



Civil Service Insurance Society

YOUR SINGLE TRIP TRAVEL INSURANCE

This insurance is underwritten by AXA Insurance UK plc. registered in England No. 78950.

Registered address: 5 Old Broad Street, London, EC2N 1AD. AXA Insurance UK plc is authorised and regulated by the Financial Services Authority.

Your policy is managed by Towergate Chase Parkinson who are authorised and regulated by the Financial Services Authority.

This document contains details of the cover, conditions and exclusions relating to each **Insured Person** and is the basis on which all claims will be settled. It is validated by the issue of a Schedule issued by the Company named below stating details of the **Insured Persons**, the **Period of Insurance**, the travel details and the premium paid

In return for having accepted **Your** premium **We** will in the event of bodily injury, death, illness, disease, loss, theft, damage, legal liability or other events happening within the **Period of Insurance** provide insurance in accordance with the operative sections of **Your** policy

CSiS Travel Insurance is arranged by Towergate Chase Parkinson,
a trading name of the Towergate Underwriting Group Limited,
PO Box 416, West Byfleet, Surrey KT14 7YE

This document provides details of the cover provided by a Master Policy held by CSiS

SUMMARY OF COVER	SUM INSURED
Cancellation	£3,500
Medical Expenses and Repatriation	£5,000,000
Curtailment	£3,500
Luggage	£1,500
Luggage Delay	£150
Personal Money	£250
Personal Liability	£1,000,000
Personal Accident	£25,000
Legal Expenses	£10,000
Loss of Passport	£250
Delayed Departure	£100
Missed Departure	£400
Winter Sports Cover (subject to the appropriate premium being paid)	
Inability to ski	£150
Ski Hire	£200
Avalanche	£150
Piste Closure	£150

This is only a summary of the main cover limits. Please note some sections of cover also have extra sub limits. **You** should read the rest of this policy for the full terms and conditions

IMPORTANT INFORMATION

EMERGENCY ASSISTANCE & REPATRIATION

In the event of death or in the event of injury or illness resulting in any of the following, immediate contact must be made with the Medical Assistance Service:-

- (i) HOSPITALISATION
- (ii) REPATRIATION
- (iii) ALTERATION IN TRAVEL PLANS

SPECIALTY ASSISTANCE

Telephone +44 (0) 20 7902 7405 Fax +44 (0)20 7928 4748

When calling state **Your** identity, this Document No. and the identity and telephone number of the treating doctor.

Financial Services Compensation Scheme (FSCS)

Towergate Chase Parkinson and the insurers of this policy are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our obligations, you may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim. Further information is available from the FSCS at www.fscs.org.uk

IMPORTANT INFORMATION (cont.)

DEMANDS AND NEEDS STATEMENT

CSIS travel insurance is typically suitable for those who wish to insure themselves when travelling, for medical emergencies, delayed departures, cancellations and curtailment, delayed possessions, lost or stolen possessions, loss of travel money and travel documents, personal accident, personal liability and legal expenses whilst overseas.

You may already possess alternative insurance(s) for some or all of the features and benefits provided by this product. It is **Your** responsibility to investigate this.

CSIS travel insurance has not provided **You** with any recommendation or advice about whether this product fulfils **Your** specific insurance requirements.

OPTION TO CANCEL

This is **Your** insurance policy - please read it carefully to ensure that it meets **Your** requirements. In the event that it does not, please return all of **Your** documents within 14 days of receipt for a refund of **Your** premium.

If during the first 14 days **You** ask **Us** to perform or provide the services given under this policy then **We** are entitled to recover all costs **You** have used for the service provided, if **You** still decide to cancel within the 14 day period.

Please note that after the 14 day period, refund of **Your** policy is no longer valid.

VALIDATION OF COVER

Cover is validated only when this document is issued in conjunction with a Policy Schedule issued by the Civil Service Insurance Society stating details of the insured travellers, the period of cover, the travel details and the premium paid. This insurance is valid only for UK residents.

THE INSURED

The Insured shall mean any person listed on the Policy Schedule issued by The Civil Service Insurance Society in respect of whom an insurance premium has been paid. Cover for children aged under 2 is limited to Cancellation, Medical and Repatriation expenses only.

