

**TRACKDAY
ADDICTS**



Your Policy Document

REPAT INSURANCE (EUROPE)

Emergency medical & repatriation insurance for motor sports accidents only.

'TOP UP' COVER DESIGNED TO COMPLIMENT A TRAVEL INSURANCE POLICY



Welcome

REPAT INSURANCE (EUROPE)

TDA Services is a specialist insurance broker for Trackday Addicts.

This policy has been designed for riders who want to cover emergency medical and repatriation costs incurred if they suffer bodily injury in an accident whilst participating in motorcycle track days, amateur racing, or other activities agreed by the insurers.

Summary of benefits:

DESCRIPTION	POLICY LIMIT
Section 1: Medical Assistance	Up to £250,000
Section 2a: Repatriation (Alive)	Up to £100,000
Section 2b: Repatriation (Body)	Up to £50,000

- This policy does not cover professional racing and does not provide any liability cover, e.g. for injury to any third party or damage to any third party property.
- There is no cover under this policy for your motorcycle (we have separate policies available for your bike).
- If you have chosen to pay an additional premium for Personal Injury or Helmet & Leathers, separate policy documents will be issued for these add-on covers.

OPTIONAL EXTRAS (ADDITIONAL PREMIUM)

For an additional premium you may be able to add some optional extras (depending on the activity you have chosen). If so, separate policy documents will be provided and it will show as 'Included' on your Policy Schedule.

- **Personal Injury Cover:** This add-on provides a tax-free cash lump sum if you suffer bodily injury during the insured event or results in accidental death.
- **Helmet & Leathers Cover:** This add on will pay towards repair or replacement of your protective riding gear if it is damaged in an accident during the insured event.

OTHER TRACK RELATED PRODUCTS AVAILABLE

- Track Day Damage Insurance to cover accidental damage to your motorcycle following an insured incident at a UK or European circuit (not racing);
- Fire & Theft insurance for your track or race bike when securely stored in a locked building, even if it is not road-registered with a V5 (optional 'n Transit' cover available too); and
- Race Van insurance for privately owned vans that are only used for leisure purposes (not commercial use), e.g. carrying your bikes and gear to a track and for sleeping at circuits.

Thank you for choosing TDA.

Pre-Travel Checklist

So, you're all packed and just about ready to go. We have included a check list to help ensure that you haven't forgotten anything!

- Check your Policy Schedule:
 - Ensure this insurance covers the correct activity, organiser, dates and location for your planned event.
 - If you are competing in amateur racing ensure you have selected this option (sorry, no professional racing).
- Make sure you have all your protective riding gear (or it's gone out there in stilage already) - this policy requires specific types of approved motorcycle apparel for certain events.
- Check your travel / licence documents:
 - Is your passport up to date, and is it valid for a least 6 months after the date you are due to come home?
 - Have you got your European or Global Health Insurance Card (EHIC or GHIC)?
 - Have you got your driving licence or racing licence?
 - Make two photocopies of your passport, tickets and travel insurance documents and leave one set at home (maybe let family/friends know where they are kept in case of an emergency). Take the other set with you but keep them separate from the originals.
 - Make sure you have important contact numbers in your phone just in case (including the emergency assistance line in the white box below).
- Check with your GP to ensure that you have had any necessary vaccinations and/or medications.
- Know your destination:
 - It is always worth checking out any local laws and customs before you get there.
 - Check the FCDO website www.gov.uk/browse/abroad
- Tell family/friends about your trip and make sure they know where you are going and how to get hold of you in an emergency.
- When you are abroad:
 - Make sure your travel documents, passport, money and insurance documents are kept in a safe place.
 - It is always a good idea to keep all your receipts just in case you need them for future reference.

IF YOU NEED EMERGENCY ASSISTANCE ABROAD

- If you are admitted to hospital as an inpatient, or where outpatient medical costs are likely to exceed €1,000
- For repatriation to bring you back home to the United Kingdom

Contact **Crisis 24** emergency assistance as soon as possible:

Tel: +44 (0) 207 902 7131

Email: opsassist@crisis24.com

For all other non-emergency claims visit our website: <https://tdaservices.co.uk/contact>

For more information refer to **Important Claims Information** (page 15).

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Definitions

The following words and terms have the definition set out here wherever they appear in bold font in this document:

ACCIDENT

A sudden, unexpected, unusual, specific, external event which occurs while riding a motorcycle at an identifiable time and place during the **operative time** of insurance resulting in **bodily injury**.

BODILY INJURY

A physical injury resulting from external violent and visible means. It does not include any sickness, disease, bacterial or viral infection (unless this is a direct result of an accidental **bodily injury**), naturally occurring condition or degenerative process. The injury must occur during the **operative time** of insurance.

CRISIS 24

24/7 emergency medical assistance is provided by **Crisis 24** on behalf of the **insurers**. They are also responsible for arranging emergency evacuation and **repatriation** if it is required.

