



# Barclays Travel Benefit Schedule

**Premier Charge Card**  
Summary of Key Benefits



## Summary of Key Benefits

Cover	Limit of Cover (up to)	Excess
Cancellation and Curtailment	£3,000	£75
Delay Cover	£20 per hour (After the first 12 hours) £240 (£400 for a group travelling together)	NIL
Missed Departure	£500 (£1,000 for a group travelling together)	NIL
Medical Emergency and Associated Expenses	£1,000,000	£150
Hospital Benefit	£25 per day/£750 max.	£25
<b>Personal Accident</b>		
Death	£25,000	NIL
Loss of sight/limbs	£25,000	NIL
Permanent Total Disablement	£25,000	NIL
<b>Personal Belongings</b>		
Single Article Limit	£250	
Valuables	£250	
Delayed Baggage	£25 per hour/£300 max.	
<b>Personal Money</b>		
Cash	£250	£50
Personal Liability	£1,000,000	
Legal Expenses	£25,000	

## Winter Sports Cover

Cover	Limit of Cover (up to)
Ski Hire	£20 per day/£250
Ski Pack	£150
Piste Closure	£20 per day/£200
Avalanche and Landslide	£100

## Premier Charge Card Travel Insurance Benefits

These insurance benefits are provided at no extra cost to Barclays Premier Charge Card Holders and when travelling with the **Cardholder**, their **immediate family** and **additional cardholders** only.

**In order to qualify for the cover included in this Benefit Schedule you must hold a valid Barclays Premier Charge Card and have paid for all travel arrangements (travel, transport and accommodation) using this card.**

Any costs paid in cash, even where such cash has been obtained by means of a cash withdrawal using **your** Barclays Premier Charge Card or paid using nectar points or any other reward points will not be eligible for cover. **Travel arrangements** paid by means other than the use of **your** Barclays Premier Charge Card will not qualify **you** for cover.

Proof of payment using **your** Barclays Premier Charge Card will be requested in the event of a claim. If **you** are unable to provide evidence that the trip was booked on **your** card please call the Customer Service Line **0800 161 5305 (+44 1604 230 230)** and Barclaycard may be able to provide validation of the transaction on **your** behalf.

The geographical limits of **your** cover:

**You** are covered for any **trip** made worldwide outside **your** normal **country of residence** or travel within **your** normal **country of residence** provided the **trip** is pre-booked using **your** Barclays Premier Charge card and involves at least two nights duration.

If there are any changes to these benefits, Barclays Bank UK PLC will send **you** a new Benefit Schedule at the beginning of each year.

This Benefit Schedule constitutes a contract between Barclays Bank UK PLC and the Insurer and contains full details of the cover and conditions **you** must satisfy and is the basis on which all claims will be settled.

If the terms and conditions of the Benefit Schedule have been met, **we** will pay **you** or **your** personal representative if **you** make a valid claim.

**Please be aware that the benefits do not provide cover for every eventuality. You should read the Benefit Schedule carefully to ensure that this meets with your requirements. Please keep this in a safe place and take it with you on your trip.**

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### Important Telephone Numbers

Customer Service	<b>0800 161 5305 or +44 1604 230 230</b>
Claims	<b>+44 (0)203 285 7770</b>

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### Emergency Medical Assistance (24 Hours)

Calling from the United Kingdom	<b>0203 285 7770</b>
For Europe and the rest of the world	<b>+44 203 285 7770</b>

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For **your** protection, **your** calls may be recorded and may be monitored.

## 24 Hour Emergency Medical Assistance

The Medical Assistance Service is available 24 hours a day to help **you** and can arrange, where appropriate, admission to hospital, ambulance transfers and air repatriation if medically necessary.

If **you** need medical treatment abroad or have to go into hospital or require medical assistance during **your trip** or need to return **home** early, **you** must call **us** first for authorisation before **you** agree to make any payment. If **you** do not do this, **we** may not pay **your** claim.

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### Telephone Numbers 24 Hour Emergency Service

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Calling from the United Kingdom

**0203 285 7770**

or Fax **0845 280 1487**

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**24 Hour Emergency Service in all other countries**

Telephone **+44 203 285 7770**

Fax **+44 1737 815 1487**

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When contacting the emergency service, **you** will need to provide the following information:

- **Your** name
- **Your** address and contact details
- **Your** card number
- The dates of **your trip**
- The type of assistance **you** need.

It is a condition of the cover that **we** can decide on the most suitable, practical and reasonable solution to any problem.

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# Section 1 – Your Travel Insurance Benefits

This document is not a contract of insurance but summarises the benefits provided to **you** by virtue of **you** holding a Barclays Premier Charge Card through Barclays Bank UK PLC. The provision of those benefits is enabled by an insurance Policy held by and issued to Barclays Bank UK PLC by Inter Partner Assistance S.A.

Barclays Bank UK PLC is the only **Policyholder** under the insurance Policy and only it has direct rights against the Insurer under the Policy. This agreement does not give **You** direct rights under the Policy of insurance, it enables **You**, as a Barclays Bank Premier Charge Cardholder to receive benefits. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit.

## Eligibility

The benefits summarised in this document are dependent upon **you** being a valid Barclays Premier Charge Cardholder at the time of any incident giving rise to a claim. Barclays Bank UK PLC will give **you** notice if there are any material changes to these terms and conditions or if the policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions relating to Barclays Premier Charge Cardholders and is the basis on which all claims **you** make will be settled.

## Insurer

This policy is underwritten by Inter Partner Assistance S.A.

Inter Partner Assistance S.A is authorised and regulated by the National Bank of Belgium, with a registered head office at Boulevard du Régent 7, 1000 Brussels, Belgium. Authorised by the Prudential Regulation Authority (firm reference number 202664). Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Inter Partner Assistance S.A. UK branch office address is 106-118 Station Road, Redhill, RH1 1PR Inter Partner Assistance S.A. is part of the AXA Group.

It is a requirement to inform **you** of some important features of **your** benefits:

## Schedule of Benefits Document

This the Schedule of Benefits document gives **you** full details of the cover and the conditions **you** must satisfy to ensure **you** are fully covered. Please read these carefully and call us on 0800 161 5305 or +44 1604 230 230 if **you** need any further help and advice.

## Conditions and Exclusions

There are conditions and exclusions which apply to individual Sections of the Benefit Schedule and general exclusions which apply to the whole of the Benefit Schedule, for example consequential loss – see page 32.

# Important Health Requirements

**You** must comply with the following conditions in order to have full protection under these benefits. If **you** do not comply **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

These benefits will not cover **you** if **you**:

1. are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);
2. are travelling with the intention of obtaining medical treatment or consultation abroad;
3. have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, where the underlying cause has not been established);
4. are not a permanent resident of, and registered with a General Practitioner in, the **country of residence**.

## UK Residents

No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** will be covered unless:

- **you** have declared ALL **pre-existing medical conditions** to **us**; and
- **you** have declared any changes in **your** health or prescribed medication; and
- **we** have accepted the condition(s) for cover in writing.

If **you** have a **pre-existing medical condition** **you** must make a **medical health declaration**:

- for any trip commencing on or after April 16, 2015, or
- when booking any **trip**, or
- upon the annual renewal of **your medical health declaration**.

**We** will assess the medical information supplied to **us** and advise if **we** can cover the **pre-existing medical condition(s)**, if certain exclusions or restrictions should be imposed, or if cover can be offered subject to the payment of an additional premium. If the cover is subject to the payment of an additional premium, cover will not commence until full payment has been received by **us** and written confirmation has been provided by **us**.

If **your** benefits are endorsed to cover any claims arising from **your pre-existing medical condition(s)** the endorsement will remain valid for 12 months and **you** need not re-declare **your pre-existing medical condition(s)** when taking any trips within this 12-month period. If there are any changes in **your** health or prescribed medication **you** must notify us and update **your medical health declaration** prior to booking any **trip** or departing on any **trip**. All changes must be declared to **us** and accepted in writing before cover can continue. Failure to declare **pre-existing medical condition(s)** that are relevant to these benefits may invalidate **your** claim. To declare a **pre-existing medical condition(s)** or a change in **your** state of health or prescribed medication, **you** should contact the Barclays Premier Charge Card Medical Assessment Helpline on **+44 (0)203 285 7770**. **You** should also refer to the General Exclusions.

## Non-UK Residents

No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** will be covered unless listed under Waived Conditions.

