

**Insurance Corporation Household Insurance
Annual Travel Extension**

Policy Wording



Underwritten by Insurance Corporation of The Channel Islands and administered by Channel Insurance Brokers Limited

Insurance Corporation of the Channel Islands Limited and Channel Insurance Brokers Limited are licensed by the Guernsey Financial Services Commission

Welcome

Welcome to the Insurance Corporation of the Channel Islands.

Thank you for choosing us as your insurer.

Your Policy (including the Schedule, Endorsements, Clauses and Certificates) is evidence of a legal contract and the document should be kept in a safe place.

We are happy to provide duplicates if you mislay any part of your documentation.

Please read the Policy and Schedule carefully and if they do not meet your needs return them to us or your insurance intermediary.

Law Applicable

Under the laws of the United Kingdom (England, Scotland, Wales and Northern Ireland) both parties may choose the law which applies to this contract, to the extent permitted by those laws. Unless the parties agree otherwise in writing, the Insurer has agreed with the Insured that the law which applies to this contract is the law which applies to the part of the United Kingdom in which the Insured is based, or, if based in the Channel Islands or the Isle of Man, the law of whichever of those two places in which the Insured is based.

The parties have agreed that any legal proceedings between them in connection with this contract will only take place in the courts of the part of the United Kingdom in which the Insured is based, or, if the Insured is based in either the Channel Islands or the Isle of Man, the courts of whichever of those two places in which the Insured is based.

Your right as an Insured to take legal action remains unaffected by the existence or use of any complaint procedure.

Statutory Status –Important Notice to Insureds

Registered Insurer

Insurance Corporation of the Channel Islands Limited, registered in Guernsey (No. 10569), is licensed and regulated by the Guernsey Financial Services Commission, and is also licensed and regulated by the Jersey Financial Services Commission and the Insurance and Pensions Authority in the Isle of Man.

Insurance Corporation of the Channel Islands Limited is a member of the RSA Group of Companies.

Compulsory Insurance (Employers' Liability) outside of Guernsey

In respect of any insurance under this policy, required to meet legislation enacted in Great Britain and Northern Ireland, Jersey and the Isle of Man the registered insurer shall be:

Royal & Sun Alliance Insurance Ltd (no 93792), Registered in England and Wales at St Mark's Court, Chart Way, Horsham, West Sussex, RH12 1XL. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Royal & Sun Alliance Insurance Ltd is a member of the RSA Group of Companies.

Customer Care

Claims Helpline

We recognise that losses can cause disruption for you and that the ultimate test of any insurance policy is providing a fast, effective claims service. Should you need to make a claim under your policy. Please contact your broker for advice in the first place.

Alternatively you can contact our Claims Team on 01481 707592 during business hours or by email icci.claims@insurancecorporation.com

Insurance Corporation have arranged for Healix International to be made available to You in case of a Medical Emergency abroad following accident, illness or serious loss requiring in-patient hospitalisation, extended treatment or alteration of travel arrangements.

Healix International are on duty day and night throughout the year.

Full details are noted on page 24 & 25.

Please quote your Policy Number which can be found on your Schedule.

Claim Notification

Conditions that apply to this Policy in the event of a claim are set out in the Policy Conditions pages of this Policy. It is important that you comply with all Policy Conditions and you should familiarise yourself with their requirements.

Directions for claim notification are included in the Policy Conditions. Please remember that events that may give rise to a claim under this insurance must be notified as soon as reasonably possible although there are some situations where immediate notification is required.

The Policy Conditions require you to provide us with any reasonable assistance and evidence that we may require concerning the cause and value of any claim. Ideally, as part of your initial claim notification, you should provide:

- Your name, address, and your email and contact numbers
- Personal details necessary to confirm your identity
- Policy number
- The date of the incident
- The cause of the loss or damage
- Details of the loss or damage together with claim value if known or in respect of injury the nature and extent
- The crime reference number where applicable
- Names and addresses of any other parties involved or responsible for the incident (including details of injuries) and addresses of any witnesses.

This information will enable us to make an initial evaluation on policy liability and claim value. We may, however, request additional information depending upon circumstances and value which may include the following:

- Original purchase receipts, invoices, instruction booklets or photographs
- Purchase dates and location of lost or damaged property
- For damaged property, confirmation from a suitably qualified expert that the item you are claiming for is beyond repair.

Sometimes, we or someone acting on our behalf may wish to meet with you to discuss the circumstances of the claim, to inspect the damage or to undertake further investigations.

We take pride in the claims service we offer to our customers. Our philosophy is to repair or replace lost or damaged property, where we consider it appropriate, and we have developed a network of contractors, repairers and product suppliers dedicated to providing claim solutions.

Where we can offer repair or replacement through a preferred supplier but we agree to pay cash settlement, then payment will normally not exceed the amount we would have paid our preferred supplier.

Insurance Corporation Household Insurance Annual Travel Extension

Your Policy

This Policy is a contract between you (also referred to as the Insured or your) and us (also referred to as the Insurer, we, our or Insurance Corporation of the Channel Islands).

We would advise for clarity that although there may be more than one party detailed as Insured in the Schedule, in terms of the application of Sums Insured, Limits of indemnity or cover under the Policy, there is still only one Insured or one party or legal entity so there will only be two parties to the contract of insurance.

This Policy and any Schedule, Endorsements, Clauses and Certificates should be read as if they are one document.

Our acceptance of this risk is based on the information presented to us being a fair presentation including any unusual or special circumstances which increase the risk and any particular concerns which have led you to seek insurance.

We would draw your attention to the Policy Conditions – Policy Voidable where in the event of deliberate or reckless misrepresentation and/or non-disclosure of any unusual or special circumstances which increase the risk, we may void the policy.

Our continued acceptance is based on any changes from the original information presented being advised and accepted by us.