DOCTOR

A legally qualified medical practitioner. It does not include **you**, someone living in **your** household, a member of **your** immediate family or **your** partner.

EVENT

The declared motorcycle activity taking place during the **period of insurance** at the agreed location and with the organiser shown on **your** Policy Schedule.

EXCESS

The amount **you** must pay the **insurers** or the **insurers** will deduct from any claims settlement.

HOSPITAL

A lawfully registered establishment providing medical and surgical treatment and 24-hour-a-day nursing care by registered nurses for ill or injured people. It does not include a convalescent, self-care or rest home, or a department in a **hospital** which has the role of a convalescent or nursing home.

INDIGO UNDERWRITERS LTD

Indigo Underwriters Ltd, registered in the UK, company number 07085778. Registered office: 6th Floor, Duo Building, 280 Bishopsgate, London, EC2M 4RB. **Indigo Underwriters Ltd** is authorised and regulated by the Financial Conduct Authority (FCA registration number 514818).

INSURERS

The underwriters at Lloyd's who have a share in this policy.

MOTORCYCLE APPAREL

For riding on a short circuit or race track (amateur racing or non-competitive track days):

- ACU Approved Full-Face Motorcycle Helmet; and
- CE Approved apparel including:
 - Leather motorcycle gloves that overlap or are underlapped by the sleeve
 - One piece leathers or two piece leathers that zip all the way around
 - Motorcycle boots that overlap or are overlapped by the leathers
 - Full length back protector – integrated or separate

For motocross riding or racing:

- ACU approved motocross helmet;
- Chest and back protection; and
- Motocross boots.

For any other off-road motorcycle **event** (as detailed in **your** Policy Schedule), an ACU or CE approved helmet must be worn, in addition to motorcycle boots and gloves appropriate to the activity being undertaken.

MOTORCYCLE LICENCE

A valid **United Kingdom** or EU drivers licence for the class of motorcycle **you** are riding.

OPERATIVE TIME

All of the below must be satisfied for the insurance to be operative:

- **You** are covered by this insurance whilst participating in an insured activity during the **period of insurance**;
- **You** have bought this policy no later than one hour before the insured **event** is scheduled to start; and
- **You** are covered for the **event** shown in the Policy Schedule at the specified location with the declared **event** organiser.

PERIOD OF INSURANCE

The length of time covered by this insurance (between the start date and end date shown in **your** Policy Schedule) and any extra period for which the **insurers** accept **your** premium.

RACING LICENCE

A valid competition licence issued by the ACU, AMCA, FIM or IOPD (or an equivalent recognised racing body).

REPATRIATION

Returning **you** to **your** home, a **hospital**, nursing home or funeral director in the **United Kingdom**.

TDA, OUR, US, WE

TDA Services Inc Ltd (trading as SORN Cover and Trackday Addicts) registered in England and Wales, company number 16050147. Registered office: Workspace House, 28/29 Maxwell Road, Peterborough, PE2 7JE. TDA Services Inc Ltd is an authorised representative of **Indigo Underwriters Ltd**, regulated by the UK Financial Conduct Authority (FCA) under firm reference number 1021887.

UNITED KINGDOM, UK

England, Scotland, Wales, and Northern Ireland.

YOU, YOUR, INSURED PERSON

The person or people named in the insurance Policy Schedule as being the policyholder covered by this insurance policy (the 'insured person').

IMPORTANT

This is a single **event** policy with limited cover only provided for emergency medical and **repatriation** costs, in the event of a **bodily injury** sustained whilst participating in an agreed motorcycle activity, at the declared location and dates shown on **your** Policy Schedule.

This policy should be used as 'top up' cover to a separate travel insurance policy. It is NOT a substitute for proper travel insurance, which is likely to provide a much broader range of benefits.

Important Legal Information

CONTRACT OF INSURANCE

Your policy, if paid for in full, is a legal contract between **you** and the **insurers** and is made up of this document together with **your** insurance Policy Schedule (which details the level of cover **you** have chosen).

In accordance with the authorisation granted under contract (refer to **your** Policy Schedule for the Lloyd's Unique Market Reference applicable to this contract) to **Indigo Underwriters Ltd** by **insurers**, and in consideration of the payment of premium specified in the Policy Schedule, the **insurers** are hereby bound, severally and not jointly, to insure in accordance with the terms and conditions contained in or endorsed on this policy. That is, in the event of a claim, each insurer (and their executors and administrators) is liable only for their own share of their insurers' proportion of the risk.

It is important that **you** read all documents as they contain useful and important information about **your** policy. Please make sure that **you** read **your** documents thoroughly and ensure that any information that **you** have provided to **us** is accurate, true and correct.

If the details that **you** have provided to **us**, detailed on **your** Policy Schedule, are correct and up to date, as well as all payments due, the **insurers** will provide **you** with the insurance cover specified in this document.