## Waived Conditions

The following medical conditions are covered free of charge and subject to the normal terms and conditions of these benefits, provided:

1. **you** are not awaiting surgery for the condition, and
  2. **you** have been fully discharged from any post-operative follow-up. **You** do not need to declare any of these conditions to us provided ALL criteria are met.
- Abnormal Smear Test
  - Achilles Tendon Injury
  - Acne
  - Acronym (Ingrowing Toenail)
  - Adenoids
  - Allergic Rhinitis
  - Alopecia
  - Anal Fissure/Fistula
  - Appendectomy
  - Astigmatism
  - Athlete's Foot (Tinea Pedis)
  - Attention Deficit Hyperactivity Disorder
  - Bell's Palsy (Facial Paralysis)
  - Benign Prostatic Enlargement
  - Bladder Infection (no ongoing treatment, no hospital admissions)
  - Blepharitis
  - Blindness
  - Blocked Tear Ducts
  - Breast – Fibroadenoma
  - Breast Cyst(s)
  - Breast Enlargement/Reduction
  - Broken Bones (other than head or spine) – (no longer in plaster)
  - Bunion (Hallux Valgus)
  - Bursitis
  - Caesarean Section
  - Candidiasis (oral or vaginal)
  - Carpal Tunnel Syndrome
  - Cartilage Injury
  - Cataracts
  - Cervical Erosion
  - Cervicitis
  - Chalazion
  - Chicken Pox (fully resolved)
  - Cholecystectomy
  - Chronic fatigue syndrome (if only symptom is fatigue and no hospital admissions)
  - Coeliac Disease
  - Cold Sore (Herpes Simplex)
  - Common Cold(s)
  - Conjunctivitis
  - Constipation
  - Corneal Graft
  - Cosmetic Surgery
  - Cyst – Breast
  - Cyst – Testicular
  - Cystitis (no ongoing treatment, no hospital admissions)
  - Cystocele (fully recovered, no hospital admissions)
  - D & C
  - Deaf Mutism
  - Deafness
  - Dental Surgery
  - Dermatitis (no hospital admissions or consultations)
  - Deviated Nasal Septum
  - Diarrhoea and/or Vomiting (resolved)
  - Dilatation and Curettage
  - Dislocations (no joint replacement or hospital admissions)
  - Dry Eye Syndrome
  - Dyspepsia
  - Ear Infections (resolved – must be all clear prior to travel if flying)
  - Eczema (no hospital admissions/ consultations)
  - Endocervical Polyp
  - Endocervicitis
  - Endometrial Polyp



- Epididymitis
- Epiphora (Watery Eye)
- Epispadias
- Epistaxis (Nosebleed)
- Erythema Nodosum
- Essential Tremor
- Facial Neuritis (Trigeminal Neuralgia)
- Facial Paralysis (Bell's Palsy)
- Femoral Hernia
- Fibroadenoma
- Fibroid – Uterine
- Fibromyalgia
- Fibromyositis
- Fibrositis
- Frozen Shoulder
- Gall Bladder Removal
- Ganglion
- Glandular Fever (full recovery made)
- Glaucoma
- Glue Ear (resolved – must be all clear prior to travel if flying)
- Goitre
- Gout
- Grave's Disease
- Grommet(s) inserted (Glue Ear)
- Gynaecomastia
- Haematoma (external)
- Haemorrhoidectomy
- Haemorrhoids (Piles)
- Hallux Valgus (Bunion)
- Hammer Toe
- Hay Fever
- Hernia (not Hiatus)
- Herpes Simplex (Cold Sore)
- Herpes Zoster (Shingles)
- Hip Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
- Hives (Nettle Rash)
- Housemaid's Knee (Bursitis)
- HRT (Hormone Replacement Therapy)
- Hyperthyroidism (Overactive Thyroid)
- Hypospadias
- Hypothyroidism (Underactive Thyroid)
- Hysterectomy (provided no malignancy)
- Impetigo
- Indigestion
- Influenza (full recovery made)
- Ingrowing Toenail (Acronyx)
- Inguinal Hernia
- Insomnia
- Intercostal Neuralgia (no admissions)
- Intertrigo
- Irritable Bowel Syndrome (IBS) (provided definite diagnosis made and no ongoing investigations)
- Keinboeck's Disease
- Keratoconus
- Knee Injury – Collateral/cruciate ligaments
- Knee Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
- Kohler's Disease
- Labyrinthitis
- Laryngitis
- Learning Difficulties
- Leptothrix
- Leucoderma
- Lichen Planus
- Ligaments (injury)
- Lipoma
- Macular Degeneration
- Mastitis
- Mastoidectomy (resolved – must be all clear prior to travel if flying)
- Menopause
- Menorrhagia
- Migraine (provided definite diagnosis made and no ongoing investigations)
- Miscarriage
- Mole(s)
- Molluscum Contagiosum

- Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue and no hospital admissions)
- Myxoedema
- Nasal Infection
- Nasal Polyp(s)
- Nettle Rash (Hives)
- Neuralgia (no hospital admissions)
- Nosebleed(s)
- Nystagmus
- Osgood-Schlatter's Disease
- Osteochondritis
- Otosclerosis
- Overactive Thyroid
- Parametritis
- Pediculosis
- Pelvic Inflammatory Disease
- Photodermatosis
- Piles
- Pityriasis Rosea
- Post Viral Fatigue Syndrome (if the only symptom is fatigue and no admissions)
- Pregnancy (provided no complications)
- Prickly Heat
- Prolapsed Uterus (womb)
- Pruritus
- Psoriasis (no hospital admissions or consultations)
- Repetitive Strain Injury
- Retinitis Pigmentosa
- Rhinitis (Allergic)
- Rosacea
- Ruptured Tendons
- Salpingo-oophoritis
- Scabies
- Scalp Ringworm (Tinea Capitis)
- Scheuermann's Disease (provided no respiratory issues)
- Sebaceous Cyst
- Shingles (Herpes Zoster)
- Sinusitis
- Skin Ringworm (Tinea Corporis)
- Sleep Apnoea (no machine used to assist breathing)
- Sore Throat
- Sprains
- Stigmatism
- Stomach Bug (resolved)
- Strabismus (Squint)
- Stress Incontinence (no urinary infections)
- Talipes (Club Foot)
- Tendon Injury
- Tennis Elbow
- Tenosynovitis
- Termination of Pregnancy
- Testicles – Epididymitis
- Testicles – Hydrocele
- Testicles – Varicocele
- Testicular Cyst
- Testicular Torsion (Twisted Testicle)
- Throat Infection(s)
- Thrush
- Thyroid – Overactive
- Thyroid Deficiency
- Tinea Capitis (Scalp Ringworm)
- Tinea Corporis (Skin Ringworm)
- Tinea Pedis (Athlete's Foot)
- Tinnitus
- Tonsillitis
- Tooth Extraction
- Toothache
- Torn Ligament
- Torticollis (Wry Neck)
- Trichomycosis
- Trigeminal Neuralgia
- Turner's Syndrome
- Twisted Testicle
- Umbilical Hernia
- Underactive Thyroid
- Undescended Testicle
- Urethritis (no ongoing treatment, no hospital admissions)

- URTI (Upper Respiratory Tract Infection) (resolved, no further treatment)
- Urticaria
- Uterine Polyp(s)
- Uterine Prolapse
- Varicocele
- Varicose Veins – legs only, never any ulcers or cellulitis
- Vasectomy
- Verruca
- Vitiligo
- Warts (benign, non-genital)
- Womb Prolapse (uterus)
- Wry Neck (Torticollis)

### Important Limitations under Cancellation and Curtailment

Claims under Cancellation and Curtailment are not covered for incidents arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to booking any **trip** affecting any **travelling companion, colleague or close relative** if:

1. a terminal diagnosis had been received prior to booking any **trip**, or
2. they were on a waiting list for or had knowledge of the need for surgery, in-patient treatment or investigation at any hospital or clinic at the time of booking any **trip**, or
3. during the 90 days immediately prior to booking any **trip** they had required surgery, in-patient treatment or hospital consultations.

### Eligibility

This cover is provided at no extra cost to Barclays Premier Charge Cardholders, **their immediate family** and **additional cardholders** only. In order to qualify for the benefits included in this Benefit Schedule **you** must hold a valid Barclays Premier Charge Card and have paid for all **Travel Arrangements** (travel, transport and accommodation) using this card. Any costs paid in cash, even where such cash has been obtained by means of a cash withdrawal using **your** Barclays Premier Charge Card or paid using nectar points or any other reward points will not be eligible for cover.

