

## ABBEY INTERNATIONAL VISA PLATINUM CARD – Benefit Schedule

<b>Benefit Table</b>	
<b>Section A - Travel Advice</b>	
Travel Advice	Included
<b>Section B - Travel Assistance</b>	
Medical Assistance	Included
Legal Assistance	Included
Cash Advance	Included
Lost or Stolen Document Assistance	Included
Interpreter	Included
Message Relay	Included
Lost Luggage Assistance	Included
<b>Section C - Cancellation and/or Curtailment Charges</b>	
Cancellation & Curtailment /Abandonment	€ 5,000
<b>Section D – Missed Departure/ Missed Connection</b>	
Missed Departure	€ 500
<b>Section E – Delayed Departure/ Abandonment</b>	
Delayed Departure, maximum	€ 150
- per 6 hour period	€ 25
<b>Section F - Involuntary Denial of Boarding</b>	
Involuntary Denial of Boarding	€ 250
Extended Denial of Boarding	€ 250
<b>Section G - Emergency Medical and Other Expenses and Evacuation</b>	
Medical Expenses and Repatriation Expenses	€ 5,000,000
Evacuation	€ 100,000
Emergency Dental Pain Relief	€ 500
Convalescence, maximum	€ 1,000
- per day	€ 100
Funeral Expenses	€ 2,500
<b>Section H - Hospital Benefit</b>	
Hospital Benefit, maximum	€ 250
- per day	€ 25
<b>Section I – Home Emergency Service</b>	
Home Emergency Service	€ 500
<b>Section J - Baggage, Baggage Delay, Extended Baggage Delay and Passport</b>	
Baggage, maximum	€ 5,000
- Single Article Limit	€ 500
- Valuables Limit in Total	€ 750
Baggage Delay	€ 125
Extended Baggage Delay	€ 125
Lost or Stolen Passport	€ 1,000
Cruise Baggage, maximum	€ 10,000
- Single Article Limit	€ 750
- Valuables Limit in Total	€ 1,000
<b>Section K - Travel Accident</b>	
Travel Accident, maximum	€ 250,000
- Loss of Limbs or Sight (Aged < 66)	€ 250,000
- Permanent Total Disablement (< 66)	€ 250,000

- Death Benefit (Aged 18 to 65)	€ 75,000
- Death Benefit (Under 18 or 65yrs+)	€ 40,000
- All Benefits (66yrs+)	€ 40,000
<b>Section L - Personal Liability</b>	
Personal Liability	€ 2,000,000
<b>Section M - Overseas Legal Expenses and Assistance</b>	
Overseas Legal Expenses	€ 25,000
<b>Section N - Catastrophe Benefit</b>	
Catastrophe	€ 500
<b>Section O - Hijack Benefit</b>	
Hijack, maximum (per day)	€ 500 (€100)
<b>Section P - Business Benefit</b>	
Business Equipment (maximum)	€ 10,000
- Single Item Limit	€ 1,000
- Computer Equipment Single Item Limit	€ 2,000
- Samples Limit	€ 1,000
<b>Section Q1 – Ski Equipment/ Ski Equipment Hire</b>	
Ski Equipment, maximum	€ 500
- Owned	€ 500
- Hired	€ 250
- Single Article Limit	€ 250
Ski Hire, maximum	€ 500
- per day	€ 50
<b>Section Q2 – Ski Pack</b>	
Ski Pack, maximum	€ 500
- per day	€ 50
<b>Section Q3 – Piste Closure/ Avalanche Closure</b>	
Piste Closure, Avalanche, maximum	€ 500
- per day	€ 50
<b>Section R - Golf Equipment</b>	
Golf Equipment	€ 5,000
- Single Article Limit	€ 400
Golf Liability	€ 1,500,000
<b>Section S – Hole in One Benefit</b>	
Hole in One Benefit	€ 250
<b>Section T – Wedding Cover</b>	
Wedding Cover, maximum	€ 10,000
- Single Item Limit	€ 2,000
- Wedding Video/ Photos	€ 1,000
<b>Section U – ATM Theft/ Assault</b>	
ATM Theft/ Assault, maximum per year	€ 600
- Per Event	€ 300
<b>Section W – ID Sentry</b>	
Emergency Finance	€ 3,250
Irrecoverable Financial Loss	€ 3,250
Legal Expenses	Up to €65,000
Preventative Advice	Included
Credit File Monitoring	Included
Credit Resolution	Included
Document Registry	Included

## IMPORTANT NOTICE

1. **Pre-Existing Medical Conditions** are not covered.
2. Please do not **Curtail** any **Trip** without contacting **AXA Assistance** – See page 9.
3. For all sections of the Benefit Schedule other than Section S - Hole in One Benefit, the **Card Holder** and his/her **Family** will be covered irrespective of use of the Abbey National International Limited (Abbey International) Visa Platinum Card.

## INTRODUCTION

### IMPORTANT INFORMATION

This document is not a contract of insurance but summarises an insurance policy held by Abbey International which provides benefits and coverage for the benefit of its Visa Platinum **Card Holders**. The insurance policy is issued by Inter Partner Assistance under policy number AT15516102.

The policy provides insurance coverage for the benefit of Abbey International Visa Platinum **Card Holders**. The policy is held by Abbey International of 19 - 21 Commercial Street, St Helier, Jersey, JE2 3RU, Channel Islands, which is the only policyholder and only it has direct rights under the contract of insurance against the insurer. These rights are held for the benefit of (and in trust for Abbey International Visa Platinum **Card Holders**. This document summarises the benefits available under the policy for Abbey International Visa Platinum **Card Holders**; it does not give Abbey International Visa Platinum **Card Holders** direct rights under the policy. Strict compliance with the terms and conditions of **Our** policy is required if **You** are to receive a benefit.

Under the Financial Services Authority's Insurance Conduct of Business rules, Abbey International Visa Platinum **Card Holders** will not be customers of Inter Partner Assistance or of Abbey International. The provision of these insurance benefits to Abbey International Visa Platinum **Card Holders** falls outside regulation by the Financial Services Authority.

### ELIGIBILITY

The benefits summarised in this document are dependent upon **You** being a valid Abbey International Visa Platinum **Card Holder** at the time of any incident giving rise to a claim. Abbey International will give **You** notice if there are any material changes to the policy or if it is cancelled or expires without renewal on equivalent terms.

This is **Your** benefit guide. It contains details of benefits, conditions and exclusions relating to Abbey International Visa Platinum **Card Holders** and is the basis on which all claims will be settled.

### THE LAW APPLICABLE TO THESE BENEFITS

These benefits will be governed by the laws of England and Wales unless **We** have specifically agreed otherwise.

### UNDERWRITER

Benefits under this policy are provided by AXA Travel Insurance Limited and underwritten by Inter Partner Assistance, 10/11 Mary Street, Dublin 1, Ireland, which is a branch of Inter Partner Assistance S.A., Avenue Louise 166 bte 1, 1050 Brussels, a Belgian company authorised by the Banking, Finance and Insurance Commission of Belgium, registration 0487. All are member companies of the Global AXA Group.

### PERIOD OF COVER

This document only constitutes a valid evidence of benefits when it is issued in conjunction with a valid Abbey International Visa Platinum Card.

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## DEFINITIONS

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Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this Benefit Schedule. For ease of reading the definitions are highlighted by the use of bold print and will start with a capital letter.

### Policy Holder

– Abbey International, 19 - 21 Commercial Street, St Helier, Jersey, JE2 3RU, Channel Islands.

### You/Your/Beneficiary(ies)

– the **Card Holder** and his/her **Family**. Beneficiaries are covered for benefits when travelling independently of one another. For all sections of the Benefit Schedule other than Section S- Hole in One Benefit, the **Card Holder** and his/her **Family** will be covered irrespective of use of the Abbey International Visa Platinum Card.

### We/Us/Our

– AXA Travel Insurance Limited and/or Inter Partner Assistance, 10/11 Mary Street, Dublin 1, Ireland, which is a branch of Inter Partner Assistance S.A., Avenue Louise 166 bte 1, 1050 Brussels, a Belgian company authorised by the Banking, Finance and Insurance Commission of Belgium, registration 0487. All are member companies of the AXA Global Group.

### AXA Assistance

– the Assistance Service Provider, AXA Assistance Services Europe Limited, 10/11 Mary Street, Dublin 1, Ireland.

### Baggage

– luggage, clothing, personal effects, **Valuables**, and other articles which belong to **You** and are worn, used or carried by **You** during any **Trip**.

### Benefit Table

– the table listing the benefit amounts on page 1.

### Bodily Injury

– an identifiable physical injury sustained by **You** due to a sudden, unexpected and specific event. Injury as a result of **Your** unavoidable exposure to the elements shall be deemed to be a **Bodily Injury**.

### Business Equipment

– items used by **You** in support of **Your** business activity including office equipment which is portable by design including, but not restricted to, personal computers, telephones and calculators.

### Card Holder

– the holder of a Abbey International Visa Platinum Card, the card being valid and the account in good standing at the time of the incident.

### Close Business Associate

– any person whose absence from business for one or more complete days at the same time as **Your** absence prevents the proper continuation of that business.

### Close Relative

– mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, legal ward, partner or fiancé/fiancée or Common-Law Partner (any **Couple**, including same-sex, in a common law relationship or who have co-habited for at least 6 months).

### Couple

– the **Card Holder** and either their Fiancé(e), spouse/partner who is normally resident at the same address.

### Country of Residence

– the country in which **You** legally reside.

### Curtailment / Curtail

– abandoning the **Trip** by direct return to **Your Country of Residence** or by attending a hospital abroad for in excess of 48 hours as an in-patient and then being repatriated directly from the hospital to **Your Country of Residence**.