We also draw your attention to the Policy Conditions – Alterations where a change in risk shall allow us to avoid a claim or impose additional terms or conditions.

Any reference to the singular will include the plural or vice versa.

Any reference to any statute or statutory instrument will include any modifications or reenactment thereto.

This Policy may be cancelled:

- A By us giving 30 days notice, in writing, to you at your last known address
- B By you giving 30 days notice, in writing, to us at the address shown in the Schedule.

You will be entitled to a proportionate return of premium unless a claim has been made in the current Period of Insurance.



Mark Marshall
Managing Director, Insurance Corporation of the Channel Islands

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Insurance Corporation Household Policy Travel Insurance Extension

This is **Your** Household Policy Travel Extension.

It is the evidence of the contract **You** have made with the Insurance Corporation of the Channel Islands Limited. **We** will insure **You** during the **Period of Insurance** on the terms set out in **Your** Household Policy Travel Insurance Extension, in return for payment of the premium.

The **Schedule** and any **Endorsements** are all part of the Policy. They show which Sections are in force and contain the details of **Your** insurance.

Cover will continue after the Renewal Date shown in the master **Schedule** for any period for which **We** accept **Your** renewal premium.

Use the Master **Schedule** and the Index to find the Sections **You** have insured and read them carefully along with the **Schedule** that goes with each one. **You** should also pay particular attention to the Conditions and Exclusions of the Policy.

Please make sure that **Your** Policy meets **Your** requirements. If it does not, tell **Us** or **Your** Insurance Adviser immediately. If **You** return it to **Us** within 30 days **We** will charge **You** nothing, provided that **You** have not made a claim during this period.

The Policy sets out all the circumstances in which **You** can make a claim – **You** cannot claim in any other circumstances.

The proposal and declaration made by **You** are incorporated in and form part of the contract. **You** must tell **Us** of any change in this information as soon as possible as failure to do so could invalidate **Your** Policy. **You** must not wait until the next Renewal Date.

Insurance Corporation of the Channel Islands Limited, registered in Guernsey (No. 10569), is licensed and regulated by the Guernsey Financial Services Commission, and is also licensed and regulated by the Jersey Financial Services Commission and the Insurance and Pensions Authority in the Isle of Man.

Insurance Corporation of the Channel Islands Limited is a member of the RSA Group of Companies.

For risks in the Bailiwick of Jersey, Bailiwick of Guernsey or the Isle of Man the Policy is governed by Jersey Law, Guernsey Law and Isle of Man Law respectively. For risks situated in the United Kingdom, English Law shall apply to the Policy unless otherwise agreed by Us and evidenced in writing.

TRAVEL POLICY DEFINITIONS

We set out below definitions of certain words or phrases that are repeated throughout the Policy. Wherever these words or phrases appear they will be in **bold type**.

These definitions should be read in conjunction to the main Household Policy wording of which this cover forms a part.

If any of the words or phrases appear in an **Endorsement** to this Policy, they will have the same meaning.

Detention/Detained

Unlawful prevention of an **Insured Person** from returning to the Channel Islands or country of residence.

Endorsement

A variation in the terms (or a change in details) of **Your** Policy.

Excess

The amount shown in the Policy Section which **You** pay in the event of each and every claim.

Hijacking

Unlawful seizure of the aircraft or other conveyance in which the **Insured Person(s)** is travelling.

Home

The private house, self-contained flat or bungalow at the address as shown in the **Schedule**.

Hospital

Any institution which meets fully every one of the following criteria

- a) maintains permanent and full time facilities for the care of overnight resident patients and
- b) has diagnostic and therapeutic facilities for the surgical and medical diagnosis treatment and care of injured and sick persons by or under the supervision of a staff of **Medical Practitioners** and

- c) continuously provides 24 hours a day nursing service supervised by State Registered Nurses or equivalent qualifications
- d) is not, other than incidentally, an institution which provides full time facilities solely for
 - i) mentally ill or mentally handicapped persons ii) nursing or convalescing
 - iii) drug addicts
 - iv) alcoholics

Incident

All individual losses arising out of and directly occasioned by one sudden unexpected unusual specific event occurring at an identifiable time and place.

Insured Journey – External and Internal Journey

Any journey which is undertaken by the **Insured Person(s)** for holiday or business (non manual) which commences during the **Period of Insurance** and involves travel for a period not exceeding 60 consecutive days unless agreed by the **Insurer** and the additional premium is paid.

- a) from the **Insured Person(s)** country of residence
- b) within the **Insured Person(s)** country of residence but only if the journey requires the **Insured Person(s)** to obtain overnight accommodation away from the normal place of residence or involves flying or sailing as a passenger where the booking has been made before commencing the journey

Insurance operates from the departure of the **Insured Person(s) Home** until arrival back at the **Insured Person(s) Home** at the end of the **Insured Journey**.

Insured Person(s)

The person or persons named in the Schedule or any member of Your Household who must be under 80 years of age at the time of travelling.

Cover applies until the expiry of the **Period of Insurance**.

Kidnapping

Unlawful seizure of an **Insured Person** whilst travelling in an aircraft or vehicle or on foot.

Loss of Limbs

Permanent physical separation of one or more limbs at or above the wrist or ankle or permanent total loss of use of any hand or foot.

Loss of Sight

The total and irrecoverable loss of sight in one or both eyes.

Medical Practitioner

Any legally qualified **Medical Practitioner** other than

- a) an **Insured Person(s)**
- b) a member of the immediate family of an **Insured Person(s)**
- c) an employee of the **Insured Person(s)**

Period of Insurance

The length of time the Policy lasts as shown in the **Schedule**. It also includes any extra period for which **We** accept **Your** premium.