**Travel arrangements** paid by means other than the use of **your** Barclays Premier Charge Card will not qualify **you** for cover under this Benefit Schedule.

**You** must have a **home in your country of residence**, where **you** reside for at least six months a year.

### Limit of cover

Each Section of the Benefit Schedule shows the most **you** can claim, but other limits may apply. For example, under the **personal belongings** section the overall cover is £1,500 but there is a lower limit for **valuables** and any one item.

Please check **your** Benefit Schedule carefully to ensure **you** have adequate cover.

### Looking after your belongings

**You** should take all reasonable care to protect **your** belongings and act as if **you** are not insured. If **you** do not do this **we** may not pay **your** claim.

### **Hazardous activities**

If **you** are going to take part in any **hazardous activities**, **you** may not be covered. If **you** are intending to take part in any **hazardous activities** and want to check **you** are covered, please contact us on **0800 161 5305** or **+44 1604 230 230**.

### **Excesses**

Under some Sections of the Benefit Schedule, claims will be subject to an excess. This means that **you** will have to pay the first part of **your** claim.

### **Duration of Cover**

**You** are covered for holidays or **trips** up to a maximum of 60 days in duration.

### **Change to cover or terms**

This clause explains how **we** may make changes to **your travel benefits**. This clause does not allow **us** to amend the terms of **your** membership of the Barclaycard (which is governed by separate terms and conditions).

**We** may change the benefits, terms, cover and/or exclusions of **your** insurance policy by giving **you** at least 30 days' notice in writing unless such changes are required to be made sooner by law or regulation (in which case **we** will give **you** a reasonable and proportionate amount of notice). Changes may be communicated to **you** by **us** or by your **bank account provider** acting as our agent.

**We** will only exercise **our** ability to make changes to **your** insurance policy in order to make reasonable and proportionate changes to reflect:

- a. any changes in the law, regulation and/or taxation which impacts travel insurance business within the UK
- b. any changes that are required to give effect to decisions and/or guidance of a regulator or an ombudsman
- c. any changes that are required to give effect to new or revised insurance industry codes of practice that **we** intend to comply with
- d. inflationary increases in general claims costs, medical claims costs and/or administrative costs which affect the cost to us of providing cover under and administering **your** insurance policy
- e. changes in foreign currency exchange rates which affect the cost to **us** of providing cover under and administering **your** insurance policy
- f. the correction of any typographical or formatting errors that may occur
- g. other increases in the cost and/or number of travel insurance claims which affect the cost to **us** of providing cover under and administering your insurance policy
- h. increases in the cost of purchasing reinsurance which affects the cost to **us** of providing cover under **your** insurance policy; and
- i. an improvement in the cover provided by **your** policy.

Any change to the benefits, terms, cover or exclusion which restricts **your** cover or benefits will not apply to any **trip** which commences prior to the effective date of the change. All changes will apply to any **trips** which **you** have already booked which commence after the effective date of the change.

If **you** do not wish to accept the change(s) that **we** intend to make to **our** insurance policy, **you** can contact Barclaycard (acting as our agent) by using the contact details at the start of this booklet. This will be treated as notice that **you** wish to close or switch **your** Barclaycard Account immediately – there will be no charge for closing or switching **your** account. It will be assumed that **you** have accepted the change(s) if your **bank account provider** has not heard from **you** by the end of the notice period and **you** will be bound by the change(s) when they come into force.

### **Termination of cover**

The benefits provided by this policy will cease automatically if either **you** or Barclays close **your** Barclays Premier Chargecard account, in accordance with **your** account terms and conditions.

### **Complaints**

This Benefit Schedule contains a complaints procedure, which tells **you** what steps **you** can take if **you** wish to make a complaint – see page 36.

### **Making a claim**

To help **us** deal quickly and efficiently with **your** claim, please read the claims procedure on page 35. This tells **you** what documents **you** will need to support **your** claim. **You** may need some proof, for example a police report, which **you** must obtain while **you** are on **your** trip.

### **Medical Assistance**

If **you** need assistance, please contact the Emergency Service immediately. Please read page 4 of this Benefit Schedule for details.

### **Choice of Law**

It is possible to choose the law applicable to a contract of insurance in the **United Kingdom**. **We** have chosen Scottish law to apply if **you** live in Scotland and English law if **you** live elsewhere in the **United Kingdom**. If **you** do not normally live in the **United Kingdom**, English law shall apply, unless agreed by us in writing.

## **Reciprocal Health Agreements**

If **you** are travelling to a country which has a reciprocal health agreement with **your home area**, **you** are entitled to benefit from the health care arrangement which exists between the country you are visiting and **your home area**

If travelling within the EU you can apply for a GHIC either online **Applying for healthcare cover abroad (GHIC and EHIC) – NHS ([www.nhs.uk](http://www.nhs.uk))** or by telephoning **0300 330 1350**.

If travelling outside of the EU visit **Healthcare abroad – NHS ([www.nhs.uk](http://www.nhs.uk))**

## Australia

When **you** are travelling to Australia and **you** register for treatment under the national Medicare scheme, Medicare provides:

- free treatment as an in-patient or out-patient at a public hospital; subsidised medicines under the Pharmaceutical Benefits Scheme; and
- benefits for medical treatment provided by doctors through private surgeries and Government Health Centres (not hospitals).

**You** must enrol at Medicare offices in Australia if **you** will be receiving treatment. If **you** receive treatment before **you** enrol, Medicare benefits can be backdated, if **you** are eligible. To be eligible **you** must be a resident of the United Kingdom and will need to show **your** passport with an appropriate visa. If **you** do not enrol at Medicare offices **we** may reject **your** claim or limit the amount **we** pay to **you**. If **you** need treatment which cannot be carried out under Medicare **you** MUST contact **AXA** before seeking private treatment. If **you** do not do so, **we** may reject **your** claim or limit the amount **we** pay to **you**.

For more information **you** should contact: Health Insurance Commission, PO Box 1001, Tuggeranong, ACT 2901, Australia or visit their website at: [humanservices.gov.au](http://humanservices.gov.au)

## Important 24-hour Medical Assistance Service While Abroad

If **you** need medical treatment abroad or have to go into hospital or require medical assistance during **your** trip or need to return **home** early, **you** must call **us** first for authorisation before **you** agree to make any payment. If **you** do not do this **we** may not pay **your** claim.

The Emergency Service will provide, where appropriate:

- A guarantee and payment of hospital and **medical practitioner's** fees
- Suitable repatriation, with trained medical escorts where required. In critical cases an air ambulance will be provided
- Necessary travel arrangements for members of **your** party or a **close relative** (if applicable)
- Road ambulance and admission to hospital on **your** arrival in **your country of residence**.

Details of how to contact the emergency service may be found on Page 4 of this Benefit Schedule.

### Don't fall victim

Every year a number of people fall victim to theft of personal possessions and money. **You** should take reasonable care to protect yourself and **your** property – always act as if **you** were not insured.

### Please Remember:

Don't travel with more **cash** or **valuables** than **you** need.

- Use credit/debit cards or travellers cheques.
- Remember to record numbers and the 'loss centre' telephone no. separately.
- Report losses immediately.
- Where available use hotel deposit boxes to store **valuables, money** and passports. Otherwise keep these locked in personal accommodation.

- Keep luggage locked at all times. If travelling by car lock it in the boot but always take **your valuables** with **you**.
- Never leave luggage unattended or with strangers.
- Beware of pickpockets and thieves. They are professionals who know their surroundings. Be on **your** guard and act discreetly.

### **Hazardous Activities**

Please be aware that the following activities are not covered:

- Flying of any kind other than as a fare paying passenger in a fully licensed passenger carrying aircraft
- Driving a car, van, lorry or similar form of motorised transport unless **you** have the appropriate licence to do so
- Driving or riding as a passenger on a motorcycle or moped unless the driver has the appropriate licence to do so and **you** are wearing a helmet
- Hang-gliding, paragliding and parascending
- Parachuting or any sports using a parachute or canopy
- Sky-diving or sky surfing
- Motor-racing, motorcycle racing or sidecar racing
- Bullfighting
- Potholing or caving
- Mountaineering, cliff or rock climbing using ropes or guides
- Horse racing, eventing, hunting on horseback, polo, show jumping, endurance riding, rodeo
- Boxing, wrestling or martial arts
- Racing in motor boats
- High diving
- Sailing outside territorial waters
- Scuba diving unless:
  - **You** are a qualified diver, or
  - A qualified instructor accompanies **you**

No cover applies over a depth of 30m nor if **you** dive unaccompanied

- Yacht-racing or ocean-going yachting
- Winter Sports as defined below ("Ski-racing, ski-jumping, snowboarding without a leash, off-piste skiing unless accompanied by a qualified guide or instructor, heliskiing, ice hockey, bobsleighting, the use of skeletons, toboggans or luges, freestyle-skiing, competitive skiing")
- White or black water rafting, canoeing, kayaking or canyoning
- Any team sport such as football, rugby or hockey where the main purpose of the **trip**/journey is to participate in that sport
- Any sport as a professional
- Paid manual work

If **you** are unsure as to whether **your** chosen activity is insured, please call us on **0800 161 5305** or **+44 1604 230 230**.