### Family

– the spouse or legal partner of the **Card Holder**, their children, step children or foster children aged under 18, or age 19 to 21 if in full time education, accompanying the parents or legal guardian, travelling on any **Trip**. Beneficiaries are covered for benefits when travelling independently of one another.

### Golf Equipment

- golf clubs, golf balls, golf bag, golf trolley, and golf shoes forming part of **Your Baggage**.

### Hole-in-One

– driving from the tee during a golf match and holing out in a single stroke.

### Home

– **Your** normal place of residence in **Your Country of Residence**.

### Incidental Basis

– participating in sports that are not the sole or main reason for **Your Trip**.

**Medical Condition(s)**

– any disease, illness or injury.

**Medical Practitioner**

– a qualified, registered practising member of the medical profession who is not related to **You** or any person with whom **You** are travelling.

**Period of Insurance**

– any **Trip** not exceeding 30 days. In the case of one way travel cover is limited to 7 days.

Under Section C – Cancellation cover shall be operative from the time **You** pay for the **Trip** and ceases upon commencement of **Your Trip**. For all other sections of the Benefit Schedule, the insurance commences when **You** leave **Your Home** or hotel, or **Your** place of business (whichever is the later) to commence the **Trip** and terminates at the time **You** return to **Your Home**, hotel or place of business (whichever is the earlier) on completion of the **Trip**. **You** must claim against **Your** private health insurer first for any inpatient medical expenses abroad up to **Your** policy limit.

The **Period of Insurance** is automatically extended for the period of the delay in the event that **You** return to **Your Country of Residence** is unavoidably delayed due to an event covered by this Benefit Schedule.

**Personal Belongings**

- **Baggage, Personal Money, Business Equipment, Ski Equipment, Golf Equipment** and/or **Wedding Attire**.

**Pre-Existing Medical Condition(s)**

– any medical or mental condition existing prior to **Your Trip** and/ or causing **You** pain or physical distress or severely restricting **Your** normal mobility, including (but not limited to):

1. a condition for which **You** are on a waiting list for or have knowledge of the need for surgery, in-patient treatment or investigation at a hospital, clinic or nursing home;
2. a condition referred to a medical specialist or the cause of in-patient treatment within one year prior to **Your Trip**;
3. any mental condition including fear of flying or other travel phobia;
4. a condition for which **You** have not had a diagnosis;
5. a condition for which a **Medical Practitioner** has provided a terminal prognosis;
6. any circumstances **You** are aware of that could reasonably be expected to give rise to a claim on this Benefit Schedule.

**Public Transport**

– any publicly licensed aircraft, sea vessel, train or coach on which **You** are booked to travel.

**Ski Equipment**

– skis (including bindings), ski boots, ski poles, snowboards and helmets.

**Sports and Activities**

– the activities listed on page 8 undertaken on an **Incidental Basis**.

**Territorial Limits**

– worldwide, excluding the **Country of Residence** for Medical Benefits in Section G – Emergency and Other Benefits, Section H – Hospital Benefit and Section U – ATM Theft. Any **Trip** solely within the **Country of Residence** is only covered where **You** have pre - booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

**Terrorism**

– an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisations(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**Trip**

- any holiday, or journey for business or pleasure made by **You** within the **Territorial Limits** during the **Period of Insurance**.

Any **Trip** solely within the **Country of Residence** is only covered where **You** have pre - booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

**Unattended**

– when **You** are not in full view of and not in a position to prevent unauthorised interference with **Your** property or vehicle.

**Valuables**

– jewellery, gold, silver, precious metal or precious or semiprecious stone articles; watches; furs; leather goods; cameras; camcorders; photographic, audio, video, computer, television and telecommunications equipment (including CD's, DVD's, tapes, films, cassettes, cartridges and headphones); computer games and associated equipment; telescopes; binoculars; portable DVD players; ipods; MP3 and MP4 players.

**Wedding Attire**

– dress, shoes and other accessories bought specially for the wedding and make-up, hair styling and flowers paid for and purchased for the wedding forming part of **Your Baggage**.

### Winter Sports

- guided cross country skiing (Nordic skiing), mono skiing, off piste skiing or snowboarding only when accompanied by a locally qualified guide, recreational racing, skiing, snowboarding and snow sledging.

## GENERAL CONDITIONS - Applicable to the whole Benefit Schedule

**You** must comply with the following conditions to have the full protection of the Benefit Schedule. If **You** do not comply **We** may at **Our** option refuse to deal with **Your** claim, or reduce the amount of any claim payment.

### SECTION 1 - GENERAL CONDITIONS

#### 1. DUAL INSURANCE

If at the time of any incident which results in a claim under this Benefit Schedule, there is another insurance covering the same loss, damage, expense or liability **We** will not pay more than **Our** proportional share (not applicable to Section K – Travel Accident). Under Section G – Medical Expenses – **Your** private health insurer must pay the first amount as stated in their policy and **We** will commence cover once that limit has been reached.

**You** must claim against **Your** private health insurer, state health provider and/or other travel insurer first for any in-patient medical expenses abroad up to all applicable limits.

Not covered is any claim where **You** are entitled to Indemnity under any other Insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other Insurance, or any amount recoverable from any other source, had these benefits herein not been effected.

#### 2. REASONABLE PRECAUTIONS

**You** must take and cause to be taken all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take and cause to be taken all practicable steps to safeguard **Your** property from loss or damage and to recover property lost or stolen.

#### 3. MAXIMUM AGE LIMIT

The maximum age limit for medical benefits in Section G – Emergency and Other Benefits and Section H – Hospital Benefit is 65 years inclusive.

#### 4. CURTAILMENT ASSISTANCE

In the event of **Curtailment** necessitating **Your** early return **Home** **You** must contact **AXA Assistance**. The service is available to **You** and operates 24 hours a day, 365 days a year for advice and assistance with **Your** return **Home**. **AXA Assistance** will arrange transport **Home** when **You** have notice of serious illness, imminent demise, or death of a **Close Relative** at **Home**.

### SECTION 2 - CLAIMS CONDITIONS

**You** must notify **AXA Assistance** on telephone: +44 (0) 1534 828 111

1. The notification must be made within 31 days or as soon as possible thereafter following any **Bodily Injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may give rise to a claim under the Benefit Schedule.
2. **You** must also inform **Us** if **You** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **Us** without delay. **You** or anyone acting on **Your** behalf must not negotiate admit or repudiate any claim without **Our** written consent.
3. **You** or **Your** legal representatives must supply at **Your** own expense all information, evidence, details of household insurance and medical certificates as required by **Us**. **We** reserve the right to require **You** to undergo an independent medical examination at **Our** expense. **We** may also request and will pay for a post-mortem examination.
4. **You** must retain any property which is damaged, and, if requested, send it to **Us** at **Your** own expense. If **We** pay a claim for the full value of the property and it is subsequently recovered or there is any salvage then it will become **Our** property. **We** may refuse to reimburse **You** for any expenses or goods for which **You** cannot provide receipts or bills.

#### SUBROGATION

**We** are entitled to take over and conduct in **Your** name the defence and settlement of any legal action. **We** may also take proceedings at **Our** own expense and for **Our** own benefit, but in **Your** name, to recover any payment **We** have made under this Benefit Schedule to anyone else.

#### FRAUD

**You** must not act in a fraudulent manner. If **You** or anyone acting for **You**:

- a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or
- b) Make a statement in support of a claim knowing the statement to be false in any respect or
- c) Submit a document in support of a claim knowing the document to be forged or false in any respect or
- d) Make a claim in respect of any loss or damage caused by **Your** wilful act or with **Your** connivance

Then

- a) **We** shall not pay the claim
- b) **We** shall not pay any other claim which has been or will be made under the policy
- c) **We** may at **Our** option declare **Your** benefits void

- d) **We** shall be entitled to recover from **You** the amount of any claim already paid under the policy
- e) **We** may inform the police of the circumstances.

### SECTION 3 – EMERGENCY AND MEDICAL CONDITIONS

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Contact **AXA Assistance** on telephone:  
+44 (0) 1534 828 111

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of **Curtailed** necessitating **You** early return **Home**, or in the event of **You** incurring medical expenses in excess of €500, **You** must contact **AXA Assistance**. The service is available to **You** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment **You** must contact **AXA Assistance** as soon as possible. Private medical treatment is not covered unless authorised specifically by **AXA Assistance**.

#### MEDICAL ASSISTANCE ABROAD

**AXA Assistance** has the medical expertise, contacts and facilities to help should **You** be injured in an accident or fall ill. **AXA Assistance** will also arrange transport **Home** when this is considered to be medically necessary, or when **You** have notice of serious illness or death of a **Close Relative** at **Home**.

#### PAYMENT FOR MEDICAL TREATMENT ABROAD

If **You** are admitted to a hospital/clinic while outside **Your Country of Residence**, **AXA Assistance** will arrange for medical expenses covered by the Benefit Schedule to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact **AXA Assistance** for **You** as soon as possible.

For simple out-patient treatment, **You** should pay the hospital/clinic yourself and claim back medical expenses from **Us** on **Your** return to **Your Country of Residence**. Beware of requests for **You** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call **AXA Assistance** for guidance.

#### RECIPROCAL HEALTH AGREEMENTS

#### EUROPEAN UNION (EU), EUROPEAN ECONOMIC AREA (EEA) AND SWITZERLAND

If **You** are a European Community resident **You** are entitled to health care through the public system in countries of the European union (EU), European Economic Area (EEA) and Switzerland if **You** become ill or injured while on a temporary stay there.