Your Policy Schedule will show a sum insured inserted against each section of cover **you** have chosen. Where **you** have not selected a section of cover, the words 'Not Covered' or 'Not Selected' (or words to that effect) are shown next to that section on **your** Policy Schedule. It is important that:

- **You** check that the information contained in **your** Policy Schedule is accurate and that the Policy Schedule reflects the coverage sections **you** have requested (see the 'Information **you** have given **us** section below);
- **You** notify **us** of any inaccuracies in the information contained in **your** Policy Schedule or of any changes to that information (see the 'Notifying **us** of any changes or inaccuracies' section)
- **You** comply with **your** duties in the event of a claim, **your** duties under each section, and **your** duties under the insurance as a whole.

Failure to comply with the above could adversely affect **your** insurance or any claim **you** make.

You must keep to **our** Terms of Business or **we** may cancel **your** policy. **We** may also charge a fee in accordance with **our** Terms of Business, available on **our** website at: <https://tdaservices.co.uk/policy-documents/>

If any information shown on **your** documents is not accurate then please contact **TDA** immediately by emailing helpme@rdaservices.co.uk

INFORMATION YOU HAVE GIVEN US

In deciding to accept this insurance and in setting the terms, **we** and **your insurers** have relied on the information **you** have given **us**. **You** must take care when answering any questions **we** ask by ensuring that any information provided is accurate and complete.

If **we** or **your insurers** establish that **you** deliberately or recklessly provided **us** with false or misleading information, **your insurers** will treat this insurance as if it had never existed and decline all claims.

If **we** or **your insurers** establish that **you** carelessly provided **us** with false or misleading information, it could adversely affect **your** insurance and any claim. For example **your insurers** may treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid.

If **we** or **your insurers** establish that **you** were careless in providing **us** with the information **we** and **your insurers** have relied upon in accepting this insurance and setting its terms and premium they may:

- Amend the terms of **your** insurance. **Your insurers** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **your** carelessness; or
- Charge **you** more for **your** insurance or reduce the amount **your insurers** pay on a claim in the proportion the premium **you** have paid bears to the premium the **insurers** would have charged **you**; or
- Cancel **your** insurance in accordance with the ‘Cancelling **Your** Policy’ section of this policy.

We or **your insurers** will write to **you** if **we** or they:

- Intend to treat this insurance as if it had never existed; or
- Need to amend the terms of **your** insurance; or
- Require **you** to pay more for **your** insurance.

NOTIFYING US OF ANY CHANGES OR INACCURACIES

If **you** become aware that information **you** have given **us** is inaccurate or has changed, **you** must inform **us** as soon as practicable.

When **we** are notified that information **you** previously provided is inaccurate, or of any changes to that information, **we** will tell **you** if this affects **your** insurance. For example **we** may amend the terms of **your** insurance or require **you** to pay more for **your** insurance or cancel **your** insurance in accordance with the ‘Cancelling **Your** Policy’ section.

CHOICE OF LAW

Your policy will be governed by and managed in line with the law of England and Wales unless **you** live in Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case the law of that country will apply. This is unless **you** and the **insurers** agree otherwise.

USE OF LANGUAGE

Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be expressed in English.

CONTRACTS (RIGHTS OF THIRD PARTIES ACT)

No person, company or business who is not named on **your** policy shall have any rights to enforce any terms or conditions of **your** policy. This will not affect any other rights that person, company or business has apart from under this Act.

YOUR INSURERS

This policy is underwritten by certain underwriters at Lloyd’s. **You** or **your** representative can obtain the name of each of the **insurers** and their respective shares by applying to Market Services, Lloyd’s, One Lime Street, London EC3M 7HA.

Your insurers are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. The Firm Reference Number(s) and other details can be found on the Financial Services Register at www.fca.org.uk

Your insurers are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the FSCS if the **insurers** are unable to meet their obligations to **you** under this insurance. If **you** were entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this insurance. Further information about the scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St. Botolph Street, London EC3A 7QU) and on their website: www.fscs.org.uk

INDIGO UNDERWRITERS LTD

This insurance has been arranged by **Indigo Underwriters Ltd** on behalf of certain underwriters at Lloyd’s under the Binding Authority Unique Market Reference Number shown in **your** Policy Schedule.

Indigo Underwriters Ltd is regulated by the Financial Conduct Authority, registration number 514818.

You can check this on the Financial Services Register by visiting the FCA’s website <https://register.fca.org.uk> or by contacting the FCA on 0800 111 6768.

SEVERAL LIABILITY NOTICE

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who, for any reason, does not satisfy all or part of its obligations.

DEMANDS AND NEEDS

This policy meets the demands and needs of those who wish to cover emergency medical and **repatriation** costs incurred if they suffer **bodily injury** in an **accident** whilst participating in motorcycle track days, amateur racing, or other activities agreed by the **insurers**. In choosing this product and the level of cover, **you** have not received any personal recommendation from **us**. The choices that **you** will have made depend on **your** personal circumstances.

This policy does NOT cover ANY riding that may be deemed 'professional racing' (professional racers can buy this policy for non-competitive motorcycle activities like coaching clients at motorcycle track days or training schools).

