
8. **Your** misuse of alcohol or solvents;
9. **You** ingesting drugs, except for drugs that are properly prescribed;
10. **You** driving a vehicle of any kind whilst the alcohol level in **Your** blood exceeds the legal limit of the country where **You** are driving;
11. post traumatic stress disorder or a related syndrome or any psychological or psychiatric condition diagnosed before a **Journey** begins;
12. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel;
13. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly;
14. pressure waves from aircraft and other airborne devices travelling at sonic or supersonic speeds;
15. infection with Human Immune Deficiency Virus (HIV) or other forms of the virus, Acquired Immune Deficiency Syndrome (AIDS) and AIDS-Related Complex (ARC);
16. sexually transmitted disease;
17. suicide, attempted suicide or deliberate self-inflicted injury by **You** regardless of the state of **Your** mental health;

18. self-exposure to danger except in an attempt to save human life;
19. **War** or any act of **War** whether **War** is declared or not;
20. business of any description that is undertaken on a **Holiday**.

When cover starts and ends

Cover will begin on the **Start Date** or the date a person is included in this insurance through the **Insurance Arrangement**, whichever is the later.

A **Policyholder's** insurance will cease at midnight on the day that one of the following events occur:

- at the end of the month they no longer meet the description of **Insured Persons** contained in the **Group Policy Schedule**; or
- the end of the **Period of Insurance** in which they reach the **Maximum Age Limit**; or
- they choose to opt-out of cover under this Policy; or
- they die; or
- **We** terminate this Policy following the agreed notice period; or
- if this Policy expires;

whichever happens first.

Cover for the **Policyholder's Partner** (if insured – see **Confirmation Document**) will cease:

- when they no longer meet the description of **Insured Persons** contained in the **Group Policy Schedule**; or
- at the end of the **Period of Insurance** in which they reach the **Maximum Age Limit**; or
- when the **Policyholder's** cover ends;

whichever happens first.

Cover for **Children** (if insured – see **Confirmation Document**) will cease:

- at the end of the **Period of Insurance** in which they reach the **Maximum Age Limit** unless, the **Child** is a disabled person and accompanying their **Parent, Legal Guardian or Foster Carer** when travelling; or
- when they get married; or
- when they stop being financially dependent on their **Parent, Legal Guardian or Foster Carer**; or
- when the **Policyholder's** cover ends;

whichever happens first.

General policy conditions

Assignment

Subject to the Policy Condition headed 'Paying Claims', the benefits under this Policy may not be assigned or transferred by **You** or the **Group Policyholder** unless agreed by **Us** in writing.

Bank Charges

We will not be liable for any charges applied by the receiving bank for any transactions made in relation to a **Claim**.

Cancellation

The **Group Policyholder** may not cancel this Policy at any time.

We may cancel:

- a) this Policy by giving 90 days written notice to the **Group Policyholder**. In the event of cancellation by **Us**, the **Group Policyholder** must notify **Policyholders** of such cancellation;
- b) **Your** cover, if **You** have knowingly provided incomplete, false or misleading information that **We** have asked for during the policy application process, at any time during the **Period of Insurance**, or in respect of a **Claim**. If this happens, **We** will give the **Policyholder** 30 days written notice, via the **Group Policyholder** and, in such event, any premium paid for the period after the date when the cancellation takes effect will be promptly returned by **Us**.

14 Day Cancellation Right

If for any reason a **Policyholder** or any other **Insured Person (Partner or Children)** enrolled in this Policy by them does not wish to continue with the cover under this Policy, the **Policyholder** should contact the **Group Policyholder** within 14 days of receiving their **Confirmation Document** and **We** will cancel their cover.

If this happens, this Policy will have provided no cover to the **Policyholder** or any other **Insured Person (Partner or Children)** enrolled by them. **We** will refund any premiums the **Policyholder** has paid, provided that no **Claim(s)** have been reported or paid.

Cancellation after 14 days

If a **Policyholder**:

- a) leaves the employment of the **Group Policyholder** and is no longer eligible for cover under this Policy, cover for the **Policyholder** and any other **Insured Person (Partner or Children)** enrolled by them will cease at midnight on the last day of the **Policyholder's** employment. **We** reserve the right to charge the **Policyholder** a premium proportionate to the cover that has been in force up to the date of their cancellation. If **We** have paid a **Claim**, in whole or part, then no refund of premium will be made;
- b) does not wish to continue with the cover under this Policy for a reason any other than stated in a) **We** will cancel the insurance for the **Policyholder** and any other **Insured Person (Partner or Children)** enrolled by them from the date that notification is received by the **Group Policyholder**. The **Policyholder** will be required to pay the balance of premium due up to the end of the **Period of Insurance**.