If **You** are travelling to another EU/EEA country or Switzerland, **We** strongly recommend **You** apply for and

obtain a European Health Insurance Card for **Yourself** and/or **Family** and make sure that any medical treatment is provided at hospitals or by doctors working within the terms of the reciprocal health care agreement, unless **AXA Assistance** agree otherwise. If **You** are admitted to a private clinic **You** may be transferred to a public hospital as soon as the transfer can be arranged safely.

#### AUSTRALIA

If **You** require medical treatment in Australia **You** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **You** must do this after the first occasion **You** receive treatment. In-patient and out-patient treatment at a public hospital is then available free of charge. Details of how to enrol and free treatment available can be found in the Health advice for Travellers booklet available from **Your** local Post Office. Alternatively, please call the **AXA Assistance** for guidance.

If **You** are admitted to hospital contact must be made with the **AXA Assistance** immediately and their authority obtained in respect of any treatment NOT available under MEDICARE.

### SECTION 4 – SPECIAL CONDITIONS APPLICABLE TO PERSONAL BELONGINGS

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1. **You** must report all incidences of loss, theft, or attempted theft of **Personal Belongings** to the local Police within 24 hours of discovery and to the local Police within 24 hours of discovery and obtain a written report. A Holiday Representatives Report is not sufficient.
2. For items damaged whilst on **Your Trip** **You** must obtain an official report from an appropriate local authority.
3. If **Personal Belongings** are lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **You** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **Personal Belongings** are lost, stolen or damaged whilst in the care of an airline **You** must:
  - a) obtain a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) retain all travel tickets and tags for submission if a claim is to be made under the Benefit Schedule.
3. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **You** to substantiate **Your** claim.
4. Receipts for items lost, stolen or damaged must be retained as these will help **You** to substantiate **Your** claim.

## GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE BENEFIT SCHEDULE

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**We** will not pay for claims arising directly or indirectly from:

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **Terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section G – Emergency Medical and Other Expenses and Evacuation, Section H – Hospital Benefit and Section K – Travel Accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **Trip**.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. **Your** participation in or practice of any sport or activity unless it is shown as covered in the list of **Sports and Activities** on page 8 or **Winter Sports**.
5. **Your** engagement in or practice of: manual work involving the use of dangerous equipment in connection with a profession business or trade, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless a full driving licence issued in **Your Country of Residence** is held permitting the use of such vehicles, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, or any tests for speed or endurance.
6. **Your** pursuit of the following winter sports; Off piste skiing without a guide, skiing against local authoritative warning or advice, ski stunting, free-style skiing, ice hockey, bobbing, tobogganing, heli skiing, ski acrobatics, ski flying, ski jumping, ski mountaineering, glacier skiing, snowcat skiing, snow carting or the use of bob sleighs, luges or skeletons.
7. **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner**, but not for the treatment of drug addiction), self exposure to needless peril (except in an attempt to save human life).
8. A condition **You** have in respect of which a **Medical Practitioner** has advised **You** not to travel or would have done so had **You** sought his/her advice.
9. A condition for which **You** are travelling with the intention of obtaining medical treatment (including surgery or investigation) or advice outside of **Your Country of Residence**.
10. A condition for which **You** are not taking the recommended treatment or prescribed medication as directed by a **Medical Practitioner**.
11. **Your** own unlawful action or any criminal proceedings against **You**.
12. Unless **We** provide cover under this insurance, any other loss, damage or additional expense following on from the event for which **You** are claiming. Examples of such loss, damage or additional expenses would be the cost of replacing locks after losing keys, cost incurred in preparing a claim or loss of earnings following bodily injury or illness.
13. Operational duties as a member of the Armed Forces.
14. **Your** travel to a country or specific area or event to which a government agency in the **Country of Residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.

## Special Exclusions Applicable to Personal Belongings

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1. Payment will be made based on the value of the property at the time it was damaged, lost or stolen. A deduction will be made for wear, tear and loss of value depending on the age of the property.
2. Loss, theft of or damage to **Valuables** or **Your** passport left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box.
3. Loss, theft of or damage to **Personal Belongings** contained in an **Unattended** vehicle:
  - a) overnight between 9pm and 8am (local time) or
  - b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss, theft of or damage to cheques other than travellers cheques, money, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phone cards, credit/debit or charge cards.
6. Loss, theft of or damage to unset precious stones, contact or corneal lenses, eye glasses, hearing aids, dental or medical fittings, cosmetics, antiques, musical instruments, deeds, manuscripts, securities,

perishable goods, bicycles and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).

7. Loss or damage due to cracking, scratching, breakage or of damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
8. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
9. Claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged.
10. Loss, theft of or damage to tools of trade, motor accessories and other Items used in connection with **Your** business, trade, profession or occupation.
11. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
12. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
13. Claims arising from loss or theft from **Your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
14. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Baggage**.
15. Claims arising from loss, theft or damage of **Personal Belongings** shipped as freight or under a bill of lading.

## SPORTS AND ACTIVITIES

- Archery (amateur)
- Badminton (amateur)
- Baseball (amateur)
- Basketball (amateur)
- Beach Games
- Bungee Jump (1)
- Camel / Elephant Riding (incidental)
- Canoeing (Up to Grade 3)
- Clay Pigeon Shooting
- Cricket (amateur)
- Cycling (other than specified)
- Dinghy Sailing
- Fell Walking
- Fencing
- Fishing
- Football (amateur)
- GAA Football (amateur)
- Golf (amateur)
- Hiking (under 2,000 meters altitude)
- Hockey (amateur)
- Horse Riding (up to 7 days)
- Jet Boating
- Jet Skiing

- Jogging
- Manual Work - bar and restaurant, waitress, waiter, chalet, maids, au pair and nanny's and occasional light manual work at ground level including retail work and fruit picking but excluding the use of power tools and machinery
- Marathon Running (amateur)
- Motorcycling up to 50cc
- Netball (amateur)
- Non manual work (Including professional, administrative or clerical duties only)
- Orienteering
- Outwardbound Pursuits
- Paintballing
- Parascending (over water)
- Pony Trekking
- Racquetball
- River Canoeing (Up to Grade 3)
- Roller Skating
- Roller Blading
- Rounders
- Rowing
- Running – sprint/long distance (amateur)
- Sail Boarding
- Sailing within territorial waters
- Scuba Diving\* Up to 30 metres if adequately supervised with qualified instructor (see notes below)
- Skate Boarding
- Snorkelling
- Squash (amateur)
- Surfing (amateur, under 14 days)
- Tennis (amateur)
- Tour Operator Safari
- Track Events
- Trekking (under 2,000 metres altitude)
- Volleyball (amateur)
- War Games
- Water Polo (amateur)
- Water skiing (amateur)
- White Water Rafting (Grade 1 to 3)
- Windsurfing (amateur)
- Yachting (racing/crewing inside territorial waters)

\* Scuba diving – scuba diving to the following depths, when **You** hold the following qualifications, and are diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 35 metres
- BSAC Dive Leader – 50 metres

**We** must agree with any equivalent qualification. If **You** do not hold a qualification, **We** will only cover **You** to dive to a depth of 18 metres.

## BENEFIT SCHEDULE

### SECTION A – TRAVEL ADVICE

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#### WHAT IS COVERED

Before and during **Your Trip We** will provide **You** with information on:

1. current visa and entry requirements for all countries. If **You** hold a passport from a country other than the **Country of Residence**, **We** may need to refer **You** to the embassy or consulate of the country concerned.
2. current vaccination requirements for all countries and information on current World Health Organisation warnings.
3. weather forecasts abroad.
4. specific languages spoken at the travel destination.
5. time zones and time differences.
6. opening hours of major banks including information and advice on the acceptability of various currencies and the main currency in use at the travel destination.

### SECTION B – TRAVEL ASSISTANCE

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#### WHAT IS COVERED

During **Your Trip We** will:

1. assist **You** with the procurement of a lawyer and/or interpreter and or the advance of any legal or interpreter's fees if **You** are arrested or threatened with arrest while travelling, or are required to deal with any public authority.
2. relay messages to **Your** close relatives, business colleagues or friends in **Your Country of Residence**.
3. assist in locating **Your** lost luggage and provide **You** with regular updates on the current situation.
4. provide an advance if **Your** cash, traveller's cheques or credit cards are lost or stolen and there are no other means for **You** to obtain funds. All advances and delivery fees will be charged to **Your** Visa Platinum Card account unless other accepted means of repayment to **Us** are made in advance.
5. assist in obtaining replacement travel documents if the documents required for the return journey are lost or stolen. **We** will not pay the charges payable for issuing new documents. In the event that travel tickets for the return journey are lost or stolen, an advance shall be paid to enable purchase of a replacement ticket. All advances and delivery fees will be charged to **Your** Visa Platinum Card account unless other accepted means of repayment to **Us** are made in advance.