Period of Travel Insurance

Cancellation cover applies at the commencement of this Policy or the booking of the **Insured Journey** whichever is the later provided this is within the **Period of Insurance**. All other covers apply throughout the duration of **Your Insured Journey** including **You** travelling from **Your Home** to the point of departure and on return back to **Your Home** providing this does not take longer than 24 hours.

Important Note

No cover shall apply for any loss or **Incident** which does not occur within or during the **Period of Insurance** shown in the **Schedule** or any extra period for which **We** accept **Your** premium.

Permanent Total Disablement

Being prevented by total disablement from attending to the **Insured Person(s)** business or occupation or to any business or occupation.

Schedule

The **Schedule** shows details of the **Policyholder**, the property insured, the **Period of Insurance**, the covers provided, and any **Endorsements** which apply. The **Schedule** is part of the Policy. **We** will issue a new **Schedule** when the Policy is altered.

Temporary Total Disablement

Being prevented by total disablement from attending to the Insured Person's business or occupation.

Territorial Limits

Europe shall mean: The British Isles, any country which is a member of the European Union and the Czech Republic, Hungary, Liechtenstein, Norway, Slovakia and Switzerland.

Worldwide : Anywhere in the world.

Terrorism

Any act including but not limited to the use of force or violence and/or 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 government(s) 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.

War

War invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion revolution insurrection or military or usurped power.

War or Terrorism occasioned by any Nuclear Chemical or Biological Incident

Use of any nuclear weapon or device, or the deliberate emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent as a direct or indirect result of **War** and **Terrorism** as defined.

Chemical agent shall mean any compound which when released into the atmosphere, inhaled, ingested or absorbed results in bodily injury, death, disablement or incurring of medical expenses.

Biological agent shall mean any pathogenic micro-organism and/or biologically produced toxin(s) including genetically modified organisms and chemically synthesised toxins which results in bodily injury, death, disablement or incurring of medical expenses.

We, Us, Our, Insurer

Insurance Corporation of the Channel Islands Limited.

Winter Sports

The **Insured Person(s)** shall be automatically covered whilst participating in skiing, snowboarding, ice-skating or supervised off-piste skiing by a qualified instructor subject to a maximum of 17 days during any one **Period of Insurance**

You, Your, Policyholder

The person or persons named in the **Schedule**.

Your Household

Your spouse, partner, children, parents, and other relatives who permanently live with **You**.

Section 1 – Personal Accident

What is covered

We will pay:

The Benefits shown below if, during the **Period of Travel Insurance You** or any **Insured Person(s)** suffers accidental bodily injury which is the sole and direct cause of:

1. Death within 24 months of the accident
2. **Loss of Limbs or Loss of Sight**
3. **Permanent Total Disablement**
4. **Temporary Total Disablement**

Benefit for persons aged 16+ years of age:

<i>Cause</i>	<i>Benefit</i>
1.	£50,000
2.	£50,000
3.	£50,000
4.	£100 per week

Benefit for persons under 16 years of age:

<i>Cause</i>	<i>Benefit</i>
1.	£5,000
2.	£25,000
3.	£25,000
4.	Nil

What is not covered:

We will not pay for death, injury or sickness to You or any Insured Person(s) when travelling or intending to travel, resulting from:

- 1 A journey undertaken against the advice of a **Medical Practitioner** or for the purpose of obtaining medical treatment
- 2 Alcoholism or drug addiction
- 3 Intentional self-inflicted injury, suicide, attempted suicide, driving with more than the legally permitted level of alcohol in the blood or under the influence of drugs.
- 4 Flying or taking part in aerial activities except where travelling in an aircraft as a passenger and not as aircrew
- 5 Travelling in or on waterborne craft as crew
- 6 Pregnancy or childbirth when travelling after the 26th week of pregnancy
- 7 Participation in mountain or rock-climbing necessitating the use of ropes or guides, potholing, caving, racing of any kind (other than on foot, while yachting on inland or territorial waters, or during point to point), sub aqua diving at a depth deeper than 18 meters, hunting or steeple chasing
- 8 Participation during the Insured Journey in an occupation involving manual labour or professional football, rugby or polo
- 9 The general exclusions of the Household Policy
- 10 The general exclusions detailed on Page 28

Special Conditions applying to this section

Disappearance

In the event of disappearance of the **Insured Person(s)** if after a suitable period of time it is reasonable to believe that death has occurred as a result of accidental bodily injury, the amount of Benefit 1 shall become payable subject to a signed undertaking that if the belief is subsequently found to be wrong such amount shall be refunded to the **Insurer**.

Benefits

- a) the **Insurer** will not pay in respect of any one **Insured Person(s)** for more than one of Benefits 1 to 3 in connection with the same incident
- b) on the happening of an incident giving rise to a claim for 100% of the amount for any of Benefits 1 to 3 this Insurance will not cover any further incidents to that **Insured Person(s)**
- c) Loss of Limb or Sight, speech or hearing must be proved to the reasonable satisfaction of the **Insurer** to be permanent and without expectation of recovery before the **Insurer** will pay for Benefits 2 or 3. Total Disablement must be proved to the reasonable satisfaction of the **Insurer** to be permanent and without expectation of recovery

Exposure

If an **Insured Person(s)** suffers death or disablement as a result of exposure to the elements the **Insurer** will consider that as having been caused by accidental bodily injury.

Section 2 – Medical Expenses

We will pay:

The following amounts if during the **Period of Travel Insurance You** or any **Insured Person(s)** suffers bodily injury or sickness

- a) medical and surgical fees, **Hospital**, nursing home and emergency dental charges necessary for the immediate relief of pain, but excluding remedial or cosmetic dental work
- b) reasonable additional travel and accommodation charges **You** have to pay including those for any one person who is required on medical advice to travel to, remain with or escort the **Insured Person(s)**
- c) the cost of conveying the **Insured Person(s)** body or ashes to their **Home** address in the Channel Islands or elsewhere in the British Isles or the cost of burial or cremation in the locality overseas where the death occurs
- d) expenses incurred for the provision of an air ambulance or the use of air transport, including qualified attendants, to repatriate the seriously ill or injured **Insured Person(s)** an appropriate medical facility or **Your Home**

The maximum amount payable in respect of any one **Insured Person(s)** is £5,000,000.