Changing Cover

The **Group Policyholder** may, during the **Period of Insurance**, add or delete **Insured Persons** from this Policy through **Declarations**. The **Group Policyholder** may not make any other changes to this Policy except where specifically agreed in writing by **Us**.

We reserve the right to make changes, add to the Policy terms and/or to change the total amount payable for this insurance for legal, regulatory or taxation reasons. If this happens, **We** will write to the **Group Policyholder** with details of the changes at

least 30 days before **We** make them. It is the **Group Policyholder's** responsibility to inform **Policyholders** of such changes. Any changes **We** make will be the same for all **Insured Persons** under the Policy. **We** will not make changes that only apply to a particular **Insured Person**, other than as stated in part b) of Cancellation above.

Choice of Law

This Policy, and any non-contractual obligation arising out of or in connection with it, will be governed by and construed in accordance with the laws of England and Wales and the English Courts alone will have jurisdiction in any dispute. All communication in connection with this Policy will be in English.

Compliance with Policy Requirements

The **Group Policyholder** (and where relevant the **Group Policyholder's** representatives) and **You**, will comply with all applicable terms and conditions specified in this Policy. If they or **You** do not comply, **We** reserve the right not to pay a **Claim**.

Contract

This Policy, the **Group Policy Schedule** and the **Confirmation Document** will be read together as one document.

Contracts (Rights of Third Parties) Act

The Contracts (Rights of Third Parties) Act 1999, or any amendment to it will not apply to this Policy. Only **We** and the **Group Policyholder** can enforce the terms of this Policy. No other party may benefit from this contract as of right. This Policy may be varied or cancelled without the consent of any third party.

Misrepresentation and Non-Disclosure

The **Group Policyholder** and, where applicable, a **Policyholder** must ensure that all of the information provided to **Us** in the Application Form, on the **Declaration**, by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information:

- by the **Group Policyholder**, could result in termination of this Policy; or
- by the **Policyholder** and/or any other **Insured Person (Partner or Children)** enrolled by them, could result in their cover under this Policy being terminated and may mean that all or part of a **Claim** may not be paid.

The **Group Policyholder** acknowledges that **We** have offered the Policy and calculated the premium using the information which **We** have asked for and the **Group Policyholder** has provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

Interest

No sum payable by **Us** under this Policy will carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

Other Taxes and Costs

We are required to notify **Policyholders** and the **Group Policyholder** that other taxes or costs may exist which are not imposed or charged by **Us**.

Complaints procedures

We are committed to providing a high quality service and want to maintain this at all times.

If **You** have a complaint about the sale or provision of this insurance please contact the **Group Policyholder** or the intermediary that arranged the policy on behalf of the **Group Policyholder**.

If **You** or the **Group Policyholder** are not happy with **Our** claims service, or any other service that **We** have provided, please contact **Us**, quoting the Policy details, so that **We** can deal with the complaint as soon as possible. **Our** contact details are:

The Customer Relations Manager,
Chubb
PO Box 682,
Winchester, SO23 5AG

Phone +44 (0) 800 519 8026
Email customerrelations@chubb.com

You may be able to approach the Financial Ombudsman Service for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within six months of **Our** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

The Financial Ombudsman Service,
Exchange Tower, Harbour Exchange Square,
London, E14 9SR

Phone +44 (0) 800 023 4 567 (Monday to Friday – 8am to 8pm, Saturday – 9am to 1pm) Calls are free from a UK landline or mobile.

Phone +44 (0) 300 123 9 123 Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs.
Email complaint.info@financial-ombudsman.co.uk
Website www.financial-ombudsman.org.uk

Following this complaints procedure does not affect **Your** statutory rights relating to this Policy. For more information about statutory rights, **You** should contact Citizens Advice.

European Online Dispute Resolution Platform

If this Policy was arranged with **Us** online or through other electronic means, and **You** have been unable to contact **Us** either directly or through the Financial Ombudsman Service, **You** may wish to register **Your** complaint through the European Online Dispute Resolution platform: <http://ec.europa.eu/consumers/odr/>.

Your complaint will then be re-directed to the Financial Ombudsman Service and to **Us** to resolve. There may be a short delay before **We** receive it.

Policy definitions

The following General Definitions are applicable to the Group Policy as a whole.

Abroad

Outside the **United Kingdom**, the Isle of Man or the Channel Islands (if **You** are resident in the Channel Islands).

Accident/Accidental

A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Air Sports

Airborne leisure activities, for example:

- ballooning;
- bungee-jumping;
- gliding;
- hang-gliding;
- micro lighting;
- parachuting;
- paragliding; or
- parascending.

Benefit Amount / Limit of Liability

The maximum amount **We** will pay based on the level of cover stated in the **Group Policy Schedule, Confirmation Document** and Policy.