#### WHAT IS NOT COVERED

1. The cost of any advance or delivery fee.
2. Anything mentioned in GENERAL EXCLUSIONS on page 7.

## SECTION C – CANCELLATION AND/OR CURTAILMENT CHARGES

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YOU SHOULD ALWAYS CONTACT AXA ASSISTANCE BEFORE CURTAILMENT Telephone Number +44 (0) 1534 828 111

#### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the **Benefit Table**, for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **You** have paid or are contracted to pay together with any reasonable additional travel expenses incurred if

- a) cancellation of the **Trip** is necessary and unavoidable or
- b) the **Trip** is **Curtailed** before completion as a result of any of the following events occurring:

1. The death, **Bodily Injury** or illness of:
  - a) **You**
  - b) any person with whom **You** are travelling or have arranged to travel with
  - c) any person with whom **You** have arranged to reside temporarily
  - d) **Your Close Relative**
  - e) a **Close Business Associate**
2. Compulsory quarantine, jury service attendance or being called as a witness at a Court of Law of **You** or any person with whom **You** are travelling or have arranged to travel with.
3. Redundancy (which qualifies for payment under the current redundancy payment legislation in the **County of Residence** and at the time of booking the **Trip** there was no reason to believe anyone would be made redundant) of **You** or any person with whom **You** are travelling or have arranged to travel with.
4. The withdrawal of leave for members of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department, provided that such cancellation or **Curtailed** could not reasonably have been expected at the time of receiving these benefits or booking **Your Trip** (whichever is the later).
5. The Police requesting **You**, within 7 days of **Your** departure date, to remain at or subsequently return to **Your Home** due to serious damage to **Your Home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

#### SPECIAL CONDITIONS

1. **You** must obtain a medical certificate from **Your** treating **Medical Practitioner** and prior approval of **AXA Assistance** to confirm the necessity to return **Home** prior to **Curtailed** of the **Trip** due to death, **Bodily Injury** or illness.
2. If **You** delay or fail to notify the travel agent, tour operator or provider of transport/ accommodation, at the time it is found necessary to cancel the **Trip**, **Our** liability shall be restricted to the cancellation charges

that would have applied had failure or delay not occurred.

3. If **You** cancel the **Trip** due to **Bodily Injury** or illness **You** must provide a medical certificate from the **Medical Practitioner** treating the injured/ill person, stating that this necessarily and reasonably prevented **You** from travelling.
4. If the car which **You** intended to use for the **Trip** is stolen or damaged within 7 days of the departure date then the costs of a hire car will be covered and no cancellation costs will be paid.
5. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. **Pre-Existing Medical Conditions** of **You** or anyone under WHAT IS COVERED 1.
2. The cost of recoverable airport charges and levies.
3. Any claims arising directly or indirectly from:
  - a) Redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the date these benefits became effective or the time of booking any **Trip** (whichever is the earlier).
  - b) Circumstances known to **You** prior to the date the date these benefits became effective or the time of booking any **Trip** (whichever is the earlier) which could reasonably have been expected to give rise to cancellation or **Curtailement** of the **Trip**.
4. Travel tickets paid for using any airline mileage reward scheme, for example Air Miles, or any card bonus point schemes.
5. Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION D - MISSED DEPARTURE/ MISSED CONNECTION

#### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the **Benefit Table**, for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **Your** overseas destination, connecting flights outside the **Country of Residence** or returning to the **Country of Residence** if **You** fail to arrive at the international departure point in time to board the scheduled **Public Transport** on which **You** are booked to travel on the initial international journey of the **Trip** as a result of:

1. the failure of other scheduled **Public Transport** or
2. an accident to or breakdown of the vehicle in which **You** are travelling or
3. strike, industrial action or adverse weather conditions

#### SPECIAL CONDITIONS

1. **You** must allow sufficient time for the scheduled **Public Transport** or other transport to arrive on schedule and to deliver **You** to the departure point.

2. **You** must obtain a written report from the carrier confirming the delay and cause.
3. **You** must obtain a written report from the police or attending emergency service if the vehicle **You** are travelling in breaks down or is involved in an accident.
4. **You** may claim only once under Section E – Delayed Departure/Abandonment or once under Section D – Missed Departure or once under Section F – Involuntary Denial of Boarding for the same event, not twice or all.
5. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Claims arising directly or indirectly from:
  - a) Strike or industrial action existing or declared publicly on or before the time that **Your** cover commenced.
  - b) An accident to or breakdown of the vehicle in which **You** are travelling for which a professional repairers report is not provided.
  - c) Breakdown of any vehicle in which **You** are travelling if the vehicle is owned by **You** and has not been serviced properly and maintained in accordance with manufacturers instructions.
2. Additional expenses where the scheduled **Public Transport** operator has offered reasonable alternative travel arrangements.
3. Missed departure when less than a minimum connection time of 2 hours between connecting flights at an international point of departure has been arranged or longer if flight reservations systems require longer periods for connections.
4. Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION E – DELAYED DEPARTURE/ABANDONMENT

#### WHAT IS COVERED

If departure of the scheduled **Public Transport** on which **You** are booked to travel is delayed at the final departure point from or to the **Country of Residence** for at least 6 hours from the scheduled time of departure due to:

- a) strike or
- b) industrial action or
- c) adverse weather conditions or
- d) mechanical breakdown of or a technical fault occurring in the scheduled **Public Transport** on which **You** are booked to travel

**We** will pay **You**, *either*:

1. up to the amount shown in the **Benefit Table** for each completed 6 hours delay up to a maximum of the amount shown in the **Benefit Table**, or
2. up to the amount as shown in the schedule of benefits for Section C - Cancellation for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **You** have

paid or are contracted to pay if after a minimum 24 hours has elapsed for a trip booked 1-7 days and a minimum of 36 hours has elapsed for a trip booked over 8 days, **You** choose to cancel **Your Trip**.

#### SPECIAL CONDITIONS

1. **You** must check in according to the itinerary supplied to **You**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. **You** may claim only once under Section E – Delayed Departure/Abandonment or once under Section D – Missed Departure or once under Section F – Involuntary Denial of Boarding for the same event, not twice or all.
5. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Claims arising directly or indirectly from:
  - a) Strike or industrial action or air traffic control delay existing or publicly declared by the date that **Your** cover commenced or **You** booked **Your Trip** (whichever is the earlier).
  - b) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
2. Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION F – INVOLUNTARY DENIAL OF BOARDING

#### WHAT IS COVERED

##### DENIAL OF BOARDING

If **you** have checked-in, or attempted to check in, for a confirmed scheduled flight, within the published check-in times, and **you** are involuntarily denied boarding as a result of overbooking, **we** will pay **your** costs incurred in respect of restaurant meals and refreshments consumed between the original scheduled flight departure time and **your** actual departure time, up to the amount shown in the **Benefit Table**.

##### EXTENDED DENIAL OF BOARDING

If **you** are delayed for more than six hours, **we** will pay up to the amount shown in the **Benefit Table** for **your** costs incurred in respect of hotel accommodation used and restaurant meals and refreshments consumed, within 30 hours of the original scheduled flight departure time, and before **your** actual departure.

**We** will pay **You** up to the amount shown in the **Benefit Table** for each full 6 hour waiting period **You** experience

until **Your** next available flight to the same pre-booked destination following **Your** involuntary inability to travel on a publicly licensed scheduled aircraft on which **You** have reserved a seat due to the airline over booking. In the event **You** receive compensation from the airline, the amount **We** will pay **You** will be reduced by the compensation **You** have already or are due to receive.

#### SPECIAL CONDITIONS

1. **You** may claim only once under Section E – Delayed Departure/Abandonment or once under Section D – Missed Departure/Missed Connection or once under Section F – Involuntary Denial of Boarding for the same event, not twice or all.
2. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Any costs or charges for which the airline will compensate **You**;
2. Any costs or charges incurred where seat bumping was not involuntary and/or on a mandatory basis;
3. Any claims where written proof from the airline is not obtained confirming **Your** inability to travel through over-booking and the period of delay until **Your** next available flight is confirmed.
4. Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION G – EMERGENCY MEDICAL AND OTHER EXPENSES AND EVACUATION

#### EMERGENCY MEDICAL AND OTHER EXPENSES

##### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the **Benefit Table**, for the following expenses which are necessarily incurred outside of the **Country of Residence** as a result of **Your** suffering **Bodily Injury** or a **Medical Condition** and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of the **Country of Residence**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to the limit in the **Benefit Table** incurred outside of the **Country of Residence**.
3. Up to €200 per night for 10 nights for reasonable accommodation expenses incurred, up to the standard of **Your** original booking, if it is medically necessary for **You** to stay beyond **Your** scheduled return date. This includes, with the prior authorisation of **AXA Assistance**, up to €200 per night for reasonable additional accommodation expenses for a friend or **Close Relative** to remain with **You** and escort **You Home**. If **You** and **Your** friend or **Close**

**Relative** are unable to use the original return ticket, **AXA Assistance** will provide additional travel expenses up to the standard of **Your** original booking to return **You** to **Your Home**.

4. In the event of **Your** death outside of the **Country of Residence** the reasonable additional cost of funeral expenses abroad up to a maximum of €2,500 plus the reasonable cost of conveying **Your** ashes to **Your Home**, or the additional costs of returning **You** remains to **Your Home**.
5. Economy class transport and up to €200 per night for 10 nights accommodation expenses for a **Close Relative** from the **Country of Residence** to visit **You** or escort **You** to **Your Home** if **You** are travelling alone and if **You** are hospitalised as an in-patient for more than 10 days, with the prior authorisation of **AXA Assistance**.
6. With the prior authorisation of **AXA Assistance**, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **You** to **Your Home** if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless **AXA Assistance** agree otherwise.
7. Economy class transport and up to €200 per night for 3 nights accommodation expenses for a friend or **Close Relative** to travel from the **Country of Residence** to escort **Beneficiaries** under the age of 16 to **Your Home** in the **Country of Residence** if **You** are physically unable to take care of them. If **You** cannot nominate a person **We** will then select a competent person.
8. If **We** have repatriated **You** to **Your Country of Residence** with a medical escort **We** will pay for **Your** accommodation, food and nursing costs for up to 10 days up to the amounts listed in the **Benefit Table** while **You** are convalescing in a Nursing Home registered in accordance with the legislation in the **Country of Residence**. The convalescence must immediately follow **Your** repatriation and be agreed to by **Our** senior medical officer in consultation with the registered **Medical Practitioner** treating **You**.