## Section 2 – Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this Benefit Schedule (unless otherwise noted) and is highlighted in bold print.

### **Accident/Accidental**

Accident/Accidental means in respect of Personal Accident benefits and exclusions, a sudden event, which happens by chance, during the period of **your trip**, which results in **your bodily injury**.

### **Additional Cardholder**

A person to whom **we** have issued an additional card under the credit agreement on the instructions of the Cardholder.

### **AXA**

The service provider, arranged by Inter Partner Assistance S.A.

### **Bodily injury**

Injury to **your** body which is caused solely by violent **accidental** external and visible means. This does not include any sickness, disease or naturally occurring condition or gradually operating or degenerative process.

### **Cardholder**

The individual who is the primary cardholder and who signed the credit agreement for the Premier Charge Card with Barclays Bank UK PLC.

### **Cash**

Coins and notes that are legal tender in any country.

### **Close Relative**

**Your** mother, father, sister, brother, wife, husband, fiancé(e), partner, daughter, son (adopted or fostered), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-sister, step-brother, aunt, uncle, cousin, nephew, niece.

### **Colleague**

Anyone who works at **your** place of business and who, if **you** were both away from work at the same time, would prevent the business from running properly.

### **Complications of Pregnancy**

The following unforeseen complications of pregnancy as certified by a medical practitioner: toxæmia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/medically necessary termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.



**Country of Residence**

The country in which **you** reside for at least six months a year.

**Cutting short your trip**

**You** early return **home** before the scheduled return date.

**Hazardous activities**

Any activities listed in the hazardous activities section on page 15.

**Home**

**Your** permanent private residential address in **your country of residence**.

**Immediate Family**

Immediate family means 2 adults (who reside permanently at the same address and with whom **you** live with as husband or wife) and unlimited dependent children (including fostered and adopted) under the age of 18 (or 23 if they are in full-time education).

**Loss of limbs**

Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

**Loss of sight**

Total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what **you** should see at 60 feet).

**Medical condition(s)**

Any medical or psychological disease, sickness, condition, illness or injury that has affected **you**, any **travelling companion**, **close relative** or any **colleague**.

**Medical emergency**

A bodily injury or sudden and unforeseen illness suffered by **you** while **you** are on a trip outside the country of residence and a registered medical practitioner tells **you** that **you** need immediate medical treatment or medical attention.

**Medical health declaration**

Medical information that needs to be declared to **us** by any **beneficiary** who has suffered from a **pre-existing medical condition**:

- a) prior to booking any **trip**, or
- b) upon each annual renewal; whichever is the later.

**Medical practitioner**

A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any **travelling companion**.

### **Pair or set**

Items of **personal belongings** or **valuables** forming part of a set or which are usually used together

### **Period of Cover**

- Cancellation cover starts on the date that **your trip** is booked
- All other cover starts when **you** leave **your home** or place of business whichever is the last at the start of the **trip** and ends on **your** return **home** or to **your** place of business whichever is the first at the end of **your trip**

**We** will extend the **period of cover** for up to 30 days at no extra cost if due to circumstances beyond **your** control occurring during the **trip**, **you** have to stay on **your trip** longer. Such extension to cover must be agreed by **us** prior to commencement.

### **Permanent total disablement**

Disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevent **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life

### **Personal belongings**

Personal effects owned by **you** and taken, worn or purchased on the **trip**.

### **Personal money**

**Cash**, travellers' cheques, letters of credit, travel tickets, hotel vouchers, passports, visas and green cards **you** have for **your** private use on the **trip**.

### **Pre-existing medical condition(s)**

1. Any past or current medical condition that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/ check.up has been required or received during the two years prior to:
  - a) booking any **trip**, or
  - b) upon the annual renewal of **your medical health declaration**, whichever is the later, and
2. Any cardiovascular or circulatory condition (e.g. heart condition, high blood pressure, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to any **trip**.

If **you** are aware of any **pre-existing medical condition(s)** these must be declared to Barclays Premier Charge Card Medical Assessment Helpline on **+44 203 285 7770**, and accepted for cover.

### **Strike or industrial action**

Any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

### **Terrorism**

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

**The Insurer**

Inter Partner Assistance S.A.

**Travel Arrangements**

Travel arrangements include but not necessarily limited to any road, rail, air or sea transport, hotel or other similar accommodation arrangements and excursion charges which have been paid or have been contracted to be paid relating to any **trip** occurring during the **period of cover** where such costs, expenses or charges are paid exclusively using **your** Barclays Premier Charge Card. Travel arrangements paid by means other than the use of **your** Barclays Premier Charge Card will not qualify **you** for cover.

**Travelling Companion**

The person or persons **you** have booked to travel with.

**Trip**

Any return journey that starts and finishes from **your home** or place of business in **your country of residence** and which lasts, or is scheduled to last, for no more than 60 days.

Any trips to a country, specific area or event when the Foreign, Commonwealth & Development Office (FCDO) or a regulatory authority in a country to/from which **you** are travelling has advised against all travel are not covered.

**Unattended**

When **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property

**United Kingdom**

England, Scotland, Wales and Northern Ireland.

**Valuables**

Jewellery, gold, silver, precious metal or precious stone articles, watches, furs, radios, binoculars, telescopes, audio, photographic, video, computer, television, telecommunication and their accessories/ equipment.

**We/us/our**

The service provider arranged by Inter Partner Assistance S.A.

**You/your/beneficiary**

1. The **cardholder**;
2. Any **additional cardholder**;
3. The **cardholder's immediate family**, when travelling with the **cardholder**.

# Section 3 – Your Cover

## Cancellation and Curtailment

1. **We will pay you** up to £3,000 for travel and accommodation charges (including excursion expenses up to £100) which are not recoverable elsewhere and which **you** have paid or contracted to pay should **you** have to cancel **your trip** before **you** leave **your home** or place of business as a result of the following occurring during the **period of cover**
  - unforeseen, injury, illness or death of **you** or that of **your travelling companion**, the person **you** are going to stay with, **a close relative** or **colleague**;
  - **you** or **your travelling companion** being required by the police to stay at **home** as a result of burglary, serious fire, storm damage or flooding to **you** or their **home** or usual place of business in **your country of residence**;
  - **you** or **your travelling companion** being called for jury service in **your country of residence** or as a witness in a court of law in **your country of residence**;
  - **you** being made involuntarily redundant under applicable legislation.
2. **You** will be covered up to £3,000 if **you** cut short **your trip** as a result of:
  - **your** death, injury or illness or that of **your travelling companion**, the person **you** are going to stay with, or a **close relative** or **colleague**, provided it is medically necessary for **your trip** to be cut short;
  - **you** or **your travelling companion** being required by the police to return home as a result of burglary, serious fire, storm damage or flooding to **you** or their **home** or usual place of business in **your country of residence**;
  - **you** or **your travelling companion** being called for jury service or as a witness in a **court** of law in **your country of residence** and **you** were not aware of prior to booking **your trip**.

## Important Limitations under Cancellation and Curtailment

Claims under Cancellation and Curtailment are not covered for incidents arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to booking any **trip** affecting any **travelling companion, colleague** or **close relative** if:

1. a terminal diagnosis had been received prior to booking any **trip**, or
2. they were on a waiting list for or had knowledge of the need for surgery, in-patient treatment or investigation at any hospital or clinic at the time of booking any **trip**, or
3. during the 90 days immediately prior to booking any **trip** they had required surgery, in-patient treatment or hospital consultations.

### Exclusions

**We** will not pay for:

- a) the first £75 of each and every claim, for each **beneficiary**.
- b) any claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for cover.
- c) any claim arising from pregnancy or childbirth unless certified by a medical practitioner as necessary due to unforeseen **complications of pregnancy** which commence after the date

these benefits became effective or after booking any **trip**, whichever is the later.