PERIOD OF INSURANCE

In respect of cancellation cover from the date of the premium receipt until leaving residence in the U.K on the date of travel. In respect of all other parts of cover from the commencement of travel date from the U.K. until the return to the U.K. but not exceeding the **Period of Insurance**. In respect of one-way journeys cover will cease 24 hours after arrival at the final destination. In the event of the period of the **Trip** being extended due to illness or injury of **You** or **Your** travelling companion this insurance is automatically extended until, at **Our** option, the person concerned is either fit to return to the United Kingdom or until they have arrived home or been admitted into medical care in the United Kingdom. In the event that **We** exercise **Our** right under the conditions applying to the medical expenses and repatriation expenses and curtailment sections of the policy to repatriate **You** and that **You** then refuse to be repatriated, all cover under this policy will cease from the time when the repatriation could have been arranged to take place.

HEALTH CONDITIONS

This insurance carries Health Exclusions so **You** should inform Towergate Chase Parkinson for each **Period of Insurance** of any medical conditions or material facts that may affect the Underwriters acceptance of **Your** cover. Please therefore telephone Towergate Chase Parkinson on 0844 892 1698 (Office hours 9am - 5pm, Monday-Friday excluding Bank Holidays) to inform them if anyone to be covered by this policy or any person upon whose health the **Trip** depends whether they are booked to travel on the holiday or not: .

- (a) Has a pre-existing or on-going medical condition
- (b) Is taking any prescribed medication
- (c) Has or has had any condition still requiring periodic review
- (d) Is awaiting any tests, treatment, investigation, referral or results of the same.

(Additional Premium or Terms may apply)

Claims arising from an existing medical condition that has not been declared and accepted by Towergate Chase Parkinson are not covered by this policy.

Before you travel, **You** must tell **Us** about anything that may affect **Your** cover. For example, a change in **Your** medical condition(s) or the health of anyone upon whom the **Trip** depends. If **You** are not sure whether something is relevant, **You** must tell **Us** anyway. **You** should keep a record of any extra information **You** give **Us**. If **You** do not tell **Us** about something that may be relevant, **Your** cover may be refused and **We** may not cover any related claims.

DEFINITIONS

Us/We/Our - AXA Insurance UK plc.

Insured Person/You/Your/Yourself - Each person named on the Travel Company booking confirmation.

Period of Insurance - From the date of departure to the date of return as shown on the Travel Company booking confirmation other than for cancellation which applies from the date of booking and terminates on the date of departure as shown on the booking confirmation.

Trip - Any holiday, business or pleasure trip or journey made by You which begins and ends in the United Kingdom during the **Period of Insurance**.

Home - Your normal place of residence in the United Kingdom, Channel Islands or Isle of Man.

Business Associate - Any person whose absence from the business for one or more complete days at the same time as **Your** absence prevents the effective continuation of that business.

Medical Practitioner - A registered practising member of the medical profession who is not related to **You** or any person with whom **You** are travelling.

Close Relative - Husband, wife, parent, parent-in-law, child, son-in-law, daughter-in-law, grandchild, brother, sister, fiancé(e) or partner.

Valuables - Jewellery, furs, watches, articles made of or containing precious metals or stones, musical instruments, binoculars, electronic games, audio, video, photographic or computer equipment including any ancillary equipment or accessories all owned by **You**.

PURSUIITS

Cover is excluded for the following Activities:-

Black Water Rafting	Microlighting
Bobsleighting	Motorcycling Holidays
Boxing	Off-piste Skiing
Bungee Jumping	Parachuting
Canyoning	Piloting Aircraft
Hang Gliding	Pot Holing
Hot Air Ballooning	Rock Climbing
Martial Arts	Rugby

Please note: Manual work is also excluded

The following Activities may have terms or increased excesses applied - please contact us for details if you intend to participate in any of the following:-

Deep Sea Fishing	Paragliding
Guided Glacier Walking	Parascending
High Diving	Polo
Hockey	Safaris
Hunting	Scuba Diving
Ice Hockey	Snow Boarding
Mountain Biking	White Water Rafting
Ocean Sailing/Yachting	

CLAIMS

Claims must be notified immediately in writing to

TOWERGATE CHASE PARKINSON

P.O. Box 416, West Byfleet, Surrey, KT14 7YE

Telephone: 0844 892 1697 Fax: 0844 892 1699

eMail: chaseparkinson@towergate.co.uk

In the event of a claim both this document and the Booking Confirmation/Invoice must be produced.