Section One: Medical Assistance

If **you** need emergency medical treatment abroad.

WHAT IS COVERED

If **you** have an **accident** during **your event** abroad, this policy will pay for:

- The customary and reasonable fees or charges for emergency and necessary medical treatment (including dental treatment for the immediate relief of pain) that the **insurers** have agreed to.

This policy will also pay customary and reasonable fees or charges for:

- Additional travel and accommodation expenses incurred, up to the standard of **your** original booking, if it is medically necessary for **you** to stay abroad beyond **your** scheduled return date;
- Reasonable costs for one other person to stay with **you**, or to travel to **you** from the **United Kingdom** and to accompany **you** home;
- Travel costs to or from a **hospital** relating to **your** admission, discharge or attendance for outpatient treatment;
- Travel costs to and from appointments, or for the collection of medication prescribed for **you** by the **hospital**, as well as the cost of additional food and drink, and the cost of telephone calls to **Crisis 24**.
- Costs to transfer **you** to a public medical facility.

The most the **insurers** will pay under this section for all of the above is £250,000.

You are required to pay an **excess** of £100.

WHAT IS NOT COVERED

The **insurers** will not pay any claims under this policy if **you**:

- Have not paid your **excess** or accepted it will be deducted from any settlement;
- Cannot produce receipts for any qualifying expenses;
- Ask the **insurers** to pay for any services or treatment that are considered to be routine, non-emergency or elective;
- Ask the **insurers** to pay medical fees and charges in excess of customary and reasonable levels of charging;
- Ask the **insurers** to pay for any services or treatment that can reasonably wait until **you** return home;
- Ask the **insurers** to pay for any services or treatment that **you** received in the **United Kingdom**;
- Ask the **insurers** to pay for any services or treatment that **you** received after the date that **Crisis 24**, in consultation with your treating **doctor**, told **you** that **you** could return home;
- Were under the influence of non-prescribed drugs, solvents or alcohol;
- Went against FCDO, government, local authority or medical advice relating to any infectious disease including COVID-19;
- Do not co-operate with the **insurers** or their representatives.

PLEASE NOTE

This is an **accident** only emergency medical and **repatriation** insurance policy and not private medical insurance; so there is no cover for any medical expenses incurred in private facilities if medically capable public facilities are available.

However, we do understand that if you have an **accident** whilst participating in a motorcycle **event**, **you** will be taken to the nearest appropriate medical facility, which could be public or private for initial emergency treatment and assessment.

If **you** are admitted to a private facility, call the **Crisis 24** emergency assistance team as soon as possible and they will advise what options are best for **you**. The **insurers** will deal with any requests for payment from any private facility, so **you** should resist any request from them to make payment.

Section Two: Repatriation

If **you** need to be brought home to the **UK**.

WHAT IS COVERED

If **you** have an **accident** during **your event** abroad and **your insurers** decided that it was medically necessary for **you** to return home either before or after **your** scheduled return date, or **you** were unfortunate enough to suffer a serious **accident**, or injury during your trip which resulted in **your** death, this policy will pay for:

- The customary and reasonable costs that are medically necessary to enable us to return **you** to **your** home or nursing home, or to move **you** to the most suitable **hospital** in the **United Kingdom** as arranged by **Crisis 24** assistance team; or
- The customary and reasonable transportation costs, as arranged by **Crisis 24** assistance team unless otherwise agreed by the **insurers**, to return **your** body or ashes back to **your** home, a hospital or funeral directors in the **United Kingdom**.

The most the **insurers** will pay under this section is:

- a. £100,000 to bring **you** home to the **UK** (or a nursing home / the most suitable **hospital**); or
- b. £50,000 to return **your** body or ashes to the **UK** (**your** home or a funeral directors).

You are required to pay an **excess** of £100.

WHAT IS NOT COVERED

The **insurers** will not pay any claims under this policy if **you**:

- Have not paid your **excess** or accepted it will be deducted from any settlement;
- Do not have a valid claim under Section One (Medical Assistance) of this policy;
- Ask the **insurers** to pay the cost of bringing **you** home before the **Crisis 24** emergency assistance team consider it clinically safe to do so and there is appropriate medical treatment available locally;
- Ask the **insurers** to pay for any costs to which we have not agreed to;
- Are at greater risk by bringing **you** home than the risk of **you** remaining abroad;
- **Your** return home would present unnecessary risk to other travellers;
- Ask the **insurers** to pay for the cost of travel to a standard higher than the class in which **you** were originally booked to return home, unless **Crisis 24** agree and it is medically necessary;
- Ask the **insurers** to pay for the cost of burial or cremation in the **United Kingdom**;
- Ask the **insurers** to pay for **repatriation** costs which **Crisis 24** have not agreed;
- Do not co-operate with the **insurers** or their representatives.

