

Important telephone numbers

| | |
|--------------------|---------------------------------|
| Customer services: | 0800 171 000 / 020 8666 0645 |
| Claims: | 020 8666 9326 |

This policy is available in large print,
audio and Braille.

Please contact us on
Phone 0800 171 000 / 020 8666 0645

and we will be pleased to organise
an alternative version for you.

national express

Coach Travel Insurance

ref: HX020

Please read this policy and carry
it with you during your trip

Cover is only available if
you are a resident of the
UK, the Channel Islands or
the Isle of Man.

National Express UK Limited is an Appointed Representative of Holiday Extras Limited,
Registered address Ashford Road, Newingreen, Hythe, Kent, CT21 4JF Registered No.1693250

National Express coach travel insurance is underwritten by AWP P&C SA
and administered in the UK by Allianz Global Assistance.
Allianz Global Assistance is a trading name of AWP Assistance UK Ltd, 102 George Street, Croydon CR9 6HD.

Holiday Extras Limited and AWP Assistance UK Ltd are authorised and regulated by
the Financial Conduct Authority.

AWP P&C SA is duly authorised in France and the United Kingdom
and subject to limited regulation by the Prudential Regulation Authority and the Financial Conduct Authority.

Allianz Global Assistance acts as an agent for AWP P&C SA
for the receipt of customer money, settling claims and handling premium refunds.

National Express UK Limited acts as an agent for AWP P&C SA for
the receipt of customer money and handling premium refunds.

Global Assistance

Allianz 

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Summary of cover

The following table shows the maximum amount **we** will pay and policy **excesses** for each section of cover. **You** should read the rest of this booklet for the full terms and conditions.

| Section/Cover | Cover limits (up to) | Excess |
|--|----------------------|--------|
| 1. Personal possessions | £750 | £30 |
| Single, article pair or set (where receipts held) | £100 | |
| Single, article pair or set (*where receipts not held) | £50 | |
| Valuables | £100 | |
| Sports equipment | £100 | |
| Tobacco/alcohol/ fragrances | £50 | |
| 2. Personal money | £50 | £30 |
| 3. Personal accident | | Nil |
| Death (18 years and over) | £10,000 | |
| Death (17 years and under) | £1,000 | |
| Loss of limb / sight | £20,000 | |
| Permanent total disablement | £20,000 | |
| 4. Personal liability | £1 million | Nil |

*Note

The most **we** will pay for all items where **you** cannot provide a receipt or proof of purchase is **£200**.

Important information

Thank you for taking out National Express coach travel insurance with us.

Your policy schedule shows the sections of the policy you have chosen, the people who are covered and any special terms or conditions that may apply.

Your policy does not cover everything. You should read this policy carefully to make sure it provides the cover you need. If there is anything you do not understand, you should call Holiday Extras on 0800 171 000 / 020 8666 0645 or write to us at Holiday Extras Limited, Ashford Road, Newingreen, Hythe, Kent, CT21 4JF.

Insurer

Your National Express coach travel insurance is underwritten by AWP P&C SA and administered in the United Kingdom by Allianz Global Assistance.

How your policy works

Your policy and policy schedule is a contract between **you** and **us**. **We** will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**. Unless specifically mentioned, the benefits and exclusions within each section apply to each **person insured**.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

Information you need to tell us

There is certain information that **we** need to know as it may affect the terms of the insurance cover **we** can offer **you**.

You must, to the best of **your** knowledge, give accurate answers to the questions **we** ask when **you** buy **your** National Express coach insurance policy. If **you** do not answer the questions truthfully it could result in **your** policy being invalid and could mean that all or part of a claim may not be paid.

If **you** think **you** may have given **us** any incorrect answers, or if **you** want any help, please call Holiday Extras as soon as possible and **we** will be able to tell **you** if **we** can still offer **you** cover.

Cancellation rights

If **your** cover does not meet **your** requirements, please notify **us** within 14 days of receiving **your** policy schedule and return all **your** documents for a refund of **your** premium.

You can contact **us** at Holiday Extras Limited, Ashford Road, Newingreen, Hythe, Kent, CT21 4JF, or telephone **0800 171 000 / 020 8666 0645**.

If during this 14 day period **you** have travelled, made a claim or intend to make a claim then **we** can recover all costs that **you** have used for those services.

Please note that **your** cancellation rights are no longer valid after this initial 14 day period.

Policy excess

Under some sections of **your** policy, **you** will have to pay an **excess**. This means that **you** will be responsible for paying the first part of the claim for each **person insured**, for each section, for each incident. The amount **you** have to pay is the **excess**.

