



## eDreams Travel Insurance Policy Summary

This is a summary of cover and does not contain all **the terms and conditions of Your Policy**, which can be found in the policy document. Please take time to make sure You understand the cover it provides. Cover is underwritten by. Cover is underwritten by EUROP ASSISTANCE S.A. a French stock corporation with a share capital of 35,402,785 EUR, regulated by the French Insurance Code, having its registered office at 1, promenade de la Bonnette, 92230 Gennevilliers, FRANCE, registered in the Register of Commerce and Companies of Nanterre under number 451 366 405 and is authorised by Autorité de Contrôle Prudentiel et de Résolution in France and is regulated by the Central Bank of Ireland for the conduct of Irish Business by way of the Freedom of Establishment into Ireland in accordance with the European Union Third non-life directive, Acting through its Irish Branch office (trading as EUROP ASSISTANCE S.A. IRISH BRANCH) whose principal establishment is located at 4th floor, 4-8 Eden Quay, Dublin 1, D01 N5W8, IRELAND, registered in the Irish Company Registration Office under number 907 089.

### Significant Features & Benefits

- £10,000,000 Medical and Additional Expenses.
- £2,000,000 Personal Liability cover.

The following covers are also provided under this policy:

- Cancellation, Travel Delay, Personal Property, Loss of Passport/Driving Licence, Money, Personal Accident, Curtailment, and Overseas Legal Expenses.

Full details of the Benefit levels are contained in the Policy.

### Significant or Unusual Exclusions or Limitations

The cover provided under this policy applies only to the flight and hotel bookings made through eDreams details of which are included within the booking invoice. There is an excess of £65 per person, per section of a claim, where applicable.

- This policy will not cover You for:
  - Your failure to obtain, any documents that are essential for Your trip.
  - the malicious, illegal or reckless act of any Person Insured.
  - the self-injury, attempted suicide or suicide of a Person Insured.
  - Your misuse of alcohol or solvents; or ingesting drugs.
  - You not following any advice or recommendations made by the Foreign and Commonwealth Office, World Health Organisation or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
  - You not enjoying Your Journey or not wanting to travel.
  - Theft or Loss of Your Equipment deliberately left away from Your person, unless reasonable precautions were taken to protect Your Equipment.
  - If You are over the age of 65 at the time of purchasing this policy.
  - If You are a non-UK resident.
  - If You purchased this policy from anywhere other than the Opodo website, [www.opodo.co.uk](http://www.opodo.co.uk)

### Health declaration and health exclusions

These apply to the Cancellation or Curtailment charges, Emergency Medical and associated expenses and Personal accident sections.

### It is very important that You read the following:

1. You will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the following if at the time of taking out this insurance or booking **Your** journey (whichever is later), **You**:

a- are being prescribed regular medication;  
b- have received treatment for or had a consultation with a doctor or hospital specialist for any medical condition in the past 6 months;

c- are being referred to, treated by or under the care of a doctor or a hospital specialist;

d- are awaiting treatment or the results of any tests or investigations;

2. You will not be covered for any claim arising from a medical condition of someone **You** were going to stay with, a travelling companion, a relative or a business associate if **You** are aware of the medical condition at the time **Your** policy was issued.

3. You will not be covered if **You** travel against the advice of a doctor or where **You** would have been if **You** had sought their advice before beginning **Your** journey.

4. You will not be covered if **You** know **You** will need medical treatment or consultation at any medical facility during **Your** journey.

5. You will not be covered for any directly or indirectly related claim if, before **Your** journey, a doctor diagnosed that **You** have a terminal condition.

6. You will not be covered if **You** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **Your** policy was issued.

7. You will not be covered if **You** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.



If we are unable to cover a medical condition, this will mean that any other **Person Insured** by us will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.