PLEASE NOTE

Crisis 24 emergency assistance team will liaise with **your** treating **doctor(s)** about **your** treatment plan, and if required, obtain a 'fit to fly' certificate.

They will also liaise with **you** and advise on, and also put in place, suitable **repatriation** plans to get **you** home as soon as it is medically safe to do so in order to achieve **your** optimal recovery.

PLEASE BE AWARE

If **you** have not purchased a return ticket, the **insurers** will deduct the costs of an economy flight (based on the cost on the date **you** came home) from any costs they have incurred in returning **you** to the **United Kingdom**.

General Exclusions

Exclusions that apply to the whole of **your** policy.

WHAT IS NOT COVERED

The following exclusions apply:

1. Suicide, attempted suicide, intentional self-injury.
2. Taking part in a criminal act.
3. Being under the influence of alcohol or drugs.
4. Where **you** travel against the advice of the Foreign, Commonwealth and Development Office (FCDO).
5. Any claim arising from an **accident** that occurs at any other place and/or time than the events listed on the Policy Schedule.
6. Where you were not wearing suitable **motorcycle apparel**, whether required legally or not.
7. Where you do not have the appropriate **racing licence** or **motorcycle licence** (as applicable to the activity).
8. Any event which is booked or commenced contrary to medical advice.

WHAT IS NOT COVERED

The **insurers** will not provide any cover or be liable to pay any claim or provide any benefit under this contract of insurance if the provision of such cover, payment of such claim or provision of such benefit would expose them to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.

This means the **insurers** will not provide any insurance coverage for Sanctioned Designated Nationals i.e. individuals or entities subject to trade or economic sanctions as per the laws and regulations of the European Union, **United Kingdom** or United States of America.

The **insurers** will not provide any coverage in respect of any risk or exposure located in, or arising from, or in connection with a country which is subject to sanctions, by either the United Nations, European Union, **United Kingdom** or United States of America.

General Conditions

Conditions that apply to the whole of **your** policy.

ARE **YOU** ELIGIBLE FOR COVER?

It is important that **you** are eligible for the cover provided by this policy and that **you** remain so for the duration of the policy. To be eligible for cover under this policy, **you** must on the start date:

1. Be living in the **United Kingdom** and **you** have not spent more than 6 months abroad in the 12 months prior to buying this policy; and
2. Have a valid **racing licence** if **you** are participating in any form of amateur motorcycle racing or timed event and **your** Policy Schedule shows that **you** have selected a racing activity (alternatively a **motorcycle licence** is acceptable for non-competitive motorcycle track days).

In addition, this insurance will only be valid if, at the time **you** bought the policy, everyone named on the insurance schedule is:

- Not travelling against the advice of their **doctor** or a medical professional;
- Not travelling specifically to receive medical treatment abroad or in the knowledge that they are likely to need any medical treatment;
- Not travelling to an area that is classified as 'Advise against all travel or Advise against all but essential travel' by the Foreign, Commonwealth and Development Office (FCDO) at any point during the **period of insurance**;
- Aware that there is no cover under this policy if **you** purchased this insurance with the reasonable intention or likelihood of claiming; or
- Aged 18 years or older.

WHEN DOES **YOUR** INSURANCE BEGIN AND END?

Your insurance begins on the first date **you** have specified to **us**, and **you** have paid **your** premium in full. **You** will receive a Policy Schedule with an inception date and expiry date. **Your** policy will cease at the end of the last date shown on **your** Policy Schedule or 364 days after purchase (whichever comes first).

Your insurance covers specific events only. That means **you** must notify **us** of the dates **you** are doing and when **you** are doing them. This will be shown on **your** Policy Schedule, which **we** will send **you** before the insurance begins.

Your insurance will also end in the following situations:

- **You** cancel **your** policy;
- **We** or **your insurers** cancel **your** policy as set out in the section 'Cancelling **Your** Policy';
- Once a claim has been submitted, unless the claim is either withdrawn or rejected.

REASONABLE CARE

Every **insured person** must take all reasonable care to prevent **bodily injury**.

PRE-EXISTING CONDITIONS

If the effects of an **accident** are made worse because the **insured person** affected already had a sickness, disease, naturally occurring condition or injury, then the **insurers** will ask a **doctor** to assess the effects that the sickness, disease, naturally occurring condition or injury has on the **bodily injury**, and the **insurers** will reduce **your** benefit by a proportionate amount taking any such pre-existing sickness, disease, condition or injury into account.

CHANGE IN CIRCUMSTANCES

You must tell **us** as soon as possible about any change in the information **you** have provided to **us** which happens before or during any **period of insurance**. **We** will tell **you** if such change affects **your** insurance and if so, whether the change will result in revised terms and/or premium being applied to **your** policy. If **you** do not inform **us** about a change, it may affect any claim **you** make or could result in **your** insurance being invalid.