Financial Services Compensation Scheme (FSCS)

For **your** added protection, the **insurer** is covered by the FSCS. **You** may be entitled to compensation from the scheme if the **insurer** cannot meet its obligations. This depends on the type of business and the circumstances of the claim.

Insurance cover provides protection for 90% of the claim, with no upper limit. Further information about the compensation scheme arrangements is available from the FSCS, telephone number **0800 678 1100** or **020 7741 4100**, or by visiting their website at www.fscs.org.uk.

Governing law

Unless agreed otherwise, English law will apply and all communications and documentation in relation to this policy will be in English. In the event of a dispute concerning this policy the English courts shall have exclusive jurisdiction.

Contracts (Rights of Third Parties) Act 1999

We, the **insurer** and **you** do not intend any term of this contract to be enforceable by any third party pursuant to the Contracts (Rights of Third Parties) Act 1999.

Data protection notice

We care about **your** personal data.

The summary below and **our** full privacy notice explain how Allianz Global Assistance protects **your** privacy and uses **your** personal data.

Our full privacy notice is available at www.allianz-assistance.co.uk/privacy-notice/

If a printed version is required, please write to Legal and Compliance Department, Allianz Global Assistance, 102 George Street, Croydon CR9 6HD.

• How will we obtain and use your personal data?

We will collect **your** personal data from a variety of sources including:

- Data that **you** provide to **us**; and
- Data that may be provided about **you** from certain third parties, such as **your** insurance broker, doctors in the event of a medical emergency or airline companies in the event of repatriation.

We will collect and process **your** personal data in order to comply with **our** contractual obligations and/or for the purposes of **our** legitimate interests including:

- Entering into or administering contracts with **you**;
- Informing **you** of products and services which may be of interest to **you**.

• Who will have access to your personal data?

We may share **your** personal data:

- With public authorities, other Allianz Group companies, industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting and fraud prevention purposes;
- With other service providers who perform business operations on **our** behalf;
- Organisations who **we** deal with which provide part of the service to **you** such as the seller of the policy and any of their providers who are contracted to provide any service related to the insurance offering; or in the event of a medical emergency;
- To meet **our** legal obligations including providing information to the relevant ombudsman if **you** make a complaint about the product or service that **we** have provided to **you**.

We will not share information about **you** with third parties for marketing purposes unless **you** have specifically given **us your** consent to do so.

• How long do we keep your personal data?

We will retain **your** personal data for a maximum of seven years from the date the insurance relationship between **us** ends. If **we** are able to do so, **we** will delete or anonymise certain areas of **your** personal data as soon as that information is no longer required for the purposes for which it was obtained.

• Where will your personal data be processed?

Your personal data may be processed both inside and outside the European Economic Area (EEA).

Whenever **we** transfer **your** personal data outside the EEA to other Allianz Group companies, **we** will do so on the basis of Allianz's approved binding corporate rules (BCR). Where Allianz's BCR do not apply, **we** take steps to ensure that personal data transfers outside the EEA receive an adequate level of protection.

• What are your rights in respect of your personal data?

You have certain rights in respect of **your** personal data. **You** can:

- Request access to it and learn more about how it is processed and shared;
- Request that **we** restrict any processing concerning **you**, or withdraw **your** consent where **you** previously provided this;
- Request that **we** stop processing it, including for direct marketing purposes;
- Request that **we** update it or delete it from **our** records;
- Request that **we** provide it to **you** or a new insurer; and
- To file a complaint.

• Automated decision making, including profiling

We carry out automated decision making and/or profiling when necessary.

• How can you contact us?

If **you** would like a copy of the information that **we** hold about **you** or if **you** have any queries about how **we** use **your** personal data, **you** can contact **us** as follows:

By post: Data Protection Officer, AWP Assistance UK Ltd, 102 George Street, Croydon CR9 6HD

By telephone: **020 8603 9853**

By email: AzPUKDP@allianz.com

Definitions of words

When the following words and phrases appear in the policy document or policy schedule, they have the meanings given below. These words are highlighted by the use of bold print.

Accident

An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.

Area of cover

You will not be covered if **you** travel outside the **UK**.

Departure point

The coach station where **your outbound journey** to **your** destination begins, and where **your homebound journey** back **home** begins.

Doctor

A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than **you** or a **relative**.

Excess

The deduction **we** will make from the amount otherwise payable under this policy for each **person insured**, for each section, for each claim incident.

Home

Your usual place of residence in the **UK**, the Channel Islands or the Isle of Man.

Homebound journey

A trip that begins when **you** board the coach at **your** homebound **departure point** and ends when **you** arrive at the destination shown on **your** homebound coach ticket.

Insurer

AWP P&C SA.