We will not pay for:

- 1 The first £50 of each and every claim.
- 2 Any amount recovered under a reciprocal health arrangement.
- 3 Treatment in the Channel Islands or elsewhere in the British Isles available under a national health service.
- 4 Death, bodily injury or sickness resulting from:
 - A journey undertaken against the advice of a **Medical Practitioner** or for the purpose of obtaining medical treatment
 - Alcoholism or drug addiction
 - Intentional self-inflicted injury, suicide, attempted suicide, driving with more than the legally permitted level of alcohol in the blood or under the influence of drugs
 - Flying or taking part in aerial activities except where travelling in an aircraft as a passenger and not as aircrew
 - Travelling in or on waterborne craft as crew
 - Pregnancy or childbirth when travelling after the 26th week of pregnancy
 - Participation in mountain or rock-climbing necessitating the use of ropes or guides, potholing, caving, racing of any kind (other than on foot, while yachting on inland or

territorial waters, or during point to point), sub aqua diving at a depth deeper than 18 meters, hunting or steeple chasing

- Participation during the **Insured Journey** in an occupation involving manual labour or professional football, rugby or polo
- 5 Any amount of Benefit solely because the **Insured Person(s)** is unable to take part in any **Sporting Activities, Winter Sports** or pastimes.
- 6 The general exclusions of the Household Policy.
- 7 The general exclusions detailed on Page 28.

Section 3 – Cancellation Curtailment and Change of Itinerary

We will pay either:

a) Cancellation

Deposits paid which are not recoverable and any other amounts for which an **Insured Person(s)** is legally responsible if the **Insured Journey** is cancelled before departure due to an **Insured Event** occurring during the **Period of Travel Insurance**

Or

b) Curtailment

Amounts paid which are not recoverable for that part of the **Insured Journey** which is lost and reasonable travel and accommodation expenses if the **Insured Journey** is curtailed after departure due to an **Insured Event**

Or

c) Change of Itinerary

If after departure the **Insured Person(s)** is forced to alter pre-booked arrangements in connection with an **Insured Journey** as a direct and necessary result of any cause outside the **Insured Person(s)** control We will reimburse the **Insured Person(s)** for the additional cost of travel and accommodation necessarily incurred to enable the **Insured Person(s)** to continue that **Insured Journey** less any saving available

The **Insured Events** are:

1. Death, bodily injury, sickness, redundancy or quarantine of an **Insured Person(s)** or anyone with whom an **Insured Person(s)** is travelling or intends to travel or intends to reside with or visit during the **Insured Journey** (providing the visit is the main purpose of the **Insured Journey**).
2. Death, bodily injury or sickness of a close relative of an **Insured Person(s)**.
3. Legally enforced jury or witness service or redundancy of an **Insured Person(s)** or anyone with whom an **Insured Person(s)** is travelling or intends to travel.
4. Major damage or burglary within 7 days immediately prior to an **Insured Journey** at the **Home** or place of business of:
 - a) the **Insured Person(s)** or
 - b) any member of the travel party or
 - c) any person with whom the **Insured Person(s)** intends to reside with during the **Insured Journey**

We will not pay for:

- 1 The first £50 of each and every claim.
- 2 Death, bodily injury or sickness resulting from:
 - A journey undertaken against the advice of a **Medical Practitioner** or for the purpose of obtaining medical treatment
 - Alcoholism or drug addiction
 - Intentional self-inflicted injury, suicide, attempted suicide, driving with more than the legally permitted level of alcohol in the blood or under the influence of drugs
 - Flying or taking part in aerial activities except where travelling in an aircraft as a passenger and not as aircrew
 - Travelling in or on waterborne craft as crew
 - Pregnancy or childbirth when travelling after the 26th week of pregnancy
 - Participation in mountain or rock-climbing necessitating the use of ropes or guides, potholing, caving, racing of any kind (other than on foot, while yachting on inland or territorial waters, or during point to point), sub aqua diving at a depth deeper than 18 meters, hunting or steeple chasing
 - Participation during the **Insured Journey** in an occupation involving manual labour or professional football, rugby or polo
- 3 The general exclusions of the Household Policy.
- 4 The general exclusions detailed on Page 28.
- 5 Delay or missed departure of ship or aircraft if the **Insured Person(s)** has failed to:
 - check in for the departure by the time specified by the carrier
 - act upon express instruction of the carriers or agents, the airport and the port authorities as appropriate
 - obtain written confirmation from the carriers or their agents stating the number of hours delay that occurred and the reasons for it
- 6 Delay arising from strike or industrial action which has commenced or has been announced before the **Period of Travel Insurance**.
- 7 Jury or witness service or redundancy for which notice has been given prior to the **Period of Travel Insurance**.

Section 4 – Travel Delay

We will pay:

a) the Benefits shown below if the outward or homeward departure of the public transport in which the **Insured Person(s)** is booked to travel is delayed by at least 12 hours from the time specified by the carrier due to strike, industrial action, adverse weather conditions or mechanical breakdown:

Period of Delay	Benefit per Insured Person(s)
First 12 hours	£50
Each subsequent 12 hours	£50
Maximum payment per person	£150

b) in the event of delay or interruption of at least 24 hours, **We will pay up to the Sum Insured under Section 3 – Cancellation and Curtailment** – for each **Insured Person(s)** for any irrecoverable payments paid or contracted to be paid in respect of travel and accommodation in the event that the **Insured Person(s)** opts to cancel the **Insured Journey**

Delayed Baggage Extension

We will pay up to £150 per Insured Person(s) to reimburse the reasonable costs incurred in purchasing emergency replacement clothing, toiletries and similar items if an **Insured Person(s)** clothing, personal effects, suitcases, trunks and other similar containers are lost or delayed for more than 12 hours during an **Insured Journey**.