## EVACUATION

### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the **Benefit Table**, for the following expenses:

1. In the event of **Your** death in **Your Country of Residence**, the costs of returning **You** remains to **Your** home country in the UK or EU.
2. In the event of **You** suffering **Bodily Injury** or a **Medical Condition** for which **You** cannot be treated in **Your Country of Residence**, **We** will arrange and pay for **You** to be evacuated to **Your** home country in the UK or EU or to the closest location that has appropriate medical facilities.

If **Your** home country is outside of the UK/EU, we will only pay up to the amount of a repatriation from **Your** location to the UK/EU.

### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **AXA Assistance** of any **Bodily Injury** or **Medical Condition** which necessitates **Your** admittance to hospital as an in-patient or before any arrangements are made for **Your** repatriation.
2. **You** must contact **AXA Assistance** as soon as possible in the event of **You** incurring medical expenses in excess of €500 relating to any one incident.
3. In the event of **Your Bodily Injury** or **Medical Condition** **We** reserve the right to relocate **You** from one hospital to another and arrange for **Your** repatriation to the **Country of Residence** at any time during the **Trip**. **We** will do this if in the opinion of the **Medical Practitioner** in attendance or **AXA Assistance** **You** can be moved safely and / or travel safely to the **Country of Residence** to continue treatment.
4. **You** must always contact **AXA Assistance** before curtailing **Your Trip**.
5. **You** must claim against **Your** state or private health insurer first for any in-patient medical expenses abroad up to **Your** policy limit. In the event of a claim under this section **You** must advise **Us** of any other insurance policy **You** hold or benefit from which may provide cover.
6. Anything mentioned in GENERAL EXCLUSIONS on page 4.

### WHAT IS NOT COVERED

1. **Pre-Existing Medical Conditions**
2. Any claims arising directly or indirectly in respect of:
  - a) Costs of telephone calls, other than calls to **AXA Assistance** notifying them of the problem for which **You** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
  - b) The cost of treatment or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or **Medical Condition** which necessitated **Your** admittance into hospital.
  - c) Any expenses which are not usual, reasonable or customary to treat **Your Bodily Injury** or **Medical Condition**.
  - d) Any form of treatment or surgery which in the opinion of the **Medical Practitioner** in attendance and **AXA Assistance** can be delayed reasonably until **Your** return to the **Country of Residence**.
  - e) Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **Country of Residence**.
  - f) Additional costs arising from single or private room accommodation.

- g) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **AXA Assistance**.
  - h) Any expenses incurred after **You** have returned to the **Country of Residence** unless previously agreed to by **AXA Assistance**.
  - i) Expenses incurred as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication.
  - j) **Your** decision not to be repatriated after the date when in the opinion of **AXA Assistance** it is safe to do so.
3. Anything mentioned in GENERAL EXCLUSIONS on page 7.

## SECTION H - HOSPITAL BENEFIT

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### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the **Benefit Table**, for every complete 24 hours **You** have to stay in hospital as an in-patient outside the **Country of Residence** as a result of **Bodily Injury** or **Medical Condition** **You** sustain. **We** will pay the amount in the **Benefit Table** in addition to any amount payable under section E – Emergency Medical and Other Expenses only if you are hospitalised outside of the **Country of Residence** as a result of **Your** suffering **Bodily Injury** or a **Medical Condition** and/or compulsory quarantine.

### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **AXA Assistance** of any **Bodily Injury** or **Medical Condition** which necessitates **Your** admittance to hospital as an in-patient.
2. Anything mentioned in GENERAL CONDITIONS on page 5.

### WHAT IS NOT COVERED

1. Any claims arising directly or indirectly from:
  - a) Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or **Medical Condition** which necessitated **Your** admittance into hospital.
  - b) Hospitalisation relating to any form of treatment or surgery which in the opinion of the **Medical Practitioner** in attendance and **AXA Assistance** can be delayed reasonably until **Your** return to the **Country of Residence**.
  - c) Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
  - d) Hospitalisation as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication.
  - e) Any additional period of hospitalisation following **Your** decision not to be repatriated after the date

when in the opinion of **AXA Assistance** it is safe to do so.

### 2. **Pre-Existing Medical Conditions**

3. Anything mentioned in GENERAL EXCLUSIONS on page 7.

## SECTION I – HOME EMERGENCY SERVICE

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### WHAT IS COVERED

#### HOME REPAIR

**We** will arrange for one of **Our** approved tradesmen to contact **You** to arrange for the emergency repair to **Your** domestic gas or electricity supply, fixed heating system, domestic plumbing or drainage system, doors, windows, external locks or roofing, if any of them suffer damage during **Your Trip**, or up to 5 days upon **Your** return **Home** after a **Trip**. **We** will pay for the call out charge and one man-hour's time. **We** will also pay for any parts or materials used to make the repair up to a maximum total of €75 (including VAT) per **Trip**.

### WHAT IS NOT COVERED

1. More than one man hour's labour charge.
2. Costs of more than €75 (including VAT) for parts and materials used to make the repair.
3. Blockage of toilet units not caused by sudden breakage or mechanical failure.
4. Failure of the central heating system unless there is the danger of frost damage to **Your Home**.
5. Emergencies caused by leaking water hoses or water appliances.
6. Leaking overflows or gradual seepage from defective seal joints, any claim involving a septic tank, descaling or work relating to hard water scale deposit removal.
7. Damage made by the tradesman while gaining necessary access to **Your Home**.
8. Damage to any contents of **Your Home**.
9. Any costs which were not authorised by **Us** first.
10. Anything mentioned in GENERAL CONDITIONS on page 6.

## SECTION J – BAGGAGE, BAGGAGE DELAY, EXTENDED BAGGAGE DELAY AND PASSPORT

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### WHAT IS COVERED

#### BAGGAGE

**We** will pay **You**, up to the amount shown in the **Benefit Table**, for the accidental loss of, theft of or damage to **Baggage**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Baggage**). The maximum **We** will pay for any one article, pair or set of articles is

equal to the Single Item Limit shown in the **Benefit Table**. The maximum **We** will pay for all **Valuables** in total is equal to the **Valuables** Limit shown in the **Benefit Table**.

If you are on a cruise **We** will pay **You**, up to the amount shown in the **Benefit Table** for cruise baggage.

#### BAGGAGE DELAY

**We** will pay **You** up to the amount shown in the **Benefit Table** for Baggage Delay for the emergency replacement of clothing, medication and toiletries if the checked in **Baggage** is temporarily lost in transit during the outward journey and not returned to **You** within 6 hours of **Your** arrival.

#### EXTENDED BAGGAGE DELAY

**We** will pay **You** up to the amount shown in the **Benefit Table** for Extended Baggage Delay if the checked in **Baggage** has still not arrived at **Your** destination airport within 48 hours of **Your** arrival.

If the loss is permanent the amount paid will be deducted from the final amount to be paid under this section.

#### PASSPORT

**We** will pay **You** up to the amount shown in the **Benefit Table** for reasonable additional travel and accommodation expenses incurred necessarily abroad to obtain a replacement of **Your** lost or stolen passport. **We** will only pay the pro-rata value of the lost passport.

#### SPECIAL CONDITIONS

1. Written confirmation must be obtained from the carrier, confirming the number of hours the **Baggage** was delayed.
2. All receipts must be retained.
3. A claim for **Baggage** may only be made once under Section J – Baggage or Section P – Business Equipment or Section Q1 – Ski Equipment or Section R – Golf Equipment or Section T – Wedding Cover, not more than once.
4. Anything mentioned under GENERAL CONDITIONS - Section 4 – Special Conditions Applicable to **Personal Belongings** on page 6.
5. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Anything mentioned under GENERAL EXCLUSIONS - Special Exclusions Applicable to **Personal Belongings** on page 7.
2. Anything mentioned in GENERAL EXCLUSIONS on page 7.

## SECTION K - TRAVEL ACCIDENT

Special Definitions applicable to this section (which are shown in italics)

#### **Loss of Limb**

– loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

#### **Loss of Sight**

– total and irrecoverable loss of sight in both eyes.

#### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the **Benefit Table**, if **You** sustain **Bodily Injury** whilst on a public conveyance which shall solely and independently of any other cause, result within one year in **Your** death, **Loss of Limb**, **Loss of Sight** or permanent total disablement.

#### SPECIAL CONDITIONS

1. **Our Medical Practitioner** may examine **You** as often as they deem necessary in the event of a claim.
2. Anything mentioned in GENERAL CONDITIONS on page 5.

#### PROVISIONS

The benefit is not payable to **You**:

- a) Under more than one of the items shown in the **Benefit Table**.
- b) Under Permanent Total Disablement, until one year after the date **You** sustain **Bodily Injury**
- c) Under Permanent Total Disablement, if **You** are able or may be able to carry out any gainful employment or gainful occupation.

#### WHAT IS NOT COVERED

1. **Pre-Existing Medical Conditions**
2. Anything mentioned in GENERAL EXCLUSIONS on page 7.

## SECTION L - PERSONAL LIABILITY

#### WHAT IS COVERED

**We** will pay up to the amount shown in the **Benefit Table**, (inclusive of legal costs and expenses up to the amount shown in the **Benefit Table**) against any amount **You** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause in respect of accidental:

1. **Bodily Injury**, death, **illness** or disease to any person who is not in **Your** employment or who is not a **Close Relative** or member of **Your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **You**, a **Close Relative**, anyone in **Your** employment or any member of **Your** household other than any temporary

holiday accommodation occupied (but not owned) by **You**.

In the event of an incident related to golfing, **We** will pay up to the amount shown in the **Benefit Table** for Golfing Liability.