MEDICAL TREATMENT

- There is no cover under **our** policies for:
 - routine, non-emergency or elective treatment; or
 - treatment that can reasonably wait until **you** return home.
- **Crisis 24** provides emergency assistance will be solely responsible for all decisions on the most suitable, practical and reasonable solution to any problem. Do not attempt to find your own solution as the **insurers** may not reimburse **you** without prior authorisation. Failure to contact **Crisis 24** may invalidate **your** claim.
- In some scenarios, **you** may need to be moved from one medical facility to another, which is more specialised, to ensure that **you** receive the best possible treatment and care just as **you** would in the **United Kingdom**.
- Having this insurance does not mean **you** will receive ‘fast track’ medical treatment, much as in the **United Kingdom**, emergency rooms can be busy and **you** may have to wait to be seen as **you** would in **your** local NHS hospital unless **you** require critical emergency care.
- Once **you** have been discharged from **hospital**, **you** may not be medically ‘fit to fly’ home straight away. Some injuries, illness, surgery or treatment will mean that **you** need to stay abroad for a period to recover before **you** can safely return home.
- Some medical facilities will charge far more than what is customary and reasonable. The **insurers** will deal with such bills directly with the facility and there is no need for **you** to pay them. **You** simply need to pass any correspondence about such bills to **Crisis 24** immediately to ensure the **insurers** can provide full financial protection.

REPATRIATION (BRINGING YOU HOME)

- Coming home straight away is not always an option even if **you** are considered ‘fit to fly’ by the treating **doctor**. This all depends on your expected recovery time and stability.
- **Crisis 24** have a dedicated in-house medical team with experience in aviation medicine who will advise on both the timing and method of **repatriation** that is best suited to **your** individual needs and optimal recovery.
- Most airlines require very specific criteria to be met in order to accept a ‘medical passenger’.
- Things change – if **your** health or stability change, then so may the **repatriation** plans.
- Availability of air ambulances, stretchers and appropriate medical escorts can be limited in specific areas and at different times of the year.
- Air ambulances are ‘flying intensive care units’ and are usually used to transport critically ill patients to the **United Kingdom** if the appropriate treatment and care is not possible where they are.

Important Claims Information

PLEASE NOTE: This is an **accident** only emergency medical and **repatriation** insurance policy and not private medical insurance. This means there is no cover for any medical expenses incurred in private facilities if medically capable public facilities are available. This is because in our experience the best doctors, treatment and optimal care are found in regulated state and public **hospital** and medical facilities.

When a claim or possible claim arises, **you** or an **insured person** must tell the **insurers** as soon as possible (see Making a claim). **You** or the **insured person** must get and act on advice from a registered **doctor** and have any medical examination that the **insurers** ask and pay for. If an **insured person** dies, the **insurers** will be entitled to ask for, at their expense, a post-mortem examination. **You** or any **insured person** must give the **insurers** (at **your** or their own expense) any documents, information and evidence they need. The **insurers** will only request information relevant to **your** claim.

IF YOU NEED EMERGENCY ASSISTANCE

- If **you** are admitted to **hospital** as an inpatient, or where outpatient medical costs are likely to exceed €1,000
- For **repatriation** to bring **you** back home to the **United Kingdom**

Contact **Crisis 24** emergency assistance as soon as possible:

Tel: +44 (0) 207 902 7131

Email: opsassist@crisis24.com

MEDICAL ASSISTANCE

Whilst the actual medical care and treatment **you** receive are in the hands of the local doctors and local facilities treating you, **Crisis 24** can assist **you** by obtaining the medical information **you** need from them to establish and understand what is wrong as well as their treatment and discharge plans. **Crisis 24** can also support **you** in the event that **you** are admitted to a medical facility that may not be suitable for **your** clinical needs or when there are concerns over medical practices.

Crisis 24 can advise on, and put in place, suitable **repatriation** plans to get **you** home as soon as it is medically safe to do so. **Crisis 24** will liaise with the treating **doctor** to get a fit to fly certificate when needed, with aero-medical experts, and will advise on both the timing and method of **repatriation** that is best suited to **your** individual needs and **your** optimal recovery.

Crisis 24 employs a multilingual team of highly skilled and experienced professionals who provide medical assistance services: When **you** suffer an **accident** whilst overseas, the dedicated in-house teams of doctors, nurses and case managers are on hand 24/7. Their highly experienced specialists provides the highest quality advice, support and assistance including emergency evacuation and **repatriation**.

Please contact **Crisis 24** on the number above as soon as possible if any medical expenses are likely to exceed €1,000 or if **you** are admitted to **hospital**.

TO REPORT A NON EMERGENCY CLAIM (WHEN YOU GET BACK HOME)

Where **you** have medical costs with receipts up to €1,000 that **you** have paid directly and wish to claim back, including:

- Minor outpatient treatment
- Emergency transport charges / private ambulance fees to get **you** to the **hospital**

You can report a **non emergency claim** on our website at: <https://tdaservices.co.uk/contact>

*The **insurers** will be responsible for managing and settling any claims **you** make under **your** policy.*

POLICY TERMINATION AFTER A CLAIM

All cover will cease after a successful claim is made with no refunds for any unused days on a multi-day event.