- d) circumstances known to **you** before **you** open **your** Barclaycard Account or at the time of booking any **trip** which could reasonably have been expected to lead to cancellation or **cutting short** of the **trip**.
- e) **you** booking or taking a **trip** which is against the advice of a **medical practitioner**;
- f) any sickness, disease, condition or injury suffered by, or any terminal prognosis given to **your travelling companion**, anyone **you** will be staying with or any **close relative** or **colleague** which **you** were aware of at the time of booking **your trip** unless **we** agreed to provide cover in writing before the **trip**;
- g) **your** disinclination to travel;
- h) **you** not having the correct passport, visa or other entry documents;
- i) any restrictions caused by the law of any country;
- j) the failure of any transport, accommodation provider or any conference organiser/or their agent or any person acting for **you**;
- k) **your** financial circumstances which were known to **you** at the time of booking **your trip**;
- l) **your** decision not to go on or continue with the **trip** for reasons other than those listed;
- m) **your** suicide, attempted suicide, intentional self-injury or placing yourself in any situation that could be reasonably deemed as reckless or dangerous (unless in an attempt to save someone's life);
- n) **you** being under the influence of alcohol, solvents or drugs (except drugs prescribed by a **medical practitioner** other than for the treatment of drug abuse);
- o) any claim resulting directly or indirectly from **you** participating in any **hazardous activities**.
- p) any unused or additional costs incurred by **you** which are recoverable from:
  - the providers of the accommodation, their booking agents, travel agent or other compensation scheme.
  - the providers of the transportation, their booking agents, travel agent, compensation scheme or Air Travel - Organisers' Licensing (ATOL).
  - **your** credit or debit card provider or Paypal.
- q) Any claim where **you** cannot travel or choose not to travel because the Foreign and Commonwealth Office (or any other equivalent government body in another country) advises against travel due to a pandemic.
- r) any claim excluded by the general exclusions.

#### **Conditions applying to cutting short your holiday**

The 24 hour Medical Assistance Service must be called immediately or as soon as reasonably possible to authorise any expenses if **you** have to return **home** early. If **you** do not do this **we** may not pay **your** claim. **You** must not arrange in-flight medical care for **your** return journey without the permission of the 24 hour Medical Assistance Service. **Our** medical advisers will consult with the **medical practitioners** treating **you** to decide on reasonable grounds if this is necessary and will make the most appropriate arrangements for **you**.

**We** may instruct **you** to return **home** if **our** medical advisers and the **medical practitioners** treating **you** decide that **you** are fit to travel.

Please refer to the Claims Procedure on page 35 of this Benefit Schedule.

## Delay cover

If the transport on which **you** are booked as a passenger for **your** outward or return journey is delayed or cancelled for reasons beyond **your** control, **we** will pay **you** one of the following:

- compensation of £20 per hour for every complete hour that **you** are delayed over 12 hours up to a maximum of £240. **We** will not pay more than £400 for any group of insured people who are travelling together and whose delay is caused by the same event; or
- up to £3,000 for cancellation charges if after a delay of 24 hours to **your** outward journey from **your country of residence you** choose to abandon the **trip**.

Delay benefit will be based on the difference between **your** actual time of departure and **your** scheduled departure time.

### Exclusions

**We** will not pay for:

- a) the first £75 for each and every claim, for each beneficiary, if **you** cancel **your trip** after a delay of 24 hours;
- b) abandonment after the first leg of **your** journey;
- c) claims caused by **strike or industrial action** or any other reason which was public knowledge when **your trip** was booked;
- d) delay as a result of **your** failure to check in at **your** departure point on time;
- e) claims if the provider of transport, accommodation or tour operator stops trading;
- f) any claim excluded by the general exclusions;
- g) any money **you** can recover from someone or somebody else.

### Conditions

**You** must obtain written confirmation from the carrier to confirm the cause of the delay and the period of delay. **You** will also need to tell us the scheduled time of **your** departure and the actual time of **your** departure.

## Missed Departure

**We** will pay **you** up to £500 (£1,000 for a group travelling together) for reasonable and necessary extra travel and accommodation expenses to allow **you** to get to **your** destination abroad or to return **home** if:

- scheduled public transport services on which **you** are booked as a passenger fail or are disrupted and this stops **you** from getting to the airport, port or station on time; or
- the car in which **you** are travelling is involved in an accident or breaks down and this stops **you** from getting to the airport, port or station on time.

Internal flights that are part of **your trip** plans and which are pre-booked and paid for in **your country of residence** prior to departure are covered under this Section.

## Exclusions

**We** will not pay for:

- a) claims caused by **strike or industrial action** which was public knowledge;
- b) any claim excluded by the general exclusions;
- c) any claim caused by traffic congestion.

## Conditions

**You** must do all that **you** can to arrive on time at the airport, port or station from which **you** are leaving. If **you** miss the departure due to **your** car being involved in an accident or breaking down, **you** must send **us** a written police accident report or repairer's report.

## Medical Emergency and Associated Expenses

**We** will pay the following costs, up to £1,000,000 for each beneficiary who suffers sudden and unforeseen **bodily injury** or illness, or who dies during a **trip** outside the **country of residence**:

- a) all reasonable and necessary medical expenses which arise as a result of a **medical emergency** involving **you**;
- b) emergency dental treatment up to £150 for the immediate relief of pain only;
- c) the extra cost of **you** returning **home**;
- d) extra accommodation expenses if **you** are advised by a **medical practitioner** that **you** should stay longer than **you** intended;
- e) extra travel and accommodation expenses where a **medical practitioner** has advised it is necessary for one person to stay with **you** or to travel from **your country of residence** to escort **you home** if **you** are seriously ill or injured;
- f) up to £2,500 for funeral expenses abroad;
- g) the cost of bringing **your** body or ashes **home**;
- h) up to £150 for unrecoverable expenses in respect of excursions **you** have paid for before **your** departure but which **you** have not made.

If **you** are travelling within **your country of residence** **we** will pay **you** up to £600 for:

- a) extra travel and accommodation expenses if **you** are advised by a **medical practitioner** that such travel or accommodation is necessary;
- b) extra travel and accommodation expenses where a doctor has advised it is necessary for one person from within **your country of residence** to stay with **you** or to travel to be with **you** if **you** are seriously ill or injured;
- c) the extra cost of bringing **your** body or ashes **home**;
- d) extra charges necessarily incurred to transfer **you** by ambulance to a hospital or nursing home nearer **your home**;
- e) extra charges necessarily incurred to recover **your** car and **your personal belongings** to **your home** if **you** or any other person travelling with **you** at the time of **your** discharge from hospital is unable to drive the car in which case **we** will arrange recovery of **your** car and **your personal belongings**.

## Exclusions

We will not pay for:

- a) the first £150 of each and every claim for each **beneficiary**,
- b) any claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for cover
- c) any advice, treatment or surgery where **you** have travelled against the advice of a **medical practitioner** or in order to obtain medical treatment or advice abroad;
- d) any treatment or surgery which **our** Chief Medical Officer reasonably believes is not essential or could wait until **your** return **home**;
- e) any treatment, surgery or exploratory tests which are not directly related to the illness or injury for which **you** originally went into hospital;
- f) cosmetic or elective surgery;
- g) medication and treatment which **you** knew **you** would need while **you** were away;
- h) any extra costs incurred for a single private room unless medically necessary;
- i) meals, taxi fares and/or telephone expenses unless **we** have agreed to reimburse these costs;
- j) treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre;
- k) repairs to or the provision of dentures or artificial teeth or any dental work involving the use of precious metals;
- l) any claim arising from motorcycling where **you** are the driver or passenger unless **you** or the driver holds a current and valid licence which allows **you** or them to ride a motorcycle and both are wearing helmets;
- m) **your** suicide, attempted suicide, intentional self-injury or deliberate exposure to danger (unless in an attempt to save someone's life);
- n) **you** being under the influence of alcohol, solvents or drugs (except drugs prescribed by a doctor other than for the treatment of drug abuse);
- o) any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event;
- p) any costs **you** incur outside the **country of residence** after the date **our** Chief Medical Officer tells **you** **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place);
- q) any claim resulting directly or indirectly from **you** participating in any **hazardous activities**;
- r) any loss of ski pack costs;
- s) **Your** failure to obtain any recommended vaccines, inoculations or medications prior to your **trip**.
- t) any claim excluded by the general exclusions.

## Conditions

The 24 hour Medical Assistance Service must be called immediately or as soon as reasonably possible to authorise any expenses for medical treatment abroad or if **you** have to return home early. If **you** do not do this **we** may not pay **your** claim.