#### SPECIAL CONDITIONS

1. **You** must give **Us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **Us** as soon as **You** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **Our** written consent.
4. **We** will be entitled if **We** so desire to take over and conduct in **Your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **You** shall give **Us** all necessary information and assistance which **We** may require.
5. In the event of **Your** death, **Your** legal representative(s) will have the protection of the Benefit Schedule provided that such representative(s) comply(ies) with the terms and conditions outlined in this document.
6. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which has been assumed by **You** under agreement unless the liability would have attached in the absence of such agreement.
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - c) Ownership possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
  - d) The transmission of any communicable disease or virus.
  - e) Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **We** will not pay for the first £250 of each and every claim arising from the same incident).
  - f) **Your** criminal, malicious or deliberate acts.
3. Anything mentioned in the GENERAL EXCLUSIONS on page 7.

### SECTION M – OVERSEAS LEGAL EXPENSES AND ASSISTANCE

#### WHAT IS COVERED

**We** will pay up to the amount shown in the **Benefit Table**, for legal costs to pursue a civil action for compensation if someone else causes **You Bodily Injury, Medical**

**Condition** or death during **Your Trip**. **We** will also pay reasonable costs of an interpreter that is arranged by **Us** for court proceedings.

#### SPECIAL CONDITIONS

1. **We** shall supervise any legal action through agents **We** nominate and will decide the point at which negotiations cannot usefully be pursued further. After that, no further claims can be made against **Us**.
2. If **You** or **Your** lawyer receive any compensation, **You** must repay **Us** any legal costs which **We** have paid up to the amount of the compensation.
3. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Legal costs in respect of:
  - a) Claims when in **Our** opinion there are no reasonable prospects for success.
  - b) Claims against a carrier, the travel or holiday agent or tour operator arranging any **Trip**, **Us**, Inter Partner Assistance, AXA Travel Insurance Limited, **AXA Assistance** or their agents, Visa Europe or Abbey International.
  - c) Claims against someone **You** were travelling with or another **Beneficiary**.
  - d) Legal action where in **Our** opinion the estimated amount of compensation is less than €750.
  - e) Actions undertaken in more than one country.
  - f) Lawyers' fees incurred on the condition that **Your** action is successful.
  - g) Claims by **You** other than in **Your** private capacity.
  - h) Claims occurring within the **Country of Residence**.
2. Legal costs or expenses incurred before **We** accept **Your** claim in writing.
3. Claims not notified to **AXA Assistance** within 30 days of the incident.
4. Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION N – CATASTROPHE BENEFIT

#### WHAT IS COVERED

**We** will pay **You** up to the amounts shown in the **Benefit Table** in the event that **You** are forced to move from the pre-booked accommodation as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred to continue with the **Trip** or, if the **Trip** cannot be continued for **Your** return **Home**.

#### SPECIAL CONDITIONS

1. **You** must obtain a report from local or national authority stating that it was not acceptable for the **You** to remain in **Your** pre booked accommodation.
2. If **You** receive any compensation from the tour operator, booking agent or any third party, any claim

under this section will be reduced by the amount of compensation received.

3. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Claims where the tour company is responsible.
2. Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION O – HIJACK BENEFIT

#### WHAT IS COVERED

**We** will pay **You** up to the amounts shown in the **Benefit Table** for each 24 hours **You** are detained in the event that the aircraft or sea vessel in which **You** are travelling as a fare paying passenger is hijacked.

#### WHAT IS NOT COVERED

Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION P – BUSINESS BENEFIT

#### WHAT IS COVERED

**We** will pay **You** up to the amount shown in the **Benefit Table**, for accidental loss, theft of or damage to **Your Business Equipment**. The maximum **We** will pay for any **Single Item**, computer equipment or business samples is as shown in the **Benefit Table**.

#### SPECIAL CONDITIONS

1. **Our** liability for **Business Equipment** hired by **You** shall be further limited to **Your** liability for such loss or damage.
2. A claim for **Business Equipment** may only be made once under Section J – Baggage or Section P – Business Equipment or Section T – Wedding Cover, not more than once.
3. Anything mentioned under GENERAL CONDITIONS - Section 4 – Special Conditions Applicable to **Personal Belongings** on page 6.
4. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Claims arising for **Business Equipment** left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property at anytime.
2. Claims arising for computer equipment and **Valuables** whilst in the custody of a carrier.
3. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Baggage**.
4. Anything mentioned under GENERAL EXCLUSIONS - Special Exclusions Applicable to **Personal Belongings** on page 7.

5. Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTIONS Q1, Q2 and Q3 WINTERSPORTS

#### SECTION Q1 – SKI EQUIPMENT AND SKI EQUIPMENT HIRE

#### WHAT IS COVERED

##### SKI EQUIPMENT

**We** will pay **You**, up to the amount shown in the **Benefit Table**, for the accidental loss of, theft of or damage to **Your own Ski Equipment**, or for hired **Ski Equipment**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **We** may at **Our** option replace, re-instate or repair the lost or damaged **Ski Equipment**). The maximum **We** will pay for any one article, pair or set of articles is shown in the **Benefit Table**.

##### SKI EQUIPMENT HIRE

**We** will pay **You**, up to the amount shown in the **Benefit Table**, for the reasonable cost of hiring replacement **Ski Equipment** as a result of the accidental loss of, theft of or damage to or temporary loss in transit for more than 24 hours of **Your own Ski Equipment**.

##### SPECIAL CONDITIONS

1. **Our** liability for **Ski Equipment** hired by **You** shall be further limited to **Your** liability for such loss or damage.
2. A claim for **Ski Equipment** may only be made once under Section J – Baggage or Section Q1 – Ski Equipment or Section T – Wedding Cover, not more than once.
3. Anything mentioned under GENERAL CONDITIONS - Section 4 – Special Conditions Applicable to **Personal Belongings** on page 6.
4. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Anything mentioned under GENERAL EXCLUSIONS - Special Exclusions Applicable to **Personal Belongings** on page 7.
2. Anything mentioned in the GENERAL EXCLUSIONS on page 7.

### SECTION Q2 - SKI PACK

#### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the **Benefit Table**:

- a) For the unused portion of **Your** ski pack (ski school fees, lift passes and hired **Ski Equipment**) following **Your Bodily Injury** or illness.
- b) For the unused portion of **Your** lift pass if lost.

#### SPECIAL CONDITIONS

1. **You** must provide written confirmation from a **Medical Practitioner** that such **Bodily Injury** or illness prevented **You** from using **Your** ski pack.
2. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. **Pre-Existing Medical Conditions**
2. Anything mentioned in the GENERAL EXCLUSIONS on page 7.

### SECTION Q3 – PISTE CLOSURE/ AVALANCHE CLOSURE

#### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the **Benefit Table** either for Piste Closure or for Avalanche Closure, but not both, for the cost of transport organised by the tour operator to an alternative site if due to lack of snow conditions, strike, power failure, adverse weather or avalanche results in the closure of skiing facilities (excluding cross country skiing) in **Your** resort and it is not possible to ski. The cover only applies:

- a) To the resort which **You** have pre-booked for a period exceeding 12 hours and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of **Your Trip** and
- b) To **Trips** taken during the period 15th December to 15th April in the northern hemisphere (both dates inclusive).
- c) To **Trips** taken during the period 15th May to 15th October in the southern hemisphere (both dates inclusive).

If no alternative sites are available **We** will pay **You** compensation of the amount shown in the **Benefit Table**.

#### SPECIAL CONDITIONS

1. **You** must obtain written confirmation from the resort management of the piste conditions or avalanche, confirming the closure of facilities and the dates applicable.
2. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

Anything mentioned in the GENERAL EXCLUSIONS on page 7.

### SECTION R – GOLF EQUIPMENT

#### WHAT IS COVERED

**We** will pay **You** up to the amount as shown in the **Benefit Table** for loss, theft, or damage to **Your** own **Golf Equipment**. The amount payable will be the value at the time of the loss, less a deduction for wear tear and depreciation, or **We** may at **Our** option replace, reinstate

or repair the lost or damaged **Golf Equipment**. The maximum payment for any **Single Item** is shown in the **Benefit Table**.

#### SPECIAL CONDITIONS

1. A claim for **Golf Equipment** may only be made once under Section J – Baggage or Section R – Golf Cover or Section T – Wedding Cover, not more than once.
2. Anything mentioned under GENERAL CONDITIONS - Section 4 – Special Conditions Applicable to **Personal Belongings** on page 6.
3. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

1. Claims arising for **Golf Equipment** left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property at anytime.
2. Claims arising for loss, theft or damage of **Golf Equipment** carried on a vehicle roof rack.
3. Loss, theft of or damage to **Golf Equipment** over 5 years old.
4. Anything mentioned under GENERAL EXCLUSIONS - Special Exclusions Applicable to **Personal Belongings** on page 7.
5. Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION S – HOLE IN ONE BENEFIT

#### WHAT IS COVERED

If **You** shoot a **Hole-in-One** during a golf game where green fees have been paid for with **Your** Abbey International Visa Platinum Card, **We** will pay up to €250 towards bar expenses.

#### SPECIAL CONDITIONS

1. **You** must provide a certified copy of **Your** score card, signed by **You** and a witness and countersigned by the club professional, a dated Golf Club bar receipt and a dated charge slip for the greens fees.
2. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION T – WEDDING COVER

Special Definitions applicable to this section (which are shown in bold)

#### **You/Your/ Beneficiary/Wedding Couple**

– the **Couple** travelling abroad to be married whose names appear on the marriage certificate.

#### WHAT IS COVERED

- We** will pay up to the amount shown in the **Benefit Table** for the accidental loss of, theft of or damage to:
  - each wedding ring taken or purchased on the **Trip** for each **Beneficiary**
  - wedding gifts taken or purchased on the **Trip** for the **Wedding Couple**.
  - Your Wedding Attire** which is specifically worn by **You** on **Your** wedding day.

The amount payable will be the original purchase price less a deduction for wear, tear and depreciation, or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Baggage**.