We will not pay for:

- 1 Delay or missed departure of a ship or aircraft if the **Insured Person(s)** has failed to:
 - check in for the departure by the time specified by the carrier
 - act upon the express instructions of the carriers or their agents, the airport and the port authorities as appropriate
 - obtain written confirmation from the carriers or their agents stating the number of hours that the delay occurred and the reasons for it
- 2 Delay arising from strike or industrial action which has commenced or has been announced before the **Period of Travel Insurance**.
- 3 Any **Insured Journey** not involving the use of pre-booked travel arrangements outside your usual island of residence.
- 4 Flying or taking part in aerial activities except where travelling in an aircraft as a passenger and not as aircrew.
- 5 Travelling in or on waterborne craft as crew
- 6 Delay arising from the general exclusions of the Household Policy.
- 7 Delay arising from the general exclusions detailed on Page 28.

Section 5 – Missed Departure

We will pay:

Reasonable additional travel and accommodation expenses incurred in reaching destination of an **Insured Journey** or returning **Home** which **You** have to pay due to:

- a) failure of public transport
- b) an accident or break down of the vehicle in which the **Insured Person(s)** is travelling
- c) an accident or breakdown occurring ahead of the **Insured Person(s)** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which the **Insured Person(s)** is travelling
- d) strike, industrial action, adverse weather or any other unforeseen circumstances beyond **Your** control

which results in a failure to deliver an **Insured Person(s)** to the outward departure point in the **Territorial Limits** or the return departure point in the **Territorial Limits** on time.

The maximum amount payable in respect of any one **Insured Person(s)** is £500.

We will not pay for:

- 1 The first £50 of each and every claim.
- 2 Missed departure arising from strike or industrial action which has been commenced or has been announced before the **Period of Travel Insurance**.
- 3 Missed departure resulting from the failure of an **Insured Person(s)** to observe the Minimum Connect Times.
- 4 Missed departure resulting from the failure of an **Insured Person(s)** to observe the minimum check in times.
- 5 Flying or taking part in aerial activities except where travelling in an aircraft as a passenger and not as aircrew on a scheduled service
- 6 Travelling in or on waterborne craft as crew
- 7 Missed departure arising from the general exclusions of the Household Policy.
- 8 Missed departure arising from the exclusions detailed on Page 28.

Section 6 – Hospital Benefit

We will pay:

£25 per day up to a maximum of 20 days for each complete 24 hour period the **Insured Person(s)** spends as an in-patient in a **Hospital** outside the Channel Islands should the **Insured Person(s)** suffer bodily injury or illness during the **Insured Journey**.

The maximum **We will pay** is £500.

We will not pay for:

- 1 Death, bodily injury or sickness resulting from:
 - A journey undertaken against the advice of a **Medical Practitioner** or for the purpose of obtaining medical treatment
 - Alcoholism or drug addiction
 - Intentional self-inflicted injury, suicide, attempted suicide, driving with more than the legally permitted level of alcohol in the blood or under the influence of drugs
 - Flying or taking part in aerial activities except where travelling in an aircraft as a passenger and not as aircrew on a scheduled service
 - Travelling in or on waterborne craft as crew
 - Pregnancy or childbirth when travelling after the 26th week of pregnancy
 - Participation in mountain or rock-climbing necessitating the use of ropes or guides, potholing, caving, racing of any kind (other than on foot, while yachting on inland or territorial waters, or during point to point), sub aqua diving at a depth deeper than 18 meters, hunting or steeple chasing
 - participation during the **Insured Journey** in an occupation involving manual labour or professional football, rugby or polo
- 2 The general exclusions of the Household Policy.
- 3 The general exclusions detailed on Page 28.

Section 7 – Hijack, Kidnap and Detention

We will pay:

- a) £25 per day up to a maximum of 40 days for each complete 24 hour period the **Insured Person(s)** is detained by the Hijackers
- b) the additional cost of Travel and accommodation necessarily incurred as a direct result of the **Insured Person(s)** being **Hijacked, Kidnapped or Detained**

The maximum **We** will pay is £1,000.

We will not pay for:

- 1 Any claims relating to payment of Ransom monies.
- 2 Any claims arising out of any acts by an **Insured Person(s)** which would be considered an offence by a court of Guernsey if committed in Guernsey.
- 3 Any claims where the **detention, internment, Hijack or Kidnapping** of an **Insured Person(s)** is for less than 3 days.
- 4 Flying or taking part in aerial activities except where travelling in an aircraft as a passenger and not as aircrew
- 5 Travelling in or on water borne craft as crew
- 6 The general exclusions of the Household Policy.
- 7 The general exclusions detailed on Page 28.

Special Conditions applying to this section

- 1 The **Insured Person(s)** must not engage in any political or other activity which would prejudice this Insurance.
- 2 The **Insured Person(s)** has no family or business connections that could be expected to prejudice this Insurance or increase the **Insurer's** risk.
- 3 All visas and documents are in order.

Claim Settlement

We must be notified without delay of any **Incident** likely to lead to a claim.

We must be provided with any medical or death certificates or other information **We** request at **Your** expense before any claim is accepted.

Any **Insured Person(s)** who is the subject of a claim must act upon medical and surgical advice and submit to a medical examination at **Our** expense whenever required.

We may, at **Our** option pay a claim in local currency.

Reasonable notice must be given to **Us** before the date set for any inquest, inquiry or proceeding concerning the death of an **Insured Person(s)**.