**You** must not arrange in-flight medical care for **your** return journey without the permission of the 24 hour Medical Assistance Service. **Our** medical advisers will consult with the **medical practitioners** treating **you** to decide if this is reasonably necessary and will make the most appropriate arrangements for **you**.

**We** may instruct **you** to return **home** if **our** medical advisers and the **medical practitioners** treating **you** decide on reasonable grounds that **you** are fit to travel.

Please refer to Section 6 the Claims Procedure on page 35. If **you** do not follow this procedure **we** may not pay **your** claim.

## Hospital Benefit

If **you** are travelling outside **your country of residence**, and **we** accept a claim for **Medical Emergency and Associated Costs**, **we** will pay **you** up to £750 (£25 for every complete 24 hour period excluding the first full 24 hour period) if **you** are kept in hospital during the period of cover as an in-patient or confined to **your** pre-booked accommodation on the instructions of a **medical practitioner**.

Any amount **you** receive under this Section will be in addition to any amount that **you** receive under the Medical Emergency and Associated Expenses Section. **You** may use this benefit to cover incidental expenses incurred such as telephone calls and taxi fares.

A medical certificate must be obtained from the **medical practitioner** treating **you**, showing the period of admission to hospital or confinement to **your** pre-booked accommodation.

## Personal Accident

If **you** sustain **accidental bodily injury** during a **trip** and the injury solely and independent of any other cause results in **your** death or disability (as listed below) within 12 months **we** will pay **you** (or **your** legal personal representative(s) in the event of death) the following benefits:

1. Death £25,000
2. **Loss** of one or more **limbs** or **loss of sight** in one or both eyes £25,000
3. **Permanent total disablement** £25,000

### Exclusions

**We** will not pay for:

- a) any claim arising directly or indirectly from any **pre-existing medical conditions**;
- b) any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
- c) normal and habitual travel to and from **your home** and place of employment or second residence shall not be considered as a part of a **trip** and is not covered under the policy
- d) any claim excluded by the General Exclusions.

In addition, **we** will not pay **you** Personal Accident benefits for:

- a) more than one benefit to any one **beneficiary** for injuries caused by one accident;
- b) more than £5,000 for a claim relating to death of a person under the age of 18;
- c) any claim for **permanent total disablement** if **you** are over 65 years of age.

## Personal belongings

If **you** accidentally lose or damage **your personal belongings** or they are stolen during the **period of cover we** will pay **you** up to £1,500 to replace or repair them (after any suitable deduction for wear and tear and depreciation if applicable).

**You** can claim up to £250 for any one item, **pair or set**. The overall limit for **valuables** is £250.

If **your personal belongings** are temporarily lost on the outward journey **we** will **pay you** up to £25 for each hour up to a maximum of £300 for the purchase of essential items. If **your** baggage is permanently lost **we** will deduct any payment made for temporary loss from the final settlement. All receipts must be produced as proof of purchase.

If **you** lose **your personal belongings** temporarily, **you** must obtain a report from the carrier or in the case of an airline, a "Property Irregularity Report" from the airline or handling Agent.

### Exclusions

**We** will not pay for:

- a) more than £250 per person in total for **valuables**;
- b) more than £250 per person for any one article, **pair or set** of articles;
- c) breakage of or damage to fragile articles, (except lenses in cameras, binoculars, telescopes, or spectacles) and any other loss caused by the breakage;
- d) loss, theft of or damage to **valuables** which **you** have left in baggage checked in by a carrier and outside **your** control;
- e) loss or theft of or damage to **personal belongings** or **valuables** if they have been left unattended in a vehicle, unless they are locked out of sight in the boot of the vehicle or the luggage compartment of an estate or hatchback and there is evidence of violent and forcible entry;
- f) mobile phones, films, cassettes, cartridges or disks other than for their value as unused material unless purchased pre-recorded when **we** will pay up to the retail list price;
- g) perishable goods, bottles, cartons or any other loss caused by the breakage;
- h) pedal cycles, wheelchairs, prams, pushchairs or baby buggies other than while they are being conveyed by public transport;
- i) contact or corneal lenses;
- j) the cost of replacing damaged dentures;
- k) loss or theft of or damage to winter sports equipment;
- l) **your personal belongings** if they are delayed, detained or confiscated by customs or other officials;
- m) **your personal belongings** if they are lost or damaged as a result of wear and tear, depreciation in value, damage caused by moth or vermin or any process of cleaning, repairing or restoring;
- n) any claim excluded by the general exclusions.

**We** will not pay the first £50 for any loss, charge or expense incurred in respect of each claim for each **beneficiary** under this Section.

### **Conditions**

**We** will not pay **you** if:

- a) **you** fail to exercise reasonable care for the safety and supervision of **your** property;
- b) **you** fail to obtain a written police report within 24 hours of the discovery in the event of loss or theft;
- c) **you** fail to obtain a carriers report or in the case of an airline a Property Irregularity Report where **your** property has been lost or damaged in transit;
- d) **your personal belongings** are delayed, detained or confiscated by customs or other officials.

## **Personal Money**

**We** will pay **you** up to £500 (limited to £250 in respect of cash) if **you** lose or have **your personal money** stolen during **your trip**.

### **Exclusions**

**We** will not pay for:

- a) more than £250 for loss of **cash** unless the **personal money** was, at the time of loss or theft deposited in a safe or safety deposit box or left in **your** locked personal accommodation;
- b) loss caused by depreciation in value or shortage caused by error or omission;
- c) loss of travellers cheques if **you** have not complied with the issuers conditions or where the issuer provides a replacement service;
- d) loss or theft from a vehicle;
- e) loss or theft of **personal money** which **you** have left in baggage checked in by a carrier;
- f) loss or theft of ski lift pass;
- g) any claim excluded by the general exclusions;
- h) **your personal money** if it is delayed, detained or confiscated by customs or other officials.

**We** will not pay the first £50 for any loss, charge or expense incurred in respect of each claim for each **beneficiary** under this Section.

### **Conditions**

**We** will not pay **you** if:

- a) **you** fail to exercise reasonable care for the safety and supervision of **your** property;
- b) **you** fail to obtain a written police report within 24 hours of the discovery in the event of loss or theft;
- c) **you** fail to obtain a carriers report or in the case of an airline a Property Irregularity Report where **your** property has been lost or damaged in transit;
- d) **your personal money** is delayed, detained or confiscated by customs or other officials.

## Personal Liability

**We** will pay up to £1,000,000 in respect of any one occurrence and in total for **accidental bodily injury** to another person or **accidental** damage to someone else's property occurring during a **trip** outside **your country of residence** which **you** legally have to pay. This cover is only for **accidental** injury or damage to the property of people other than **your** employee, **close relative** or **travelling companion(s)** or property which is not owned by **you** or being looked after by **you** or a **close relative** or **travelling companion(s)**, other than in respect of **your** commercial holiday let.

**We** will also pay for **your** legal expenses and any claimant's costs payable but **we** must give **our** written consent to this.

### Exclusions

**We** will not pay **you** a personal liability claim for:

- a) liability caused directly or indirectly by **you** owning, or the use of, animals (except domestic animals), firearms (except licensed sporting guns used for recreational purposes only), any aircraft, motorised vehicle, boat or any other form of motorised leisure equipment (unless it is a boat designed for and being used as accommodation and is permanently moored);
- b) employer's liability or liability caused by carrying out contracts, supplying goods and services, or **you** doing **your** job;
- c) the transmission of any communicable disease;
- d) any claim excluded by the General Exclusions.

### Conditions

**You** must send **us** any writ, summons (court claim form) or other legal documents as soon as **you** receive them. **You** must also give **us** any information and help **we** need to deal with the case and **your** claim. **You** must not negotiate, pay, settle, admit or deny any claim without **our** written agreement.

## Legal Expenses

**We** will pay **you** up to £25,000 for reasonable and necessary legal costs **you** or **your** legal personal representative(s) have to pay in order to claim compensation or damages for **your** personal injury or death caused by the negligence of a third party during the **period of cover**.

**We** have complete control over the legal proceedings, but **you** can recommend a suitable solicitor or other appropriately qualified person to represent **you** but **we** do not have to appoint them.

**We** will not pay legal expenses for bringing a legal action in more than one country for the same event. If there is any dispute between **you** and **us** in relation to this Section then **you** may refer this dispute to arbitration.