### **Exclusions relating to the health of someone not insured on this policy, but whose health may affect Your decision whether to take or continue with Your journey**

You will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the health of a travelling companion, someone **You** were going to stay with, a close relative or a business associate if at the time **Your** policy was issued:

- **You** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- **You** were aware they have been receiving medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- **You** were aware that a doctor had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

### **Right of Cancellation**

#### **14 day cancellation**

If, for any reason, **You** are not satisfied with this Policy, and **You** have not taken or booked a holiday protected by the cover provided, **You** may, within 14 days of **Your** receipt of full policy documentation, telephone us on **0333 300 0297\*** and we will cancel it. If this happens the policy will have provided no cover and we will refund any premiums **You** have paid.

(\* Standard landline rate. Telephone service provided by Vacaciones eDreams S.L. Passeig Zona Franca, 205, 08038 Barcelona, Spain

### **Duration of Policy**

A Single Trip Policy covers a single holiday that takes place within 12 months of the date cover is purchased and lasts no longer than 90 days.

Cancellation cover under Section 1 begins when a holiday is booked, if this Policy is in force at the time of booking, or from the Date and Time Stated in the Policy Schedule, if later, and ends when **You** leave **Your** home in the **United Kingdom** to commence **Your** holiday.

Insurance cover under all other Sections operates for a holiday that takes place during the period of insurance and includes travel directly to and from **Your** home in the **United Kingdom** provided the return home is completed within 24 hours of:

- A. return to the **United Kingdom**; or
- B. departure from pre-booked accommodation following a holiday within the **United Kingdom**.

### **How to Claim**

1. **You** MUST notify **Us** as soon as practicable by telephone or e mail to request a **Claim** form and complete and return it to **Us** as soon as possible and within 30 days of becoming aware of anything likely to result in a **Claim**. A personal representative can do this for **You** if **You** cannot;

01444 442217 for Claims  
01444 442216 for Medical Assistance  
claims@intana-assist.com

2. Medical Treatment in Australia:  
**You** MUST follow the appropriate procedure detailed under A or B above. If **You** are a **United Kingdom** passport- holder or otherwise eligible, **You** MUST also register with Medicare (**You** can do this on arrival or after **You** have had treatment above).

Some treatment charges may be partially refunded by the Medicare scheme and **You** should try to make **Your** claim while **You** are still in the country.

If **You** do not, **Your** claim may be rejected or a reduced amount paid to **You**

**You** MUST follow the procedure detailed under condition 2 below. **You** can make use of the services provided by Intana, as appropriate.

2. All other claims

**You** MUST notify us as soon as practically possible and within 30 days of becoming aware of anything likely to result in a claim. A personal representative can do this for **You** if **You** cannot. We can be contacted at:



Intana  
Sussex House  
Perrymount Road  
Haywards Heath  
West Sussex  
RH161DN

Tel: 01444 442217  
Email: [claims@intana-assist.com](mailto:claims@intana-assist.com)

### Complaints Procedure

We are dedicated to providing a high quality service and want to maintain this at all times. If **You** are not satisfied with this service, please contact us immediately, quoting **Your** Policy details, so that **Your** complaint can be dealt with as soon as possible. If **You** have a complaint about the sale of **Your** Policy or the Customer Service **You** have received please contact:

If you wish to register a complaint, please contact us:

- ...in writing the Quality Department, Intana, Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN; or
- ...by phone 01444 442010; or
- ...by e-mail [quality@intana-assist.co.uk](mailto:quality@intana-assist.co.uk).

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service.

The existence of these complaints procedures does not reduce **Your** statutory rights relating to the Policy. For further information about **Your** statutory rights contact the Office of Fair Trading or Citizens Advice Bureau.

### Financial Ombudsman Service

We are a member of the Financial Ombudsman Service (FOS), who may be approached for assistance, if **You** are not satisfied following receipt of our final response. A leaflet explaining its procedure is available on request.

Financial Ombudsman Service (FOS),  
South Quay Plaza,  
183 Marsh Wall,  
London E14 9SR  
Tel: 0845 080 1800  
Fax: 0207 964 1001  
[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### Financial Services Compensation Scheme

In the unlikely event of our being unable to meet our liabilities, **You** may be entitled to compensation under the Financial Services Compensation Scheme.

Their contact details are:  
Financial Services Compensation Scheme  
10th Floor, Beaufort House,  
15 St Botolph Street,  
London EC3A 7QU.