CANCELLATION

We will pay **You** up to the Sum insured in respect of loss of deposits or cancellation charges levied for pre-booked transport and accommodation in the event of cancellation of the entire **Trip** prior to its commencement as a result of travel being prevented by:-

- 1) Death, injury or illness as certified by a **Medical Practitioner**, summons for jury service or as a compulsory witness in a court of law (other than in the line of duty) to be undertaken during the **Period of Insurance**, compulsory redundancy qualifying for payment under the current Redundancy Legislation and notified after the date or effecting the Insurance, of (a) **You** (b) a person with whom **You** had arranged to travel (c) a **Close Relative of You** (d) a **Business Associate of You** upon whom **Your** business in the United Kingdom depends (e) **Your** host or a member of their family residing with the host.
- 2) A complication of **Your** pregnancy or the duration of such pregnancy exceeding 30 weeks on the date of departure from the United Kingdom.
- 3) Unavoidable delay exceeding 12 hours at the final point of departure from the United Kingdom as a result of failure or disruption of the pre-booked public transport service in which **You** were due to depart from the United Kingdom, where no alternative form of transport is offered.

Exclusions (applying to Cancellation)

(i) The first £60 for each **Insured Person**. (ii) Any claim arising from a medical condition existing prior to the payment of the insurance premium or from a recurrent condition for which the sick person whose medical condition causes cancellation, whether they are booked to travel on the holiday or not, has or has had symptoms which are awaiting or receiving investigation, tests, treatment, referral or the results of any of the foregoing unless declared to and accepted by **Us**, (iii) Any claim arising from a medical condition existing prior to the payment of the insurance premium or from any recurrent condition where a **Medical Practitioner** would have advised the persons travelling not to travel. (iv) Any additional charges incurred as a result of any delay in **You** cancelling the booked arrangements.

MEDICAL EXPENSES

(not applicable to UK holidays)

We will pay **You** up to the Sum Insured following illness or injury of **You** occurring during the **Period of Insurance** by reimbursement of necessary receipted costs in respect of medical, surgical or hospital treatment, drugs or appliances, all provided or prescribed by a **Medical Practitioner** and given and incurred during the **Trip** together with the receipted travelling costs incurred in order to obtain such treatment.

Exclusions and Conditions:- see below

REPATRIATION EXPENSES

We will pay **You** up to the Sum Insured

- 1) Following illness or injury of **You** or of the person travelling with **You** or following death, injury or illness of either **Your Close Relative** or a **Business Associate** of **You** upon whom **Your** business in the United Kingdom depends to pay (i) receipted costs, necessarily incurred, in respect of repatriation to the United Kingdom or repatriation **Home** in the United Kingdom if holidaying in the United Kingdom (ii) additional costs, necessarily incurred, of accommodation and subsequent repatriation if the **Trip** is extended.
- 2) Following the death of **You** during the **Period of Insurance** to pay (i) all costs in respect of repatriation of **You** to the United Kingdom undertaker specified by next of kin or (ii) the reasonable cost of burial or cremation in the country where death occurs excepting United Kingdom but not exceeding the cost of repatriation to the United Kingdom.

Exclusions and Conditions:- below

CURTALMENT

Following **Us** admitting liability for a claim within the Repatriation Expenses section of this policy to reimburse a pro-rata amount of **Your** pre-paid travel and accommodation costs following curtailment by early return to the United Kingdom or by attendance at a hospital abroad as an inpatient but not exceeding the Sum Insured (inclusive of legal costs and expenses).