### Exclusions

**We** will not pay for:

- a) claims against **the insurer, us** or **our** agents.
- b) claims against **your travelling companion(s)**;
- c) actions against a **close relative(s)**;
- d) legal expenses which **you** have incurred before **we** have agreed to support **you**;

- e) claims relating to a case that **we** think **you** are unlikely to win or where the cost of action could be more than the settlement or where there is no reasonable prospect of any award being paid;
- f) incidental expenses such as travelling costs;
- g) any claim excluded by the General Exclusions.

## Advice and Assistance

If during the **period of cover** or within seven days after the **period of cover** **you** need help or advice in respect of a general nature for an accident or event that happened during **your trip**, a 24-hour telephone service is available to offer practical advice and assistance.

If **you** need help during **your trip**, a 24 hour Assistance telephone number is available – please telephone **+44 (0)203 285 7770**

### Legal Consultation

In the event that criminal proceedings are brought against **you** in a court outside **your country of residence** as a result of any **accidental** action by **you** to a third party which happens during the **period of cover**, **we** will pay up to £100 for a local lawyer to visit **you**.

### Exclusions

**We** shall not be liable for:

- a) any fees, costs or other expenses incurred before **we** have agreed to accept them;
- b) any action against **you** or by **you** other than in **your** private capacity;
- c) payment of fines;
- d) any legal costs until all other insurance's providing legal costs are exhausted;
- e) any event occurring within **your country of residence**;
- f) any **accident** or injury whilst **you** are participating in any **hazardous activities**;
- g) **we** will not pay legal consultation costs for any action against **you** in respect of any invoices or other debts **you** have not paid or any other civil proceedings brought against **you**;
- h) **we** will not pay **you** for any claim excluded by the General Exclusions.

# Section 4 – Winter Sports Cover

## Ski Hire

**We** will pay **you** up to £250 if **your** own equipment is temporarily lost in transit on the outward journey or is lost, damaged or stolen during the **trip**.

## Ski Pack

**We** will pay **you** up to £150 for the unused part of ski pack costs that **you** have not used if **you** fall ill or become injured during the **trip**. (Ski pack means ski hire, ski lessons and lift pass).

## Piste closure

**We** will pay **you** up to £200 (£20 per day) for extra costs of transport and ski lift pass if **you** have to travel to another resort if **you** are unable to ski due to adverse weather conditions at **your** pre-booked resort (only available for **trips** between 15th December and 31st March).

If it is not possible to travel to another resort or it is not possible to ski, **we** will pay £20 per day for each 24-hour period **you** are unable to ski.

## Avalanche and Landslide

**We** will pay **you** up to £100 for extra travel and accommodation costs if an avalanche or landslide delays **your** arrival at or departure from the booked resort.

## Ski Hire

### Exclusions

**We** will not pay for:

- a) loss or damage caused by general wear and tear;
- b) any money **you** can get from someone or somewhere else;
- c) any claim excluded by the general exclusions.

### Conditions

**We** will not pay **you** the benefits for Winter sports expenses if:

- a) **you** fail to exercise reasonable care for the safety and supervision of **your** property;
- b) **you** fail to obtain a written police report within 24 hours of the discovery in the event of loss or theft;
- c) **you** fail to obtain a carriers report or in the case of an airline a Property Irregularity Report where **your** property has been lost or damaged in transit;
- d) **your** personal belongings are delayed, detained or confiscated by customs or other officials.

## Ski Pack

### Exclusions

**We** will not pay for:

- a) **accidental** injury, illness or death caused directly or indirectly by **your** participation in the following winter sports – ski-racing, ski-jumping, snowboarding without a leash, off-piste skiing unless accompanied by a qualified guide or instructor, heliskiing, ice hockey, bobsleighbing, the use of skeletons, toboggans or luges, freestyle skiing, competitive skiing;
- b) **we** will not pay **you** for any claim excluded by the general exclusions.

## Piste Closure

### Exclusions

**We** will not pay for:

- a) any expenses **you** can claim under any other insurance;
- b) any claim excluded by the general exclusions.

### Conditions

**You** must obtain written confirmation from the appropriate authority to confirm that the piste was closed and/or it was not possible to travel to another resort.

## Avalanche and landslide

### Exclusions

**We** will not pay for:

- a) any expenses **you** can claim under any other insurance;
- b) any claim excluded by the general conditions.

### Conditions

**You** must obtain written confirmation from the appropriate authority to confirm the period of delay. **You** will also need to tell **us** the scheduled time of **your** arrival/departure and the actual time of **your** arrival/departure.

## Section 5 – General Exclusions and Conditions

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

- a) 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 Emergency and Associated Expenses and Hospital Benefit unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**;
- b) ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment;
- c) pressure waves caused by aircraft or other flying machines travelling at sonic or supersonic speeds;
- d) **your** property being held, taken, destroyed or damaged under the order of any police government or custom officials;
- e) any claim arising from any material fact that **you** knew about when **you** booked **your trip** unless **we** agreed to it in writing;
- f) any currency exchange rate changes;
- g) any loss or expense recoverable under any other insurance policy;
- h) any criminal act committed by **you**;
- i) any consequential loss other than as specified in this Benefit Schedule;
- j) any restrictions caused by the law of the country;
- k) **you** being under the influence of alcohol, solvents or drugs, (except drugs prescribed by a doctor other than for the treatment of drug abuse);
- l) **your** engagement in or practice of: manual work with the exception of: bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light manual work at ground level including retail work and fruit picking (excluding the use of cutting tools, power tools and machinery), flying except as a fare paying passenger in a fully-licensed passenger carrying aircraft, the use of motorised two or three wheeled vehicles unless a full driving license is held permitting the use of such vehicles and **you** and **your** passengers are wearing helmets, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, or any tests of speed or endurance
- m) any claim resulting in **your** involvement in a fight except in self-defence
- n) **your** travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.
- o) operational duties as a member of the armed forces



- p) any claim caused by **you** climbing, jumping or moving from one balcony to another regardless of the height of the balcony
- q) any condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**
- r) **Your** travel to a country, specific area or event when the Foreign, Commonwealth & Development Office (FCDO) or a regulatory authority in a country to/from which **you** are travelling has advised against all travel.
- s) the insurance does not cover claims directly or indirectly resulting from:
  - i. equipment (whether **you** own it or not) failing, or being unable to correctly recognise data representing any date in such a way that it does not work properly or at all;
  - ii. the fear of equipment (whether **you** own it or not) failing, or being unable to correctly recognise data representing any date in such a way that it does not work properly or at all;
  - iii. computer viruses.

Equipment includes computers and anything else, which has a microchip in it. Computers include hardware, software, data, electronic data processing equipment and other computing and electronic equipment linked to a computer. Microchips include integrated circuits and microcontrollers. Computer viruses include any program or software that prevents any operating system, computer program or software working properly or not at all.

### Sanctions

No insurer shall be deemed to provide and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment or such claim of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, UK or United States of America.

### Conditions

**You** must comply with these conditions as failure to do so may result in **you** not being fully covered and a claim not being paid. These conditions apply to the whole Benefit Schedule:

- a) **you** must take all reasonable steps to prevent and minimise loss;
- b) **you** must tell **us** in writing as soon as possible after any event, which leads or may lead to a claim under this Benefit Schedule. **You** must also tell **us** as soon as possible if **you** know of any actual or intended legal action against **you**;
- c) **you** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission
- d) **you**, or any person acting for **you**, must not deal with any claim against **you** without **our** written agreement;
- e) **you** or **your** legal personal representative(s) must supply at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies which may cover the loss. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**;
- f) if **you** claim for injury or illness **we** may require (and pay for) **you** to be medically examined. **We** may also require (and pay for) a post mortem examination if **you** die;

- g) **you** are obliged to inform **us** of any other insurance that may (or may not) cover the claim **you** are making;
- h) if **you** are covered for the same loss by another insurance policy, no payment will be made under this cover. This condition does not apply to the Personal Accident or Hospital Benefit cover;
- i) **we** can take over, and conduct in **your** name, any legal action. **We** may also take proceedings at **our** expense and for **our** benefit, but in **your** name, to get back any money **we** have paid to anyone else under this cover;
- j) if **you** or any person acting for **you** makes a claim or statement knowing that it is not true (including exaggerating a claim or giving forged or false documents or evidence) this cover will immediately become voidable and **we** will not pay any claim;
- k) **you** should not destroy damaged articles as **we** may request sight of them;
- l) if **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender these tickets to us. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**
- m) **we** have the right to inform the police about any false claim.
- n) **we** have the right, if **we** choose, in **your** name but at **our** expense to:
  - I. Take over the defence or settlement of any claim;
  - II. Take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
  - III. Take any action to get back any lost property or property believed to be lost;
- o) if **you** possess multiple Barclays Bank UK PLC cards **you** may only claim and **we** will only pay up to the highest limit of the cards, the benefit values will not be cumulative

The parties do not intend any term of this agreement to be enforceable pursuant to the Contracts (Rights of Third Parties).