FRAUDULENT CLAIMS

If **you** make a fraudulent claim under this insurance contract, the **insurers**:

- a. Are not liable to pay the claim; and
- b. May recover from **you** any sums paid to **you** in respect of the claim; and
- c. May by notice to **you** treat the contract as having been terminated with effect from the time of the fraudulent act.

If the **insurers** exercise their right under clause (c) above:

- a. The **insurers** will not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to a liability under this insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim), and,
- b. The **insurers** need not return any of the premiums **you** have paid.

RECIPROCAL HEALTH ARRANGEMENTS

European / Global Health Insurance Card (EHIC and GHIC)

If **you** already have a valid EHIC, it will continue to entitle **you** to reduced-cost, sometimes free, medical treatment that becomes necessary while **you** are in a European Economic Area (EEA) country or Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway. Cover will end on the expiry date of **your** EHIC.

If **you** do not have a valid EHIC or it is due to expire before **you** travel, **you** can apply for a GHIC. This entitles **you** to reduced-cost, sometimes free, medical treatment that becomes necessary while you are in a European Union Area (EU) country. These cards give access to state-provided medical treatment only. Remember, this might not cover all the things **you** would expect to get free of charge from the NHS in the **United Kingdom**. **You** may have to pay towards the cost of **your** care. **You** can apply for an GHIC online at www.ghic.org.uk or by calling +44 (0) 300 330 1350.

PLEASE NOTE: The EHIC / GHIC do not cover the cost of medical treatment in a private **hospital** or clinic, the cost of returning to the **United Kingdom**, or for a close relative to stay with **you** or fly out to be with **you**. In a medical emergency **you** may have no control over the **hospital** **you** are taken to, and the closest **hospital** may be private.

If **you** make use of these reciprocal health arrangements, or any other reciprocal health arrangement around the world, and this reduces **your** medical expenses, **you** will not have to pay an **excess** under Section One – If **you** need emergency medical treatment abroad.

Please be aware that **you** are expected to:

- take reasonable care and act as if uninsured at all times. The **insurers** will not pay claims that have arisen due to reckless behaviour or feature inflated costs;
- co-operate with the **insurers** to provide any information or documentation they may reasonably require to enable them to verify and process **your** claim;
- contact **Crisis 24** before attending a private medical facility or if **you** require emergency medical treatment as soon as possible.

Cancelling Your Policy

GENERAL INFORMATION

We hope that **you** will be happy with **your** policy, but if **you** wish to cancel, please contact **us** immediately. If **you** cancel before the event date has started, **you** may be entitled to a refund of the **insurers** premium. **Your** premium is non-refundable if the **event** date has already started or passed. In all cases **our** Administration Fee is non-refundable.

Our Terms of Business is available here: <https://tdaservices.co.uk/policy-documents/>

YOUR RIGHT TO CANCEL

Your premium is non-refundable if **you** bought a standalone cover for a single **event** and the **event** date has already started or passed. If **you** cancel the insurance before the **event** date has started, **you** are entitled to a refund of the **insurers** premium. In all cases **our** Administration Fee is non-refundable.

OUR RIGHT TO CANCEL

We (or the **insurers**) may cancel this policy and/or any additional cover options. In the unlikely event that **we** do cancel this policy, **we** will provide **you** with at least 7 days' written notice. **We** will send this notice to **your** last known postal and/or e-mail address. **We** will explain the reason for cancellation in **our** cancellation notice.

Valid reasons for why **we** or the **insurers** may cancel **your** policy include, but are not limited to:

- changes to the information detailed on **your** Policy Schedule results in the **insurers** no longer wishing to provide cover;
- where, **we** or the **insurers** have become aware of a new claim or incident from before the start of **your** policy and this results in the **insurers** no longer wishing to provide cover;
- if premiums are not paid, when due, **we** will write to **you** requesting payment by a specific date. If **we** receive payment by the date set out in the letter **we** will take no further action. If **we** do not receive payment by this date **we** will cancel the policy and/or any additional cover options from the cancellation date shown on the letter;
- where **we** reasonably suspect **your** involvement in or association with insurance fraud and/or any other financial crime;
- when **you** or a person acting on **your** behalf uses threatening or intimidating behaviour or language towards **our** staff, suppliers or agents, or towards the **insurers** staff, suppliers or agents;
- where **you** fail to co-operate with the **insurers** or do not provide the **insurers** with information or documents, that they reasonably require, and this affects the **insurers** ability to process a claim or defend their interests; or
- where **you** have not taken reasonable care to provide complete and accurate answers to the questions **we** ask.

If **we** or the **insurers** cancel **your** policy, **you** will be entitled to a refund of the premium paid in respect of the cancelled cover, less a proportionate deduction for the time **you** were provided such cover, unless the reason for cancellation is fraud and/or the **insurers** are legally entitled to keep the premium under the Consumer Insurance (Disclosure and Representations) Act 2012 or **you** have made a claim.