- We** will pay the **Wedding Couple** up to the amount shown in the **Benefit Table** for the reasonable additional costs incurred to reprint/ make a copy of or retake the photographs/video recordings either at a later date during the **Trip** or at a venue in the **Country of Residence** if:
  - The professional photographer who was booked to take the photographs/ video on **Your** wedding day is unable to fulfil such obligations due to **Bodily Injury**, illness or unavoidable and unforeseen transport problems, or
  - The photographs/ video recordings of the wedding day taken by a professional photographer are lost, stolen or damaged within 14 days after the wedding day and whilst **You** are still at the holiday/honeymoon location.

#### SPECIAL CONDITIONS

- A claim for an item that is covered under WHAT IS COVERED, 1. may only be made once under Section J – Baggage or Section Q1 – Ski Equipment or Section R – Golf Cover or Section T – Wedding Cover, not more than once.
- Anything mentioned under GENERAL CONDITIONS - Section 4 – Special Conditions Applicable to **Personal Belongings** on page 6.
- Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

- Anything mentioned under GENERAL EXCLUSIONS - Special Exclusions Applicable to **Personal Belongings** on page 7.
- Anything mentioned in GENERAL EXCLUSIONS on page 7.

### SECTION U – ATM THEFT/ ASSAULT

#### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the **Benefit Table** if **You** are mugged or robbed and the cash that **You** have withdrawn from an ATM with **Your** Abbey International Visa Platinum Card is taken from **You** within 500 meters of the ATM and within 1 hour of the withdrawal during a **Trip**.

#### SPECIAL CONDITIONS

- You** must report the theft to the police within 4 hours of the attack/robbery.
- You** must report the incident to **AXA Assistance** within 72 hours of the attack/robbery.
- You** must obtain a written report from the police which includes an incident number.
- You** must provide proof of the amount, date and time of the covered withdrawal.
- Anything mentioned in GENERAL CONDITIONS on page 2.

#### WHAT IS NOT COVERED

- Any cash that is withdrawn before 1 hour of the time of the robbery and/or not withdrawn using the Abbey International Visa Platinum Card.
- Anything mentioned in GENERAL EXCLUSIONS on page 3.

### SECTION V – ID SENTRY

**Special Definitions applicable to this section** (which are shown in bold)

#### **You/Your**

– the holder of an Abbey International Visa Platinum Card, the card being valid and the account in good standing at the time of the **Identity Theft**, being 18 years or over and living in the **Country of Residence**.

#### **Administrator**

– the AXA Assistance Services Europe Ltd., 10-11 Mary Street, Dublin 1, Ireland.

#### **Benefit Amount**

– the maximum amount shown in the **Benefit Table** **We** can pay under a specific heading in respect of a claim following **Identity Theft** in any 12 month period.

#### **Documents**

– papers or other items containing references to the **Beneficiaries** identity including, but not limited to:

- Passport
- Driving licence
- Credit, debit and bank cards
- Share certificates
- National Insurance number
- Birth certificate
- Bank account and ISA details
- Building Society account details
- Insurance documents - motor, home, travel and life
- Utilities account numbers
- Membership numbers of professional bodies

#### **Identity Theft**

– the theft of personal data or **Documents** relating to **Your** identity which results in

- a) their fraudulent use to obtain money, goods or services and/or
- b) **You** incurring expense to
  - i) stop further fraudulent use
  - ii) replace such **Documents**
  - iii) restore their credit rating and bank/mortgage/loan accounts
  - iv) amend or rectify records regarding **Your** true name or identity.

#### Loss

– emergency finance, irrecoverable financial loss and legal expenses incurred with the **Administrator's** consent arising from **Identity Theft**.

#### Loss of Income

- a) Actual personal income reasonably lost due to time taken from **Your** work and away from the **Your** work premises, solely as a result of the **Your** efforts to amend or rectify records regarding **Your** true name or identity as the result of an **Identity Theft**.
- b) Compensation for annual leave taken by **You** (including discretionary days, floating holidays, and paid personal days but excluding sick days) where such leave is reasonably taken solely to pursue the amendment or rectification of records regarding **Your** true name or identity as the result of an **Identity Theft**.

#### Motor Vehicle

– a motorised vehicle designed for use on a public road (as defined in the UK Road Traffic Act 1988 (or any replacement legislation thereof) and built in accordance with the appropriate construction and use regulations, including, but not limited to, motor cars, commercial vehicles, motor cycles, mopeds, motor scooters, Public Service Vehicles, vehicles designed to operate as tools of trade, coaches or minibuses.

## HOW YOUR PERSONAL INFORMATION WILL BE USED TO PREVENT AND DETECT FRAUD

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1. **We** and the **Administrator** will check **Your** details with fraud prevention agencies.
2. If **You** provide false or inaccurate information and **We** suspect fraud, **We** will record this on **Our**, and the **Administrator's**, files and may share this information with other insurers, credit agencies or other fraud prevention agencies with a view to guard against fraud.
3. **We** and the **Administrator** and other organisations may search the records of various agencies to:
  - a) help make decisions about credit and credit-related services for **You** and members of **Your** household;
  - b) help make decisions on motor, household, credit, life and other insurance proposals and insurance claims for **You** and members of **Your** household;

- c) trace debtors, recover debt, prevent fraud and manage **Your** accounts or insurance policies;
  - d) check **Your** identity to prevent money laundering, unless **You** furnish the **Administrator** and **Us** with other satisfactory proof of identity.
4. If **You** would like to receive details of those fraud prevention agencies from whom **We** and the **Administrator** obtain, and with whom **We** and the **Administrator** record, information about **You**, contact the **Administrator** by telephone on +44 (0) 1534 828 111. **You** have a legal right to these details.

## INFORMATION ON CIFAS

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CIFAS, the UK's fraud prevention service, is a non profit-making organisation dedicated to the prevention of financial crime. Among other initiatives, CIFAS helps prevent the misuse of individuals' identities through the sharing of information and the use of identity protection tools. The organisations that co-operate with CIFAS are committed to sharing information and expertise to develop best practice in the field of fraud prevention. The company is managed by a board of directors. The voting directors are elected by the membership. The company works closely with the National Consumer Council, The Information Commissioner, The Office of Fair Trading and the Police.

More information can be obtained from the CIFAS website [www.cifas.org.uk](http://www.cifas.org.uk)

## ID SENTRY

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The advice the **Administrator** provides will concentrate on the fraudulent use of the **Your** identity in the United Kingdom, Isle of Man and the Channel Islands. Where possible, the **Administrator** will provide advice to assist in the prevention of the fraudulent use of **Your** identity abroad, however, the information may be limited.

### WHAT IS COVERED

#### 1. Emergency Finance

In the event of **Your Identity Theft** which results in **You** being unable to access all of **Your** bank or building society credit or charge card accounts, **We** will provide **You** with emergency finance up to the **Benefit Amount** to enable **You** to meet urgent and essential expenses.

#### 2. Irrecoverable Financial Loss

In the event of:

- a) **Your Identity Theft** which results in:
  - i) money being taken from **Your** bank or building society credit or charge accounts; or
  - ii) **You** being unable to recover such money or payments; or
  - iii) **You** incurring expenses such as the cost of phone calls, postage and loan reapplications; or
  - iv) **You** incurring **Loss of Income** during the **Period of Insurance**; or

- v) **You** incurring service fees or interest charges; or
- b) **You** losing **Your** passport or driving licence and having to replace them,

**We** will indemnify **You** to the extent of such **loss**:

- a) up to the **Benefit Amount** - in respect of claims other than for **Loss of Income**;
- b) up to the lesser of **Your** current average net daily income or £100 per day, subject to a limit of 5 days per week for a maximum period of 4 weeks – for **Loss of Income**.

### 3. Legal Expenses

In the event of **Your Identity Theft** **We** will indemnify **You** up to the **Benefit Amount** for reasonable legal expenses incurred with the **Administrator's** consent:

- a) to pursue closure of any disputed areas;
- b) for re-submitting applications for loans, grants, other credit or debit instruments that are rejected solely as a result of the lender receiving incorrect information as the result of **Your Identity Theft**;
- c) for notarising affidavits or other similar **documents**, amending or rectifying records in regard to **Your** true name or identity as the result of **Your Identity Theft**;
- d) to defend any suit brought against **You** by a creditor or collection agency or other entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as the result of **Your Identity Theft**;
- e) to remove any civil judgment wrongfully entered against **You** as a result of **Your Identity Theft**.

### 4. Credit Services

#### a) Preventative advice

The **Administrator** will provide specialist advice via website or telephone on how to prevent or avoid **Identity Theft** occurring.

#### b) Credit File Monitoring

The **Administrator** will provide a monitoring service and reports which will provide an early warning system of any unusual credit activity against **Your** name. **You** will have peace of mind that:

- a) **Identity Theft** may not have occurred; or
- b) that if **Identity Theft** does occur **You** will be alerted shortly after **Your** credit file has been updated. **You** will be able to have continuous access to **Your** credit report from **Our** chosen credit reference agency. **You** will be able to receive updates of any significant changes to **Your** credit history by e-mail or by SMS text messaging. **Your** request for a copy of **Your** credit report is the statutory credit report produced under section 7 of the Data Protection Act 1998. For security reasons and to protect confidentiality, **Our** chosen credit reference agency will verify **Your** identity by checking the details provided during registration for **Your** credit report, against details held on databases to which they have access for this purpose. **You** must agree that a record of the request for **Your** credit report will be retained by **Our** chosen credit reference agency (whose details shall be provided at the time of the request), and will be included on any

further reports that are provided at **Your** request. **Your** requests will ONLY be visible to **You** and NOT to any lenders. These requests will not be taken into consideration on any lending decision.