Outbound journey

A trip that begins when **you** board the coach at **your** outbound **departure point** and ends when **you** arrive at the destination shown on **your** outbound coach ticket.

Pair or set

A number of items of **personal possessions** that belong together or can be used together.

Period of insurance

- For return tickets
Cover only applies for the duration of the **outbound journey** or **homebound journey**. There is no cover for the period between these trips

- For one-way tickets

Cover applies for the duration of the **outbound journey** only. There is no cover for the period between these trips

Personal money

Cash, cheques, postal and money orders, current postage stamps, travellers' cheques, coupons or vouchers which have a monetary value, admission tickets and travel tickets, all held for private and not business purposes.

Personal possessions

Each of **your** suitcases, trunks and similar containers (including their contents) and articles worn or carried by **you** (including **your valuables**).

Resident

A person who has their main **home** and is registered with a **doctor** in the **UK**, the Channel Islands or the Isle of Man and has not spent more than six months abroad during the year before the policy was issued.

Travelling companion

Any person that has booked to travel with **your outbound journey** or **homebound journey**.

United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

Valuables

Jewellery, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer, television, fax and phone equipment (including mobile phones), MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.

We, our, us

Allianz Global Assistance which administer the insurance on behalf of the **insurer** of these sections.

You, your, person insured

Each person shown on the policy schedule, for whom the appropriate insurance premium has been paid.

General exclusions

The following exclusions apply to the whole of **your** policy:

We will not cover **you** for any claim arising from, or relating to, the following:

- 1 War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, terrorism (this does not apply to claims made under Personal accident - Section 3) or weapons of mass destruction.
- 2 Any epidemic or pandemic.
- 3 **You** not following any advice or recommendation made by the Foreign and Commonwealth Office, World Health Organisation or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
- 4 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 5 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 6 Any currency exchange rate changes.
- 7 The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Personal accident sections).
- 8 **You** acting in an illegal or malicious way.
- 9 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 10 **You** being under the influence of alcohol, of solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug or alcohol addiction).
- 11 **You** not enjoying **your outbound journey** or **homebound journey** or not wanting to travel.
- 12 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
- 13 **You** not answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.

Conditions

The following conditions apply to the whole of **your** policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

- 1 **You** are a **resident** of the **UK**, the Channel Islands or the Isle of Man.
- 2 **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have a valid policy schedule.
- 4 **You** accept that **we** will not extend the **period of insurance**.
- 5 **You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.
- 6 **You** accept that no alterations can be made to the terms and conditions of the policy, unless **we** confirm them in writing to **you**.
- 5 With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a postmortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
- 6 Only refund or transfer **your** premium if **you** decide that the policy does not meet **your** needs and **you** have contacted **us** within 14 days from the date **you** receive **your** policy and policy schedule. **We** can recover all costs that **you** have used if **you** have travelled or made a claim or intend to make a claim.

We have the right to do the following

- 1 Cancel the policy if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
- 2 Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give a false declaration or deliberate mis-statement when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
- 3 Take over and deal with, in **your** name, any claim **you** make under this policy.
- 4 Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any forms, which will help **us** to recover any payment **we** have made under this policy.
- 7 Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from any transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
- 8 If **you** cancel or cut short **your** trip all cover provided on **your** policy will be cancelled without refunding **your** premium.
- 9 Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

Making a claim

To claim, please visit the website www.azgatravelclaims.com. This will lead **you** to **our** online claims notification service where claim forms can be obtained immediately via email or by downloading directly from the site.

Alternatively, please phone **020 8666 9326** and ask for a claim form or

Write to: Allianz Global Assistance travel insurance claims department, PO Box 451, Feltham, TW13 9EE or Email: travel.claims@allianz-assistance.co.uk. Quote ref: National Express - HX020.

You should fill in the form and send it to **us** as soon as possible with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

You will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

For all claims

- **Your** original booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss, such as household.
- As much evidence as possible to support **your** claim.

Personal possessions and Personal money

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** transport provider and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.

Personal accident

- Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- Medical evidence from the treating **doctor** to confirm the extent of the injury and treatment given including, hospital admission / discharge.
- Full details of any witnesses, providing written statements where available.
- A certified copy of the death certificate if this applies.

Personal liability

- A detailed account of the circumstances surrounding the claim, including photographs and video evidence (if this applies).
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not admit liability, offer to make any payment or correspond with any third party without **our** written consent.
- Full details of any witnesses, providing written statements where available.