Exclusions applying to Medical Expenses, Repatriation Expenses and Curtailment

- (i) The first £60 of each claim for each event for each **Insured Person**.
- (ii) Medical conditions existing prior to departure from the United Kingdom or any consequence thereof in respect of which a **Medical Practitioner** would advise against travel or that treatment may be required during the duration of the **Trip**.
- (iii) (a) Manipulative treatment (b) Alternative

medicine (iv) Medical conditions existing prior to departure from the United Kingdom in respect of which the sick or injured person has or has had symptoms which are awaiting or receiving treatment, investigation, tests, referral or the results of same (v) The cost of replenishing supplies (vi) Costs incurred by **You** travelling abroad specifically to obtain medical treatment (vii) (a) Any costs incurred in respect of treatment that can reasonably wait until **You** have returned to the United Kingdom. (b) Cover only applies for emergency treatment necessary in respect of the acute condition occurring during the **Insured Period** and does not cover costs in respect of treatment of any underlying or related chronic condition (viii) All liability following **You** acting against medical advice (ix) Any expenses incurred more than 12 months after the date of the illness or injury occurring (x) **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider (xi) Any condition related to exposure to the sun (xii) Dental Treatment other than Emergency Dental Treatment up to £250.

Warranty applicable to Medical Expenses, Repatriation Expenses and Curtailment

In the event of death, or in the event of injury or illness likely to result in hospitalisation, repatriation, or any alteration in travel plans then immediate advice must be given to the Medical Assistance Service as specified in this policy and liability shall only attach in respect of expenses agreed by them. It is further warranted that **You** shall take all reasonable action to obtain medical treatment within any existing reciprocal health care agreement and recover any refunds within that agreement to which **You** may be entitled. Furthermore **You** (and/or **Your** legal representative) hereby authorise the release of any medical information as may be required to **Our** medical advisors. It is further warranted that any costs reasonably incurred by the Medical Assistance Service on behalf of **You** and for the benefit of **You** in any emergency situation shall not be deemed to be an admission of liability under this insurance. Any refunds in respect of pre-paid un-used travel or accommodation shall inure to the benefit of **Us**. **We** reserve the right to repatriate **You** to the United Kingdom when in the opinion of the **Medical Practitioner** in attendance and **Our** medical advisers **You** are fit to travel.

LUGGAGE and PERSONAL MONEY

We will pay **You** up to the Sum Insured following accidental loss of or damage to luggage and personal effects, cash, travel tickets all being owned and taken on the **Trip**, or purchased during the **Trip**, by **You**.

Warranty

It is warranted that:-

1. **You** shall (a) take all reasonable care for the supervision of the property (b) immediately report all loss of or damage to property to either the police or other relevant authority and obtain from them a written report in substantiation of the claim. All necessary action to recover the property should be undertaken. (c) produce receipts or other evidence of value and ownership where possible and in any event in respect of any item valued in excess of £100. Where this is not done liability shall be limited to £100. (d) Retain all damaged items.
2. Liability shall be limited to the intrinsic value of the property (to reflect age and wear and tear) or where applicable to the cost of repair whichever is the lesser.

Exclusions applying to Luggage and Personal Money

(i) The first £60 of each claim for each event for each **Insured Person**. (ii) Liability in excess of £250 in respect of personal money (iii) Liability in excess of £500 in respect of all **Valuables**. (iv) Liability in excess of £500 in respect of any one article or set of articles (including disc collection) (v) Loss of or damage to money and **Valuables** whilst unattended or in/from luggage in transit (vi) Telecommunications and motor vehicle related equipment and accessories (vii) Loss or damage to:- (a) Spectacles, sunglasses, dentures, or any other aids or appliances (b) Sports equipment and protective clothing (viii) Loss or damage in the custody of an airline or other carrier recoverable from such carrier (ix) Any damage to, caused by or resulting from, fragile or perishable articles whilst in transit.

LUGGAGE DELAY

If **You** entire luggage is temporarily lost or delayed in transit on the outward **Trip** from the United Kingdom and not returned to **You** within 24 hours of the discovery of same, **We** will pay **You** up to the Sum insured with a payment of up to £50 for each full 24 hours without luggage in respect of receipted emergency essential replacements purchased by **You**.

PERSONAL LIABILITY

We will pay **You** up to the Sum Insured (inclusive of legal costs and expenses) against all sums **You** become legally liable to pay as damages together with claimant's costs in respect of:- (a) Accidental bodily injury to or death or illness of any person (b) Accidental loss of or damage to material property, occurring during the **Period of Insurance**.