We will make any claim payment to **You**. If **You** should die payment will be made to **Your** legal personal representatives.

Making a Claim

Retain **Your** booking invoices/receipts. These must be attached to the claim form when submitted.

If medical attention is received for injury or sickness **You** should, if possible, obtain receipts for all payments made plus a medical certificate showing the nature of the injury or sickness.

WHAT TO DO IN THE CASE OF A SERIOUS MEDICAL EMERGENCY

Insurance Corporation have arranged for Healix International to be made available to **You** in case of a Medical Emergency abroad following accident, illness or serious loss requiring in-patient hospitalisation, extended treatment or alteration of travel arrangements.

Healix International are on duty day and night throughout the year. Simply

Simple telephone

Healix International

Telephone: 44 (0)20 8763 3155

Email: rsa@healix.com

Have the Following Information Available:

1. The Certificate Number shown in the **Schedule**.
2. The **Period of Insurance**.
3. Details of the problem.
4. The name of the **Hospital** and the Doctor and their telephone numbers.
5. A phone number where **You** can be contacted.

FAILURE TO CONSULT WITH HEALIX INTERNATIONAL AND TO ACT IN ACCORDANCE WITH THEIR INSTRUCTIONS MAY PREJUDICE YOUR CLAIM

Notice to all Insured Person(s), treating doctors and hospitals

This is not a private medical insurance. Any treatment likely to involve more than £1,000 (or equivalent in other currencies) must be agreed by Healix International 24 hour service prior to commencement of any such treatment.

It is a condition of this insurance that Healix International 24 hour service or their representatives are allowed access to all medical records and information regarding the treatment of the **Insured Person(s)**.

Extension

If the **Insured Person(s)** has not returned to the Channel Islands before the expiration of an **Insured Journey** for reasons which are beyond their control, this insurance will remain in force for a further 21 days or until their return, whichever is the earlier without additional premium.

In the event of **Hijack, Kidnap or Detention** of the **Insured Person(s)**, cover shall continue whilst they are subject to the control of the person(s) making the **Hijack, Kidnap or Detention** and during travel to the **Insured Person(s)** home for up to twelve months from the date of the **Hijack, Kidnap or Detention**.

General Conditions

Arbitration

If **We** accept **Your** claim but **You** disagree over the amount **You** will be paid, the dispute will be referred to an Arbitrator who will be appointed in accordance with current law. When this occurs, the Arbitrator must decide on an award before **You** can bring proceedings against **Us**.

Cancellation

We can cancel **Your** Policy or any part of it, by sending **You** 7 days' notice by recorded delivery to **Your** last known address.

If **Your** Policy is cancelled for any reason, **You** may be entitled to a refund of premium. If a claim has arisen in the current **Period of Insurance** no refund of premium shall be made.

Assignment

The **Insurer** will not be bound to accept or be affected by any trust charge lien assignment or other dealing with or relating to this Policy.

Claims

When a claim, or circumstances which may give rise to a claim, occurs **You** must tell **Us** in writing as soon as possible.

For all claims **You** must give **Us** any documents, information and evidence **We** need at **Your** expense. **You** must also tell the police immediately if the claim is being made as a result of accidental loss, damage by malicious persons, theft or any attempted theft.

For liability claims **You** must send **Us** any claim, writ or summons as soon as **You** receive it. Do not negotiate, pay, settle, admit or deny any claim without **Our** written permission.

Contribution

If at the time of any loss, damage or liability covered under this Policy, **You** have any other insurance which covers the same loss, damage or liability, **We** will only pay a rateable share of the claim.

Fraudulent Claims

If **You** or anyone acting on **Your** behalf makes a claim under this Policy, knowing that the claim is false or fraudulent in any way, the Policy is void and the claim will not be paid.

Interest

Interest will not be added to any amount paid.

Notification of a change

You must notify **Us** as soon as is reasonably possible of any change in the information given to **Us** which may affect this insurance. Failure to do so may invalidate **Your** insurance or may result in cover not operating fully.

Other Interests

The **Insured's** receipt shall discharge the **Insurer's** liability to pay any amount in respect of a claim and the **Insured Person(s)** or the **Insured Person(s)** personal representatives shall have no right to claim from or sue the **Insurer**.

The total amount payable by the **Insurer** in respect of any of the benefits shown in the **Schedule** irrespective of the number of parties insured by this Policy having a claim under this Policy in respect of such benefits shall not exceed in the whole the total sum insured stated in the **Schedule** for the benefit claimed.

For the purpose of the Benefits all the parties under this Policy shall be treated as one party or legal entity so that there will be only two parties to the contract of insurance namely the **Insurer** and the **Insured Person(s)** both as defined herein.

Our rights after a claim

We are allowed to take possession of and deal with any salvage in a reasonable manner. But **You** must not abandon any property and leave it to **Us**.

Before or after **We** pay **Your** claim under this Policy, **We** can take action, in **Your** name, or in the name of anyone else who is covered under the Policy, to enforce **Your** rights against any other person. **We** will pay any costs or expenses involved.

You must not enter into any contract or agreement which may affect **Our** rights following a claim.

Following a claim **You** must install any additional protective measures or devices which **We** specify.

Reasonable care

You and any other person claiming under this insurance must take all reasonable care to prevent accidents, disease or damage. **You** must take all reasonable steps to recover any missing property.