## Section 6 – Claims Procedure

1. Please read the appropriate section in the benefits to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.

2. Making a claim.

- a) In the event of an emergency **you** should first call **AXA** on telephone **+44 (0)203 285 7770** (any minor illness or injury costs must be paid for by **you** and reclaimed).
- b) For all other claims telephone **our** Claims Helpline on **+44 (0)203 285 7770** (Monday – Friday 9:00 – 17:00) to obtain a claim form. **You** will need to give:
  - **your** name,
  - **your covered card** number,
  - brief details of **your** claim.

Alternatively **you** can email **our** Claims Helpline on **claims@axa-travel-insurance.com**  
**You** will need to provide:

- **your** name,
- the last 4 digits of **your covered card** number,
- **your** address including the postcode,
- the section under which **you** wish to make a claim.

**We** ask that **you** notify us within 30 days of **you** becoming aware of an incident or loss leading to a claim or as soon as reasonably possible, and **you** return **your** completed claim form and any additional information to **AXA** as soon as possible.

3. Additional Information.

**You** must supply all of **your** original invoices, receipts and reports etc. **You** should check the section under which **you** are claiming for any specific conditions and details of any supporting evidence that **you** must give **AXA**.

It is always advisable to keep copies of all the documents that **you** send to **AXA**.

4. Claims Handling Agents.

To help **AXA** agree a quick and fair settlement of a claim, it may sometimes be necessary for **AXA** to appoint a claims handling agent.

## Section 7 – Complaints Procedure

As a customer of AXA **you** have the right to expect the best possible service and support. If **we** have not delivered the service that **you** expect or **you** are concerned with the service provided, **we** would like the opportunity to put things right.

### **Our complaints process**

In **our** experience, many problems can be resolved by speaking to the staff directly responsible for the handling of **your** cover or claim. They will do their best to address the problem and in **our** experience most issues can be resolved satisfactorily at this stage

When **you** contact us **we** promise to;

- fully investigate **your** complaint
- keep **you** informed of progress
- do everything possible to resolve **your** complaint
- learn from **our** mistakes
- use the information from **your** complaint to proactively improve **our** service in the future.

If **your** complaint is not resolved or if **you** are unhappy with **our** response, then **you** can progress **your** complaint with **our** Customer Relations Team.

They will carry out a separate investigation and full review that will be concluded by us issuing a final response letter. **We** will issue **our** final response within eight weeks of **your** original complaint. If it is not possible to issue **our** response within this timescale **we** will write to **you** explaining why.

### **The Customer Relations Officer**

AXA Travel Insurance Limited  
The Quadrangle 106-118 Station Road  
Redhill  
RH1 1PR  
Telephone **+44 1737 815 227**  
Email: **claimcomplaints@axa-travel-insurance.com**

**What to do if you are still not satisfied.**

If **you** are still not satisfied with **our** response then **you** may be able to refer **your** complaint to the Financial Ombudsman Service. **You** must approach the Financial Ombudsman Service within 6 months of **our** final response to **your** complaint. **We** will remind **you** of the time limits in **our** final response.

### **The Financial Ombudsman Service**

Financial Ombudsman Service (Insurance Division)

Exchange Tower Harbour Exchange Square

London

E14 9SR

Telephone **0800 023 4567**, free for people phoning from a 'fixed line' (for example, a landline at home), or **0300 123 9123**

Email: [enquiries@financial-ombudsman.org.uk](mailto:enquiries@financial-ombudsman.org.uk) Website: [financial-ombudsman.org.uk](http://financial-ombudsman.org.uk)

### **Your rights**

**We must accept the Ombudsman's final decision, but you are not bound by it and may take further action if you wish.**

**Your rights as a customer to take legal action remain unaffected by the existence or use of our complaints procedure. However the Financial Ombudsman Service will not adjudicate on any cases where litigation has commenced.**

### **Data Protection**

Please make sure that **you** read and understand this Data Protection notice as it explains to **you** what **we** will do with the information that **you** give **us**. If **you** apply for **our** products and/or services it is highly likely that **we** will need both personal and sensitive data about yourself and anyone else who is covered in order to administer the insurance policy and any claims which may arise. **You** should show this notice to any other person covered under **your** insurance benefits. If **your** application includes other individuals **we** will assume that they have given their consent to **you** for **you** to give their information to **us**.

### **Use of your personal data**

By providing **your** personal information in the course of using **our** services, **you** acknowledge that **we** may process **your** personal information. **You** also consent to **our** use of **your** sensitive information. If **you** provide us with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice available at [axapartners.com/en/page/en.privacy-policy](http://axapartners.com/en/page/en.privacy-policy)

Processing **your** personal information is necessary in order to provide **you** with an insurance policy and other services. **We** also use **your** data to comply with **our** legal obligations, or where it is in **our** legitimate interests when managing **our** business. If **you** do not provide this information **we** will be unable to offer **you** a policy or process **your** claim.

**We** use **your** information for a number of legitimate purposes, including:

- Underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention.
- Use of sensitive information about the health or vulnerability of **you** or others where relevant to any claim or assistance request, in order to provide the services described in this policy. By using **our** services, **you** consent to us using such information for these purposes.

- Monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control.
- Technical studies to analyse claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory). Detailed analysis on claims to better monitor providers and operations. Analysis of customer satisfaction and construction of customer segments to better adapt products to market needs.
- Obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim.
- Sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

**We** may disclose information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law.

**We** will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

When carrying out these activities, **we** may transfer **your** personal information outside the UK or the European Economic Area (EEA). Where this happens **we** will make sure that the appropriate safeguards have been implemented to protect **your** personal information. This includes ensuring similar standards to the UK and EEA are in force and placing the party **we** are transferring personal information to under contractual obligations to protect it to adequate standards.

**We** keep **your** personal information for as long as reasonably necessary to fulfil the relevant purposes set out in this notice and in order to comply with **our** legal and regulatory obligations. **You** are entitled to request a copy of the information **we** hold about **you**. **You** also have other rights in relation to how **we** use **your** data, as set out in **our** website privacy notice. Please let us know if **you** think any information **we** hold about **you** is inaccurate so that **we** can correct it.

If **you** want to know how to make a complaint to the UK Information Commissioner or have any other requests or concerns relating to **our** use of **your** data, including obtaining a printed copy of the website privacy notice please write to us at: Data Protection Officer AXA Travel Insurance 106-108 Station Road Redhill RH1 1PR Email: [dataprotectionenquiries@axa-assistance.co.uk](mailto:dataprotectionenquiries@axa-assistance.co.uk)

### Telephone calls

Please note that for **our** mutual protection telephone calls to **AXA** may be monitored and/or recorded.

### Fraud prevention, detection & claims history

In order to prevent and detect fraud **we** may at any time:

- Share information about **you** with other organisations and public bodies including the Police;
- Check and/or file **your** details with fraud prevention agencies and databases, and if **you** give **us** false or inaccurate information and **we** suspect fraud, **we** will record this. **We** and other

organisations may also search these agencies and databases to;

- Help make decisions about the provision and administration of insurance, credit and related services for **you** and members of **your** household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage **your** accounts or insurance policies;
- Check **your** identity to prevent money laundering, unless **you** furnish us with other satisfactory proof of identity
- Undertake credit searches and additional fraud searches.

**We** can supply on request further details of the databases **we** access or contribute to.

Calls to 0800 numbers are free from UK land lines and personal mobiles, otherwise call charges may apply. Calls to 03 numbers use free plan minutes if available; otherwise they cost the same as calls to 01/02 prefix numbers. Calls to 0845 numbers will cost no more than 5p per minute plus your phone company's access charge. (International calls will be charged at a higher rate). Please check with your service provider. Calls may be monitored or recorded in order to maintain high levels of security and quality of service.

### **Have a safe trip**

**We** are working with the Foreign, Commonwealth & Development Office to do all that **we** can to help travellers stay safe overseas. Before **you** go overseas, check out the FCDO website, at **[gov.uk/foreign-travel-advice](https://www.gov.uk/foreign-travel-advice)**. It is packed with essential travel advice and tips, and up-to-date country-specific information.

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