Exclusions (applying to Personal Liability)

(i) The ownership, possession or use of any aircraft, watercraft or mechanically propelled vehicle (ii) Loss of or damage to property belonging to or in the custody or control of **You** or any member of **Your** family or household including the ownership, possession or use of any building or land (iii) Any wilful or malicious act (iv) The pursuit of any trade business or profession (v) Bodily injury death or illness of **You** or any member of **Your** family (vi) Liability assumed under agreement unless such liability would have attached notwithstanding any such agreement.

PERSONAL ACCIDENT

In the event of **You** sustaining bodily injury arising wholly and exclusively from violent accidental external and visible means which injury shall solely and independently of any other cause result in **Your** death or disablement within twelve calendar months of the injury, **We** will pay to **You** or in the event of death to **Your** legal personal representative the following percentage of the Sum Insured.

Table of Compensation

(a) Death, loss of one or more limbs or one or both eyes – 50% (b) Permanent total disablement – 100%

Definitions

Loss of Limb: loss or severance at or above the wrist or ankle or total permanent loss of use of an entire arm or leg. Loss of sight: total or irrecoverable loss of sight which shall be considered as having occurred: a) in both eyes if **You** name is added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist and b) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

Permanent total disablement: bodily injury other than above which totally incapacitates **You** from engaging in or attending to any occupation whatsoever for at least twelve calendar months from the date of the injury and at the end of that time rendering **You** beyond hope of improvement.

Provided that: (i) the benefit payable under (a) above is reduced to £1,000 if **You** are under the age of 16 or over the age of 65 at the time of death or if death occurs as a result of ownership, possession or use of any mechanically propelled vehicle (ii) the total compensation in respect of each **Insured Person** shall not exceed the Sum Insured.

LEGAL EXPENSES

We will pay **You** up to the Sum Insured in respect of legal costs and expenses incurred in the pursuit of compensation and/or damages for personal injury or death during the Period of Cover. It is a condition of

this Section that **We** shall have complete control over all negotiations, legal proceedings and the appointment and control of a solicitor.

Exclusions (applying to Legal Expenses)

(i) The first £60 of each and every claim per event for each **Insured Person** (ii) Costs or expenses incurred in pursuit of any claim against a Tour operator, Travel Agent, Insurer or Carrier. (iii) Any claim reported more than 180 days after the commencement of the incident giving rise to such claim. (iv) Any claim where **We** consider there is insufficient prospect of success in obtaining a reasonable benefit (v) Costs or expenses incurred prior to the acceptance of the claim by **Us**. (vi) Any claim by one member of **Your** party against any other member of **Your** party.

LOSS OF PASSPORT (not applicable to United Kingdom holidays)

In the event of the loss of **Your** passport during the **Period of Insurance We** will reimburse **You** in respect of the cost of an emergency replacement or temporary passport obtained whilst abroad including reasonable and receipted travelling expenses incurred in order to obtain same.

DELAYED DEPARTURE (not applicable to United Kingdom holidays)

In the event of the departure of the initial outward **Trip** from the United Kingdom or the departure of the final return **Trip** to the United Kingdom (excluding stopovers where **You** were scheduled to remain officially in transit) being delayed in excess of 12 hours due to failure or disruption of such pre-booked public transport **We** will compensate **You** with a payment of £20 after the first full 12 hours of delay and £10 for each subsequent full 12 hours of delay up to the Sum Insured.

MISSED DEPARTURE (not applicable to United Kingdom holidays)

In the event of **You** unavoidably missing the pre-booked departure of the outward **Trip** from the United Kingdom or the final return **Trip** to the United Kingdom as a result of:

1. the failure or disruption of pre-booked connecting public transport,
2. an accident to or breakdown of the vehicle in which **You** are travelling, or
3. an accident or breakdown happening ahead of **You** on a motorway or dual carriageway which causes unexpected delay to the vehicle in which **You** are travelling

We will reimburse **You** up to the Sum Insured in respect of the cost of the additional travelling expenses incurred in reaching **Your** overseas destination or returning to the United Kingdom if **You**

are unable to reasonably reorganise the travel plans and are as a result stranded at such a final departure point.