Child / Children

The children, step-children, foster children and legally adopted children for whom the **Policyholder** or their **Partner** is the **Parent, Legal Guardian or Foster Carer**.

To be covered by this Policy, the **Child** must be:

- not married; and
- financially dependent on the **Policyholder** or their **Partner**;
- over three months and under 18 years old; or
- under 23 years old if still in **Full-Time Education**.

If the **Child** has a long term mental or physical disability, as defined under the Equality Act 2010, no age restrictions will apply for accompanied travel with their **Parent, Legal Guardian or Foster**.

Chubb Assistance

Travel assistance and emergency medical and repatriation services organised by **Us**.

Claim

A single loss or a series of losses due to one cause insured by this Policy.

Confirmation Document

The document issued to a **Policyholder** by **Us** detailing the **Insured Person(s)** covered under this Policy; their date of birth; their monthly premium, the **Geographical Limits** they have selected, and the **Start Date** of cover.

Declarations

The information supplied to **Us** by the **Group Policyholder** confirming **Your** up to date details and the premium due to **Us**.

Doctor

A doctor or specialist registered or licensed to practise medicine under the laws of the country in which they practise who is neither:

- **You**; or
- one of **Your** relatives unless approved by **Us**.

Eligible Lifestyle Event

A significant change of personal circumstances (including but not limited to marriage, divorce, the birth or adoption of a child and as otherwise agreed between **Us** and the **Group Policyholder**) occurring during the **Period of Insurance** and notified by **You** to the **Group Policyholder** within 31 days of its occurrence.

Europe

Andorra, Austria, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Canary Islands, Channel Islands (unless **You** are resident in the Channel Islands), Croatia, Czech Republic, Denmark, Eire, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Mediterranean Islands (including Majorca, Menorca, Ibiza, Corsica, Sardinia, Sicily, Malta, Gozo, Crete, Rhodes and other Greek Islands, the Republic of Cyprus), Moldova, Monaco, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation (West of Urals), Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tunisia, Turkey, Ukraine, United Kingdom. Albania, although in Europe, is excluded from **Our** definition.

Excess

The first amount of any **Claim** which each **Insured Person** must pay.

Full Time Education

A programme of learning provided by a recognised educational body, which leads to a qualification by examination or assessment which is either:

- a) full-time study; or
- b) a mixture of study and work experience as long as at least two thirds of the total time for the course is spent on study.

GBP/£

United Kingdom pounds sterling.

Geographical Limits

The geographical area(s) within which cover applies, being either **Europe** or Worldwide as selected by the **Policyholder**, stated in the **Confirmation Document** and for which they have paid the premium due.

Group Policy Schedule

The document issued to the **Group Policyholder** by **Us**, detailing **Your** cover and other important information.

Group Policyholder

The person, firm, company or organisation named in the **Group Policy Schedule**.

Hijack

The unlawful seizure or taking control of an aircraft or other means of transport in which **You** are travelling as a passenger.

Holiday

Trip(s) involving pre-booked travel and accommodation, devoted entirely to pleasure, rest or relaxation, where travel begins and ends in the **United Kingdom** or Isle of Man.

Hospital

An establishment which:

- exists primarily for the diagnosis, medical care and treatment of sick or injured people on an **In-Patient** basis under the supervision of **Doctor(s)** one or more of whom is available for consultation at all times;
- provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
- provides full-time nursing service by and under the supervision of nursing staff;

hospital will not include a special unit in a hospital or a place existing primarily:

- for the treatment of psychiatric disease or sub-normality;
- for the care of the aged, drug addicts or alcoholics;
- as a health hydro or nature cure clinic, a nursing or convalescent home, extended care facility, rest-home or hospice.

Immediate Family

Your Partner, spouse, grandchild, **Child**, brother, sister, parent, or grandparent and corresponding family in-laws, or anyone noted as next of kin on any legal document, all of whom must be resident in the **United Kingdom**.

Insurance Arrangement

The process by which an **Insured Person** has been added to this insurance operated by the **Group Policyholder**.

Insured Person

Any person or category of persons shown in the **Group Policy Schedule** and who is also specified in the **Declarations** as appropriate.

Journey

Any **Holiday** undertaken by **You** within the **Geographical Limits** and involving travel:

- **Abroad**; or
- solely within the **United Kingdom** or Isle of Man if **Your** accommodation is pre-booked and the trip is for two nights or more;

which has a duration of no longer than 60 days and which commences during the **Period of Insurance** and starts from the time of leaving **Your** home address and continues until arrival back at **Your** home address provided that the return is completed within 24 hours of:

- return to the **United Kingdom** or Isle of Man; or
- departure from pre-booked accommodation following a **Journey** within the **United Kingdom** or Isle of Man.