Making a complaint

We aim to provide **you** with a first class policy and service. However, there may be times when **you** feel we have not done so. If this is the case, please tell **us** about it so that **we** can do **our** best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

- **For complaints regarding the sale of your policy or the service provided by Holiday Extras:**
Write to: Insurance Customer Support, Holiday Extras, Ashford Road, Newingreen, Hythe, Kent CT21 4JF
Phone: 01303 815 318
Email: insurancecustomerteam@holidayextras.com
- **For complaints regarding your claim, the administration of your policy or the service provided by Allianz Global Assistance:**
In the first instance, please write to:
Customer Service, Allianz Global Assistance, 102 George Street, Croydon, CR9 6HD
Phone: 020 8603 9853
Email: customersupport@allianz-assistance.co.uk
Please supply **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

If **you** are not satisfied with **our** final response **you** can refer the matter to the UK Financial Ombudsman Service for independent arbitration. Visit www.financial-ombudsman.org.uk write to Financial Ombudsman Service, Exchange Tower, London E14 9SR call 0800 023 4567 or 0300 123 9 123 or email complaint.info@financial-ombudsman.org.uk

Personal possessions - Section 1

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover in total for **your personal possessions** damaged, stolen, lost or destroyed on **your outbound journey or homebound journey**.

The most **we** will pay for **valuables** shown in **your** summary of cover in total whether jointly owned or not. There is also a single article, **pair or set** limit up to the amount shown in **your** summary of cover.

Note

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover.

More than **£50** for tobacco, alcohol, fragrances and perfumes.

More than the part of the **pair or set** that is stolen, lost or destroyed.

More than **£200** in total for **personal possessions** where **you** cannot provide a receipt or proof of purchase.

Breakage of or damage to:
sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.

Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin. The cost of replacing or repairing false teeth.

A claim for more than one mobile phone per **person insured**.

Loss or theft of, or damage to, the following.

- Items for which **you** are unable to provide a receipt or other proof of purchase
- Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- **Personal possessions** unless they are on **your** person or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle.
- **Valuables** left in a motor vehicle.
- **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- **Valuables** unless they are on **your** person.
- Contact or corneal lenses, unless following fire or theft.
- Bonds, share certificates, guarantees or documents of any kind.
- **Personal money** (see section 2).

Please refer to the General exclusions, Conditions and Making a claim that also apply.

Personal money - Section 2

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover for loss or theft of **your personal money** while on **your outbound journey** or **homebound journey**.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover
Loss or theft of **personal money**, unless it is on **your** person.
Loss or theft of travellers' cheques if the place where **you** got them from provides a replacement service.
More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

Personal accident - Section 3

WHAT YOU ARE COVERED FOR

We will pay **you** or **your** personal representative one of the following amounts for an **accident** during **your outbound journey** or **homebound journey**.

Death

Up to the amount shown in **your** summary of cover for death.

Permanent loss

Up to the amount shown in **your** summary of cover for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

Physical disablement

Up to the amount shown in **your** summary of cover for a permanent physical disability as a result of which there is no paid work which **you** are able to do.

WHAT YOU ARE NOT COVERED FOR

Any claim arising more than one year after the original **accident**.
Anything caused by:
• **your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse;
• **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life).
We will not pay more than one of the benefits resulting from the same injury.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

Note

Death benefit payments will be made to **your** Personal Representatives.

Personal liability - Section 4

WHAT YOU ARE COVERED FOR

We will pay **you** up to the amount shown in **your** summary of cover plus any other costs **we** agree to in writing that relate to anything **you** cause during **your outbound journey** or **homebound journey** for which **you** are legally liable and results in one of the following.

- Bodily injury of any person.
- Loss of or damage to property which **you** do not own and **you** or a **relative** have not hired, loaned or borrowed.

Note

Inform **us** as soon as **you** or **your** Personal Representatives are aware of a possible prosecution, inquest or fatal injury, which might lead to a claim under this section.

Please do not negotiate, pay, settle, admit or deny any liability to any third party, without **our** written consent.

WHAT YOU ARE NOT COVERED FOR

Any liability for bodily injury or loss of or damage to property that comes under any of the following categories:

- something which is suffered by anyone employed by **you** or a **relative** and is caused by the work they are employed to do;
- something which is caused by something **you** deliberately did or did not do;
- something which is caused by **your** employment or employment of a **relative**;
- something which is caused by **you** using any firearm or weapon;
- something which is caused by any animal **you** own, look after or control;
- something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.

Any contractual liabilities.

Any liability for bodily injury suffered by **you**, a **relative** or **travelling companion**.

Compensation or other costs caused by accidents arising from **your** ownership or possession of any of the following:

- The use of any land or building.
- Motorised or mechanical vehicles and any trailers attached to them.
- Aircraft, motorised watercraft or sailing vessels.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