General Exclusions

We will not pay for:

1. Loss or destruction of, or damage to, any property or consequential loss or any legal liability directly or indirectly caused by or contributed to, or arising from the following:
 - Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the burning of nuclear fuel
 - The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or its nuclear components
 - **War**, invasion, act of foreign enemy, hostilities (whether **war** is declared or not), civil **war**, rebellion, revolution, military force or coup
2. Loss or injury caused by Pressure waves from aircraft and other aerial devices travelling at sonic or supersonic speeds.
- 3 Any Loss or injury which happened to **You** before the first **Period of Insurance**.
- 4 Any Loss claim or injury that relates to an event known about prior to booking **Your Insured Journey**.
- 5 Wear and tear or any gradually-operating cause.
- 6 Consequential loss of any kind incurred by **You** or **Your Household**.
- 7 Loss of value following a claim payment.
- 8 Mechanical or electrical fault, breakdown or failure.
- 9 Any claim as the result of or is contributed to by:
 - **War** in Britain or the **Insured Person(s)** country of residence
 - **War** or **Terrorism** occasioned by any Nuclear Chemical or Biological **Incident**
- 10 Any claim arising directly or indirectly from any injury, illness, death. Loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations thereof however caused.
- 11 Any claim for direct or indirect loss or damage caused by travel to areas the United Kingdom Foreign, Commonwealth & Development Office has advised against travelling to. If **You** are unsure please contact them on 0845 850 2829 (24hrs, 7 Days a week)
- 12 Any claim for persons travelling aged over 80 years

Customer Service

At Insurance Corporation we have a real commitment to customer care. We have built a reputation as an Insurer that puts our customers first. You can help us to maintain this position by letting us know if you consider that our service has been unsatisfactory. We aim to give our customers a high standard of service at all times.

Complaints Procedure

Step 1

If you are unhappy with our service for any reason, you should write initially to the Business Governance Executive of Insurance Corporation at the address shown on your Policy Schedule who will ensure that the matter receives attention.

Step 2

If matters are not resolved to your satisfaction, you are invited to write to: Post: The Managing Director, Insurance Corporation of the Channel Islands Ltd, P O Box 160, Dixcart House, Sir William Place, Guernsey, GY1 4EY. Email: complaints@insurancecorporation.com

Step 3

If you are not satisfied with our final response to your complaint, you may be eligible to refer your case to one of the Financial Ombudsmen shown below:

1 Channel Islands Post:

Channel Islands Financial Ombudsman (CIFO),

P O Box 114,

Jersey JE4 9QG.

Telephone Guernsey: 01481 722218

Jersey: 01534 748610

Email: enquiries@ci-fo.org

You have six months from the date of our final response to refer your complaints to the Financial Ombudsman Service. This does not affect your right to take legal action; however, the Financial Ombudsman Service will not adjudicate on any case where litigation has commenced.

Privacy Notice

Your privacy is important to us and we are committed to keeping it protected. We have created this Customer Privacy Notice which will explain how we use the information we collect about you and how you can exercise your data protection rights. This Privacy Notice will help you understand the following:

Who are we?

We are Insurance Corporation of the Channel Islands Limited, a member of the RSA Group of companies. We provide commercial and consumer insurance products and services.

Why do we collect and use your personal information?

As an insurer, we need your personal information to understand the level of insurance cover you require. We'll use this information (e.g. your name, address, telephone number and email address) to communicate with you and if you have agreed.

We need to use your information to create a quote for you, allowing you to buy insurance products from us. When buying a product from us, you'll also need to provide us with details about the items you wish to be covered by the insurance.

We may need to check your information with external companies/organisations (e.g. the DVLA, the Motor Insurance Database, credit reference agencies and criminal conviction checks.) When buying certain products, sometimes we will ask for special categories of personal data (e.g. driving offences for motor insurance, medical records in case of injury).

Once you become a customer, we'll need to take your payment details to set up your cover. This could be credit or debit card information.

If you need to claim against your insurance policy, we will need to collect information about the incident and this may be shared with other selected companies to help process the claim. If other people are involved in the incident, we may also need to collect additional information about them which can include special categories of personal data (e.g. injury and health data).

In submitting an application, we may be provided with equivalent or substantially similar information relating to other proposed beneficiaries under the policy. You agree that you will bring this Privacy Notice to the attention of each beneficiary at the earliest possible opportunity.

Data protection laws require us to meet certain conditions before we are allowed to use your personal information in the manner described in this Privacy Notice. To use your personal information, we will rely on one or more of the following grounds:

Performance of contract: We need to use your personal information in order to provide you with the policy (which is a contract of insurance between you and us), and perform our obligations under it (such as making payments to you in respect of a claim made under the policy).

Consent: In certain circumstances, we may need your consent unless authorised by law in order to use personal information about you which is classed as "special categories of personal data".

Necessity to establish, exercise or defend legal claim: If you, or we, bring a legal claim (e.g. a court action) against the other, we may use your information in either establishing our position, or defending ourselves in relation to that legal claim.

Compliance with a legal obligation: Where laws or regulations may require us to use your personal information in certain ways.

Legitimate Interests: We will also process your personal information where this processing is in our "legitimate interests". When relying on this condition, we are required to carry out a balancing test of our interests in using your personal information (for example, carrying out analytical research), against the interests you have as a citizen and the rights you have under data protection laws. The outcome of this balancing test will determine whether we can use your personal information in the ways described in this Privacy Notice. We will always act reasonably and give full and proper consideration to your interests in carrying out this balancing test.

Where else do we collect information about you?

We will receive details about you from other people or companies. For example:
Given to us by someone who applied for an insurance product on your behalf (e.g. an insurance broker) where you have given them the permission to do so; or
Lawfully collected from other sources (e.g. Motor Insurance Database, Claims and Underwriting Exchange or fraud prevention databases) to validate the information you have provided to us.

We request those third parties to comply with data protection laws and to be transparent about any such disclosures. If you would like some further information, please contact us.

Will we share your personal information with anyone else?