REFUNDS ON CANCELLATIONS

If **you** are due a refund, **we** will send this to **you** within 30 days of **you** telling **us** that **you** would like to cancel.

Data Protection

A SUMMARY OF HOW **WE** USE YOUR PERSONAL INFORMATION

TDA Services Inc Ltd is the controller of your personal information. **We** will keep **you** informed about how **we** use **your** personal information in the document 'Website Usage & Privacy Policy', which is available:

- Online at <https://tdaservices.co.uk/policy-documents/>
- in writing, Braille, large print and audiotape from: TDA Services, Workspace House, 28/29 Maxwell Road, Peterborough, PE2 7JE or email **us** at: helpme@tdaservices.co.uk

You have a number of rights concerning **your** personal information. **You** can ask for a person to *review* an automated decision, and in certain circumstances to:

- *access* the personal information **we** hold about **you**;
- *correct* personal information;
- have **your** personal information *deleted*;
- *restrict us* processing **your** personal information;
- receive **your** personal information in a *portable* format; and
- *object* to **us** processing **your** personal information.

If **you** want to find out more or exercise these rights, contact: TDA Services, Workspace House, 28/29 Maxwell Road, Peterborough, PE2 7JE or email **us** at: helpme@tdaservices.co.uk

You can contact **us** about data protection at: TDA Services, Workspace House, 28/29 Maxwell Road, Peterborough, PE2 7JE or email **us** at: helpme@tdaservices.co.uk

For full details of the **insurers** Privacy Notice(s), please contact the **insurers** directly (their details will be shown on **your** Policy Schedule).

Complaints

OUR PROMISE OF SERVICE

We aim to provide the highest standard of service to every customer, but **we** recognise that things do go wrong occasionally. If **our** service does not meet **your** expectations, **we** want to hear about it, so **we** can try to put things right. **We** take all complaints seriously and **we** aim to resolve problems quickly.

If **your** complaint is about the **insurers** or a claim **you** can contact them using the details below.

We will record and analyse **your** comments to make sure **we** continually improve the service **we** offer.

WHAT TO DO IF YOU ARE UNHAPPY AND WISH TO MAKE A COMPLAINT

If **you** wish to make a complaint, **you** can do so at any time by referring the matter to either **TDA** (for quotes and sales), the **insurers**, **Crisis 24** (for emergency claims), Claims Settlement Agencies Ltd (all non-emergency claims) or the complaints team at Lloyd's.

The address of **TDA** is: TDA Services, Workspace House, 28/29 Maxwell Road, Peterborough, PE2 7JE
Email: complaints@tdaservices.co.uk

The address of **Indigo Underwriters Ltd** is: 6th Floor, Duo Building, 280 Bishopsgate, London, EC2M 4RB
Email: complaints@indigounderwriters.com
Telephone: +44 (0) 203 286 6300

The contact details of the Complaints Team at **Crisis 24** is:
Telephone: +44 (0) 207 902 7131
Email: assistance.experience@crisis24.com

The contact details of the Complaints Team at Claims Settlement Agencies Ltd is:
Email: canopiusclaims@csal.co.uk

The address of the Complaints Team at Lloyd's is: Complaints, Lloyd's, One Lime Street, London EC3M 7HA
Telephone: +44 (0) 207 327 5693
Email: complaints@lloyds.com
Website: www.lloyds.com/complaints

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint - How We Can Help" available at: www.lloyds.com/complaints and are also available from the above address.

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service (FOS).

The contact details for the FOS are:
The Financial Ombudsman Service, Exchange Tower, London E14 9SR.
Telephone: 0800 023 4567 (calls to this number are free from "fixed lines" in the UK) or 0300 123 9123 (calls to this number are charged at the same rate as 01 and 02 numbers on mobile phone tariffs in the UK).
Email: complaint.info@financial-ombudsman.org.uk

The FOS is an independent service in the **United Kingdom** for settling disputes between consumers and businesses providing financial services. **You** can find more information on the FOS at: www.financial-ombudsman.org.uk

Making a complaint does not affect **your** right to take legal action.

IN THE EVENT OF THE INSURERS INSOLVENCY

You may be able to claim compensation from the Financial Services Compensation Scheme (FSCS).

Further information is available from them at:

Financial Services Compensation Scheme 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

Telephone: 0800 678 1100 or 0300 123 9123 from a mobile.

This policy document and other associated documents are available in large print.

If you need any of these please email us:

helpme@tdaservices.co.uk

TDA Services Inc Ltd, registered in England and Wales. Company number: 16050147.
Registered office: Workspace House, 28/29 Maxwell Road, Peterborough, PE2 7JE.
TDA Services Inc Ltd is an authorised representative of Indigo Underwriters Limited, regulated by the UK Financial Conduct Authority (FCA) under firm reference number 1021887. Indigo Underwriters Limited is an underwriting agency regulated by the FCA under firm reference 514818.

TDA