Special Conditions relating to claims

1. If **You** make a claim caused by any delay happening on a motorway or dual carriageway, **You** must get written confirmation from the Police or emergency breakdown services of the location, reason for and duration of the delay.
2. **You** must allow enough time for the public transport or other transport to arrive on schedule and to deliver **You** to the departure point.

Exclusions

- (i) An accident to or breakdown of the vehicle in which **You** are travelling for which a professional repairers report is not provided.
- (ii) Breakdown of any vehicle owned by **You** which has not been serviced properly and maintained in accordance with the manufacturers instructions.

WINTER SPORTS COVER

Inability to ski

Following illness or injury of the **Insured Person** resulting in an admissible claim under the Medical Expenses section of the policy and resulting in their inability to ski as certified by an overseas treating doctor at the time of the incident to reimburse the **Insured Person** up to the Sum Insured irrecoverable pre-paid costs in respect of ski hire, lift passes and ski lessons.

Ski Hire

Following accidental damage to or loss of the **Insured Person's** own skis during the **Period of Insurance** to pay reasonable ski hire costs for the equivalent ski equipment, necessarily incurred by the **Insured Person** for the remainder of the **Period of Insurance**.

Avalanche

To reimburse up to the Sum Insured additional travel and accommodation expenses necessarily incurred by the **Insured Person** in arranging a detour as a result of avalanche, landslide, snow or flood first commencing after the due time and date of departure from the UK.

Piste Closure

In the event that due to inadequate snow cover in the pre-booked resort, resulting in the closure of all ski lifts, it is not possible to ski, to pay up to £25 per day up to the Sum Insured for the additional cost of transportation and purchase of a daily lift pass in order to travel to an alternative site.

GENERAL EXCLUSIONS

We shall not be liable in respect of the following:-

1. Any claim (a) sustained whilst suffering from alcoholism or drug addiction (b) attributable to the influence of alcohol or drugs not prescribed by a

- qualified Medical Practitioner (c) due to or arising out of (i) stress, anxiety or depressive conditions, suicide or attempt thereat, psychiatric illness, terminal illness, sexually transmitted disease, any deliberate exposure to danger, a criminal act (ii) mountaineering or rock climbing involving the use of ropes or guides, pot holing, racing, or any other hazardous pursuits (iii) flying other than as a passenger in a fully licensed aircraft.
2. Any circumstances manifesting themselves subsequent to the date of booking the **Trip** but prior to the date of issue of the insurance.
 3. Any costs or expenses which are recoverable from any other source.
 4. Any liability, howsoever arising, resultant from (i) the use of either faulty or inferior property or property not fulfilling its purpose (ii) the lack of provision of any service or the provision of such service not being of an appropriate standard (iii) withdrawal from service (temporary or otherwise) of a coach, an aircraft or sea vessel on the recommendation of a Port Authority, Civil Aviation Authority or of any similar body.
 5. Any liability resulting either directly or indirectly from any supplier of travel or associated services ceasing to trade.
 6. 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 Medical Expenses and Repatriation, Curtailment and Hospital Benefit and Personal Accident sections unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of the **trip**.

Definition of Terrorism

Means 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 organisation(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.

7. Loss, destruction or damage to any property, consequential loss, legal liability, injury, expense or indemnity of whatsoever nature arising directly or indirectly from or contributed to by ionising radiations or contamination by radioactivity from any nuclear fuel or waste or any nuclear component of whatsoever nature.
8. 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 expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following injury or illness.

9. Cover for postings abroad.
10. Travel to countries against Foreign & Commonwealth Office advice on date of travel. Listings are available on the internet at www.fco.gov.uk. or they can be contacted by telephone on 020 7008 0232.
11. Cover for persons aged 71 years or over travelling to the USA or Canada.

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of **Your** policy.