Maximum Age Limit

The age stated in the description of **Insured Persons** in the **Group Policy Schedule** when cover for an **Insured Person** will cease.

Parent, Legal Guardian or Foster Carer

A parent with parental responsibility, or a legal guardian, both being in accordance with the Children Act 1989 and any statutory amendment modification or re-enactment of it, or a foster carer named on the care plan

Partner

A **Policyholder's**:

- spouse; or
- civil partner registered pursuant to the Civil Partnership Act; or
- someone of either sex with whom the **Policyholder** has been living as though they were their spouse for at least three months.

Period of Insurance

As set out in the "Period of Insurance" section on the **Group Policy Schedule** commencing at 00.01 hours on the earliest date stated and expiring at midnight on the latest date stated.

Permanently Resident

Resident, in the first instance, for at least three months and thereafter for forty weeks, on average, each calendar year.

Policyholder

The person described in Category A of Insured Persons (employee or director) and whose name is stated in the **Confirmation Document**.

Public Conveyance

An air, land or water vehicle operated under license for the transportation of fare-paying passengers.

Start Date

The date specified in the **Group Policy Schedule** showing when the insurance will start for the **Group Policyholder**.

Travelling Companions

Friends, associates or companions accompanying **You** on a **Journey**.

United Kingdom

England, Scotland, Wales and Northern Ireland, including the Channel Islands in respect of **Insured Persons** resident in the Channel Islands, for the purposes of this insurance, but excluding Isle of Man.

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

Chubb European Group SE.

Winter Sports

Skiing (including skiing outside the area of the normal compacted snow or ski slope i.e. off-piste but excluding skiing in areas deemed unsafe by resort management), tobogganing, snow boarding and ice skating (other than on an indoor rink), but excluding competitive winter sports (including, but not limited to, ski or ski bob racing, mono skiing, ski jumping, ski boarding, ice hockey, or the use of bobsleighs or skeletons).

You/Your

The **Insured Person**.

Our Regulators

Chubb European Group SE (CEG) is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662.

UK business address: 100 Leadenhall Street, London EC3A 3BP. Authorised and supervised by the French Prudential Supervision and Resolution Authority (4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09) and authorised and subject to limited regulation by the Financial Conduct Authority (FS Register Number 820988). Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. You can find details about the firm by searching 'Chubb European Group SE' online at <https://register.fca.org.uk/>.

Financial Services Compensation Scheme

Whilst only the **Group Policyholder** and **Us** have legal rights under this Policy, in the unlikely event that **We** are unable to meet **Our** liabilities, **You** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Its contact details are:

Financial Services Compensation Scheme
PO Box 300
Mitcheldean
GL 17 1DY

Phone 0800 678 1100 or 020 7741 4100
On-Line Form <https://claims.fscs.org.uk/>
Website www.fscs.org.uk

Data Protection

The Personal Information You provide

We use personal information which the **Group Policyholder** supplies to **Us** or, where applicable, the **Group Policyholder's** insurance broker, in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as **Your** name, address, and policy number, but may also include more detailed information about **You** (for example, your age, health, details of assets, claims history) where this is relevant to the risk **We** are insuring, services **We** are providing or to a claim the **Group Policyholder** or **You** are reporting.

We are part of a global group, and **Your** personal information may be shared with its group companies in other countries as required to provide coverage under this policy or to store **Your** information. **We** also use a number of trusted service providers, who will also have access to **Your** personal information subject to **Our** instructions and control.

You have a number of rights in relation to their personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use personal information. For more information, **We** strongly recommend the **Group Policyholder** and **You** read **Our** user-friendly Master Privacy Policy, available here: <https://www2.chubb.com/uk-en/footer/privacy-policy.aspx>. The **Group Policyholder** and **You** can ask us for a paper copy of the Privacy Policy at any time, by contacting **Us** at <mailto:dataprotectionoffice.europe@chubb.com>.

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Contact Us

Chubb European Group SE
100 Leadenhall Street,
London,
EC3A 3BP

T: 020 7173 7000
F: 020 7173 7800
www.chubb.com/uk

Chubb Claims and Customer Service Centre
200 Broomielaw,
Glasgow, G1 4RU

Telephone:
Customer Services: 0800 519 8026
(Within UK only)
Claims: 0345 841 0845
International: +44 (0)141 285 2999
Facsimile: +44 (0)1293 597376

About Chubb

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients.

The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally.

The insurance companies of Chubb serve multinational corporations, midsize and small businesses with property and casualty insurance and services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, home and car insurance and other specialty insurance coverage; companies and affinity groups providing or offering accident and health insurance programmes and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage.

Chubb's core operating insurance companies maintain financial strength ratings of AA from Standard & Poor's and A++ from A.M. Best.

Chubb's parent company is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.