#### c) Resolution

The **Administrator** will provide assistance, advice, documentation and legal resources to ensure that:

- i) reports which describe **Your** credit history in a negative light as a result of **Your Identity Theft** are corrected;
- ii) appropriate fraud notifications are in place to help prevent further fraudulent activity;
- iii) **You** will be registered with CIFAS (the UK's fraud prevention service) to alert UK credit agencies of possible fraudulent activity;
- iv) letters and other correspondence are written in the correct terminology;
- v) appropriate documents are completed accurately and once returned by **You**, they are forwarded to the most appropriate agency;
- vi) any disputed areas are pursued to closure;
- vii) applications for loans, grants, other credit or debit instruments that are rejected solely as a result of the lender receiving incorrect information as the result of **Your Identity Theft** are re-submitted;
- viii) affidavits or other similar documents, amending or rectifying records in regard to **Your** true name or identity as the result of **Your Identity Theft** are notarised;
- ix) any suit brought against **You** by a creditor or collection agency or other entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as the result of **Your Identity Theft** is defended;
- x) any civil judgment wrongfully entered against **You** as a result of **Identity Theft** is removed.

#### d) Document Registration Service

The **Administrator** can hold details of **Your** important documents in their secure systems, to assist **You** in replacing them. The documents **You** can register include, but are not limited to:

- Passport
- Driving license
- Credit, debit and bank cards
- Share certificates
- National Insurance number
- Birth certificate
- Bank account and ISA details
- Building Society account details
- Insurance documents - motor, home, travel and life
- Utilities account numbers
- Membership numbers of professional bodies

**You** will be able to add or change details of **Your Documents** either

- i) through the secure area of the **Administrator's** website or
- ii) by calling the **Identity Theft** helpline.

## SPECIAL CONDITIONS

### 1. Fraud

The personal details **You** supplied to the **Administrator** and **Us** during the enrolment process will be used to combat fraud. These details will be retained for legal reasons for a reasonable period after **Your** cover expires, and for up to one year after **Your** cover expires in relation to fraud specifically. **You** must not act in a fraudulent manner. If **You** or anyone acting for **You**:

- a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or
- b) Make a statement in support of a claim knowing the statement to be false in any respect or
- c) Submit a document in support of a claim knowing the document to be forged or false in any respect or
- d) Make a claim in respect of any loss or damage caused by **Your** wilful act or with **Your** connivance
- e) Provide information **You** know or should know to be false
- f) Apply for access to information to which **You** are not legally entitled
- g) Make a claim with the intent to defraud **Us** or the **Administrator**

Then

- a) **We** shall not pay the claim
- b) **We** shall not pay any other claim which has been or will be made under the policy
- c) **We** may at **Our** option declare the policy void
- d) **We** shall be entitled to recover from **You** the amount of any claim already paid under the policy
- e) **We** shall be entitled to recover from **You** the cost of any investigation into a fraudulent claim under the policy
- f) **We** shall not make any return of premium
- g) **We** may inform the Police, Government or regulatory bodies of the circumstances.

### 2. Repair of **Your** credit profile

In assisting **You** to repair **Your** credit profile, the **Administrator** will take all action reasonably and legally possible under the Law of England and Wales. There may be occasions which are due to events beyond the **Administrator's** control, where the **Your** credit profile cannot be fully repaired.

### 3. Claims of confidentiality or proprietary rights

**You** consent to the **Administrator** acting on **Your** behalf using confidential information passed to the **Administrator** by **You** or discovered by the **Administrator** on investigation into **Your Identity Theft**.

### 4. Register of claims

In the event of an insurance claim, any information that **You** provide to the **Administrator** and **Us** may be included in a Register of Claims through which insurers share information to prevent fraudulent claims. A list of participants and the name and address of the operator are available from the **Administrator** and **Us**.

### 5. Limit of liability for information provided by third parties

Neither the **Administrator** nor **We** make warranty or guarantee that the provision of the services relating to the

credit reports will be uninterrupted or error-free. Most of the data provided to the credit reference agency will have been provided by third parties and neither **We** or the **Administrator** will be liable for any **Loss** or damage arising from any inaccuracies, faults or omissions in, or the provision of, the data unless caused by **Our** or the **Administrator's** negligence or wilful default or arising under the provisions of the Data Protection Act 1998.

### 6. Making a Claim

ID Sentry **Administrator** may be contacted by calling the helpline +44 (0)8452714486.

- a) If any item covered by this Benefit Schedule is lost or stolen, the cardholder must make a report to **Us** within 24 hours of discovering **Your** identity may have been used for fraudulent purposes.
- b) **You** must inform the Police, relevant Banks, Building Societies, payment and store card issuers or any other organisation through which the **Identity Theft** is being (or may be) perpetrated as soon as possible, but in any event within 24 hours of discovering that **Your** identity may have been lost or stolen and/or used for fraudulent purposes. **You** must obtain a Police crime number.
- c) **Your** claim will be allocated to a Case Specialist who will be **Your** contact throughout the claim. The **Administrator** will discuss **Your** circumstances and provide **You** with individually tailored assistance. The **Administrator** will tell **You** what actions they need to take and when they need to take them and assist them in doing so where possible.
- d) The advice the **Administrator** provides will concentrate on the fraudulent use of **Your** identity in the United Kingdom, Isle of Man and the Channel Islands. Where possible, the **Administrator** will provide advice to assist in the prevention of the fraudulent use of **Your** identity abroad, however, the information may be limited.
- e) **You** must arrange to be registered with CIFAS (the UK's fraud prevention service). The **Administrator** will assist **You** to do this.
- f) **You** must request a statutory credit report from each of the credit reference agencies in the United Kingdom. The **Administrator** will provide instructions on how to do this.
- g) **You** must obtain authorisation before incurring any expense, take all reasonable steps to keep **Your** claim costs and expenses as low as possible and, where possible, prevent any continued use of **Your** stolen identity.
- h) The **Administrator** has sole control of any legal costs and all related negotiations. **You** must make no admission or settlement and must not enter into any correspondence or exchange of communications in respect of the claim without the **Administrator's** prior authorisation. **You** shall provide the **Administrator** with all assistance, information and authority, including performing all actions, and executing all documents and/or deeds, necessary for them to perform their obligations under this insurance.

- i) **You** must complete and return the claim form to the **Administrator** within 14 days of receiving it, ensuring that **You** have followed the procedures detailed on the claim documentation and that any documentation requested has been included.
  - j) **You** must keep books, receipts, bills and other records to prove the amount of any **Loss** or expenditure. The **Administrator** will not be able to provide reimbursement without proof of expenditure. The **Administrator** will ask **You** to forward appropriate documentation to them when they require it.
  - k) **You** must keep all letters and documentation received from any third party involved in **Your** claim for **Identity Theft**. The **Administrator** will ask **You** to forward the documentation to them when they require it.
  - l) **You** will be required to prove **Loss of Income**. **You** will be required to provide evidence, details of which will be provided by the **Administrator** and **Us**, at the time **You** need to claim.
  - m) All benefits will be paid to **You** directly and their receipt shall be a full discharge of all liability by **Us** in respect of the claim for such **Benefit Amount**.
  - n) No sum payable under this Benefit Schedule shall carry interest unless payment has been unreasonably delayed following the **Administrator's** receipt of all the required information, documents or other evidence necessary to support the claim.
7. Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

**We** will not pay any claim for:

- 1. Any item which has been purchased by fraudulent use of **Your** identity.
- 2. Any **Loss** arising from any business pursuits or the theft of a commercial identity.
- 3. Any **Loss** arising from the use of any **Motor Vehicle** bought, leased or hired by fraudulent use of **Your** identity; where civil or criminal action is, or has been taken against **You**.
- 4. Authorised charges that **You** have disputed based on the quality of goods or services.
- 5. Theft of **Your** identity by a family member who lives with **You** at **Your** home address.
- 6. The amount of any claim which exceeds the **Benefit Amount** in any 12 month period.
- 7. Any **Loss of Income**, costs or expenses in connection with any claim not agreed in advance by **Us** or the **Administrator**.

- 8. Authorised account transactions or trades that **You** have disputed, or are disputing, based on the execution (or non execution) of electronic transfers, trades or other verbal or written instructions or directions.
- 9. Any **Loss** that was not incurred or did not commence during the **Period of Cover**.
- 10. An incident of **Identity Theft** for which **You** do not have a Police crime reference number.
- 11. Claims where **You** have not reported the **Identity Theft** incident to the police within 24 hours.
- 12. Any amounts greater than those listed in the Benefit Schedule.
- 13. Anything mentioned in GENERAL EXCLUSIONS on page 4.

## COMPLAINTS PROCEDURE

### Making Yourself Heard

**We** are committed to providing **You** with an exceptional level of service and customer care. **We** realize that things can go wrong and there may be occasions when **You** feel that **We** have not provided the service **You** expected. When this happens, **We** want to hear about it so that **We** can try to put things right.

### When You Contact Us:

Please give **Us Your** name and contact telephone number. Please quote **Your** Abbey International Visa Platinum Card and/or claim number. Please explain clearly and concisely the reason for **Your** complaint.

### Step One – Initiating Your Complaint

**You** need to contact **AXA Assistance** on +44 (0)8448110920.

**We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **You** are not satisfied, **You** can take the issue further:

### Step Two – Contacting Inter Partner Assistance Head Office

If **Your** complaint is one of the few that cannot be resolved by this stage contact the Head of Customer Care in **Your** preferred language, who will arrange for an investigation on behalf of the Chief Executive: Inter Partner Assistance, Customer Care Team, PO Box 57325, London E1W 1XX. Or **You** may use e-mail: customer.support@axa-travel-insurance.com