If **You** do not comply with them, **We** may at **Our** option cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

1. The insurance premium is not refundable under any circumstances other than during the period as defined in the paragraph headed 'Option to Cancel' on page 2.
2. Cover for children aged under 2 is limited to Cancellation, Medical and Repatriation expenses only.
3. This policy does not cover any person who is not normally resident in the United Kingdom.
4. **You** shall take all reasonable precautions to avoid injury loss or damage.
5. If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **We** will not pay more than **Our** proportional share (not applicable to Personal Accident).
6. (i) (a) The company named in this document is not a servant or agent or employee of **Us** (b) **You** shall at the time of effecting this insurance disclose to Towergate Chase Parkinson directly any facts that could be material to this insurance (ii) if, after the payment of the premium and the issue of cover, but before commencement of travel, **You** or any other person upon whose health the **Trip** is dependant shall suffer from a chronic or an acute medical condition which may affect the travel plans or may require medical intervention during the **Period of Insurance** then such condition shall be disclosed to Towergate Chase Parkinson immediately.
7. On the happening of any event which may give rise to a claim **You** shall (a) give immediate written notice but in any event within 28 days of the date of the occurrence to Towergate Chase Parkinson (b) furnish at **Your** expense such reports information and proof as may reasonably be required.

8. **You** are not at the time of effecting this insurance aware of any circumstances which are likely to result in a claim under this policy.
 9. All liability shall cease upon **Your** return to the United Kingdom or upon **Your** admission into medical care in the United Kingdom whichever shall be the sooner.
 10. **You** and **We** are free to choose the law applicable to this Contract. **Your** policy will be governed by the law of England and Wales unless **You** and **We** have agreed otherwise.
 11. **We** shall be entitled at **Our** own expense to take any proceedings **We** consider reasonable in name to recover any payment made under this policy and any amount so recovered shall belong to **Us**.
 12. **You** must not act in a fraudulent manner. If **You** or anyone acting for **You**:
 - Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect; or
 - Make a statement in support of a claim knowing the statement to be false in any respect; or – Submit a document in support of a claim knowing the document to be forged or false in any respect; or
 - Make a claim in respect of any loss or damage caused by your wilful act or with **Your** connivance.
- Then
- **We** shall not pay the claim.
 - **We** shall not pay any other claim which has been or will be made under the policy.
 - **We** may at our option declare the policy void.
 - **We** shall be entitled to recover from **You** the amount of any claim already paid under the policy.
 - **We** shall not make any return of premium.
 - **We** may inform the Police of the circumstances.
13. Winter sports cover unless the appropriate premium has been paid.

COMPLAINTS PROCEDURE

If **You** have cause for complaint, it is important **You** know **We** are committed to providing **You** with an exceptional level of service and customer care. **We** realise 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 a contact telephone number.

Please quote **Your** policy and/or claim number, and the type of policy **You** hold.

Please explain clearly and concisely the reason for **Your** complaint.

Initiating your complaint

Any enquiry or complaint **You** have regarding **Your** policy or a claim notified under **Your** policy, may be addressed to: **The Managing Director, Towergate Chase Parkinson, P.O. Box 416, West Byfleet, Surrey KT14 7YE.**

Should the matter not be resolved to **Your** satisfaction then please write directly to **Us** at the address given: Head of Customer Care, AXA Insurance UK plc, Civic Drive, Ipswich IP1 2AN, Tel: 01473 205926 Fax: 01473 205101, Email: customer care@axa-insurance.co.uk

If **We** have given **You** **Our** final response and **You** are still dissatisfied **You** may refer **Your** case to the Financial Ombudsman Service (FOS).

The FOS is an independent body that arbitrates on complaints about general insurance products. It will only consider complaints after **We** have provided **You** with written confirmation that **Our** complaints procedure has been exhausted.

The Ombudsman can be contacted at: Insurance Division, Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR. Telephone: (0845) 080 1800 Fax: (020) 7964 1001.

This procedure will not affect **Your** rights of law.

The Civil Service Insurance Society

A "Not for Profit" Organisation

Great Value Household, Motor, Travel, Pet and Caravan Insurance

The Civil Service Insurance Society: Registered in England No. 00034117
Registered Office: 7 Colman House, King Street, Maidstone, Kent ME14 1DD England
Authorised and regulated by the Financial Services Authority

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Registered Office: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3ENT