We do not disclose your information outside of the RSA Group except:

Where we need to check the information provided to us before we can offer you an insurance product (e.g. reference agencies);

Where we are required or permitted to do so by law or relevant regulatory authority (e.g. financial crime screening, fraud detection/prevention);

Where we provide insurance services in partnership with other companies;

In the event that we are bought or we sell any business or assets, in which case we will disclose your personal information to the prospective buyer of such business or assets;

As required to enforce or apply this Privacy Notice, or the contract of insurance itself;

Within our group for administrative purposes;

As required in order to give effect to contractual arrangements we have in place with any insurance broker and/or intermediary through which you have arranged this policy;

With healthcare providers in the context of any relevant claim being made against your policy;

If we appoint a third party to process and settle claims under the policy on our behalf, in which case we will make your personal information available to them for the purposes of processing and settling such claims

With our third party service providers (including hosting/storage providers, research agencies, technology suppliers etc.);

With our reinsurers (and brokers of reinsurers) in connection with the normal operation of our business;

Sometimes your personal information may be sent to other parties outside of the European Economic Area (EEA) in connection with the purposes set out above. We will take all reasonable steps to ensure that your personal information is treated securely and in accordance with this Privacy Notice, and in doing so may rely on certain "transfer mechanisms" such as the EU-US Privacy Shield, and the standard contractual clauses approved by the European Commission. If you would like further information please contact us.

Which decisions made about you will be automated?

Before we can offer you an insurance product or service, we may need to conduct the following activities, which involve automated (computer based) decision-making:

Pricing and Underwriting – this process calculates the insurance risks based on the information that you have supplied. This will be used to calculate the premium you will have to pay.

Credit Referencing – using the information given, calculations are performed to evaluate your credit rating. This rating will help us to evaluate your ability to pay for the quoted products and services.

The results of these automated decision-making processes may limit the products and services we can offer you. If you do not agree with the result, you have the right to request that we perform a manual reassessment using the same information that you originally provided.

For how long will we keep your information?

Your personal information will be retained under one or more of the following criteria:

Where the personal information is used to provide you with the correct insurance cover, which will be kept as long as it is required to fulfil the conditions of the insurance contract.

Where the use of your personal information for a specific purpose is based on your consent, it will be kept for as long as we continue to have your consent.

Where, for a limited period of time, we are using some of your information to improve the products or services we provide.

For as long as your information is required to allow us to conduct fraud and/or criminal checks and investigations.

Your information is incorrect what should you do?

If you hold a product or service with us and think that the information we hold about you is incorrect or incomplete, please contact us and we will be happy to update it for you.

What are your rights over the information that is held by Insurance Corporation

We understand that your personal information is important to you, therefore you may request the following from us to:

1. Provide you with details about the personal information we hold about you, as well as a copy of the information itself in a commonly used format. [Request Ref: DSR 1]
2. Request your personal information be deleted where you believe it is no longer required. Please note however, we may not be able to comply with this request in full where, for example, you are still insured with us and the information is required to fulfil the conditions of the insurance contract. [Request Ref: DSR 2]
3. Request the electronic version of the personal information you have supplied to us, so it can be provided to another company. We would provide the information in a commonly used electronic format. [Request Ref: DSR 3]
4. Request to restrict the use of your information by us, under the following circumstances [Request Ref: DSR 4]:
 - a. If you believe that the information we hold about you is inaccurate, or;
 - b. If you believe that our processing activities are unlawful and you do not want your information to be deleted.
 - c. Where we no longer need to use your information for the purposes set out in this Privacy Notice, but it is required for the establishment, exercise or defence of a legal claim.
 - d. Where you have made an objection to us (in accordance with section 5 below), pending the outcome of any assessment we make regarding your objection.

5 Object to the processing of your data under the following circumstances [Request Ref: DSR 5]:

- a. Where we believe it is in the public interest to use your information in a particular way, but you disagree.
- b. Where we have told you we are using your data for our legitimate business interests and you believe we shouldn't be (e.g. you were in the background of a promotional video but you did not agree to be in it.)

In each case under section 5 above, we will stop using your information unless we can reasonably demonstrate legitimate grounds for continuing to use it in the manner you are objecting to.

If you would like to request any of the above, please contact us and submit a written request, including the request reference (e.g. DSR 1), as this will speed up your request. To ensure that we do not disclose your personal information to someone who is not entitled to it, when you are making the request we may ask you to provide us with:

- Your name;
- Address(es);
- Date of birth;
- Any policy IDs or reference numbers that you have along with a copy of your photo identification.

All requests are free of charge, although for requests for the provision of personal information we hold about you (DSR1) we reserve the right to charge a reasonable administrative fee where, we believe an excessive number of requests are being made. Wherever possible, we will respond within one month from receipt of the request, but if we don't, we will notify you of anticipated timelines ahead of the one month deadline.

Please note that simply submitting a request doesn't necessarily mean we will be able to fulfil it in full on every occasion – we are sometimes bound by law which can prevent us fulfilling some requests in their entirety, but when this is the case we will explain this to you in our response.

Our Privacy Notice

If you have any queries regarding our Privacy Notice please contact us and we will be happy to discuss any query with you. Our Privacy Notice will be updated from time to time so please check it each time you submit personal information to us or renew your insurance policy.

How you can contact us about this Privacy Notice?

If you have any questions or comments about this Privacy Notice please contact:

The Data Protection Officer
Insurance Corporation
P.O. Box 160
Dixcart House
Sir William Place
St. Peter Port
Guernsey, GY1 4EY

How you can lodge a complaint?

If you wish to raise a complaint on how we have handled your personal information, please send an email to complaints@insurancecorporation.com or write to us using the address provided. Our Data Protection Officer will investigate your complaint and will give you additional information about how it will be handled. We aim to respond in a reasonable time, normally 30 days.

If you are not satisfied with our response or believe we are not processing your personal information in compliance with Guernsey Data Protection laws, you may lodge a complaint to the office of the Data Protection Commissioner, whose contact details are;

Data Protection Office
Guernsey Information Centre
North Esplanade
St Peter Port
Guernsey
GY1 2LQ