



# Off the Piste Travel Insurance Policy

## Introduction

This is **Your** Endsleigh travel insurance policy. It contains details of cover, conditions and exclusions relating to each **Insured Person** and is the basis on which all claims will be settled. It is validated by the issue of the **Statement of Insurance**. In return for having accepted **Your** premium **We** will in the event of **Bodily Injury**, death, illness, disease, or other specified events happening within the **Period of Insurance** provide insurance in accordance with the operative section of **Your** policy as referred to in **Your Statement of Insurance**. The **Statement of Insurance** and any endorsements are all part of the policy. **Your** policy is evidence of the contract of insurance. **Your** contract of insurance and all communications before and during **Your** contract of insurance will be provided in English.

### United Kingdom residents

This policy is only available to **You** if **You** are permanently resident in the **United Kingdom** and registered with a **Medical Practitioner** in the **United Kingdom**.

### The Law applicable to this policy

**You** and **We** can choose the law which applies to this policy. **We** propose the English law applies. Unless **We** and **You** agree otherwise English law will apply to this policy.

### Age eligibility

This policy is not available to anyone aged 35 or over at the commencement of the trip.

### Policy excess

Claims will be subject to an excess. This means that **You** will be responsible for paying the first part of each and every claim per incident claimed for, for each **Insured Person**.

### Policy information or advice

If **You** would like more information or if **You** feel the insurance may not meet **Your** needs, telephone **Our** customer helpline on 0800 030 4510. Please carry this policy with **You** in case of an emergency.

### Your Insurer

AXA Insurance UK plc. Registered in England No. 78950. Registered Office: 5 Old Broad Street, London, EC2N 1AD. AXA Insurance UK plc is authorised and regulated by the Financial Services Authority. This can be checked on the FSA's register by visiting the FSA's Website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting them on 0845 606 1234.

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## Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this policy. For ease of reading the definitions are highlighted by the use of bold print and will start with a capital letter.

**You/Your/Insured Person** – means each person travelling on a **Trip** whose name appears in the **Statement of Insurance**.

**We/Us/Our** – means AXA Insurance UK plc or Endsleigh Insurance Services Limited acting as administrator on its behalf.

**Bodily Injury** – means an identifiable physical injury sustained by **You** caused by sudden, unexpected, external and visible means. Injury as a result of **Your** unavoidable exposure to the elements shall be deemed to have been caused by bodily injury.

**Close Business Associate** – means any person whose absence from business for one or more complete days at the same time as **Your** absence prevents the proper continuation of that business.

**Close Relative** – means mother, father, sister, brother, wife, husband, daughter, son, 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, foster child, legal guardian, partner, civil partner or fiancé/fiancée.

**Home** – means **Your** normal place of residence in the **United Kingdom**.

**Home Area** – For residents of the **United Kingdom** excluding Channel Islands and the Isle of Man, **Your** home area means the **United Kingdom** excluding Channel Islands and the Isle of Man. For residents of the Channel Islands and the Isle of Man, **Your** home area means the Channel Islands or the Isle of Man depending on where **Your Home** is.

**Medical Condition** – means any disease, illness or injury.

**Medical Practitioner** – means a registered practising member of the medical profession who is not related to **You** or any person with whom **You** are travelling.

## Definitions (continued)

### Period of Insurance

the period of the **Trip** and terminating upon its completion, but not in any case exceeding the period shown in the **Statement of Insurance**.

**Statement of Insurance** – means the document detailing the Insurer, the policy number, the **Period of Insurance**, **Your** sums insured for each section of cover and any special terms and conditions which may apply to **Your** policy. The statement of insurance includes all the information **You** provided when **We** prepared **Your** quotation and forms part of the policy.

**United Kingdom** – means England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands.

## General Conditions Applicable to the Whole Policy

To benefit from the full protection of **Your** policy **You** must comply with the following conditions. If **You** do not comply **We** may cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

**1. Dual insurance** If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **We** will not pay more than **Our** proportional share .

**2. Reasonable precautions** **You** must take and cause to be taken all reasonable precautions to avoid injury, illness, disease, .

### 3. Cancellation

#### 14 Day Cooling Off Period

**You** may cancel this policy and all associated cover sections within 14 days starting from the day **You** receive **Your** policy documents (new business) and for annual policies the renewal date (the Cancellation Period) by writing to the address shown in **Your Statement of Insurance** during the Cancellation Period. **We** will refund **Your** premium less a charge for the period **You** have been insured, unless **You** have travelled or a claim or an incident likely to give rise to a claim has occurred, in which case no refund will be due.

#### Cancellation Outside the 14 Day Cooling Off Period

This policy may be cancelled:

- a) by **You** sending **Us** notice to the address shown on **Your Statement of Insurance**. For all other policies, **We** will refund **Your** premium less a charge for the period **You** have been insured unless **You** have travelled or a claim or an incident likely to give rise to a claim has occurred during the current **Period of Insurance**. In the event **You** have travelled or a claim or an incident likely to give rise to a claim has occurred, no refund of premium will be given.
- b) by **Us** sending **You** 21 days notice in writing to **Your** last known address. **We** will return a proportionate refund of the premium **You** have paid in respect of the unexpired term of this policy unless **You** have travelled or a claim or an incident likely to give rise to a claim has occurred during the current **Period of Insurance**. In the event **You** have travelled or a claim or an incident likely to give rise to a claim has occurred, no refund of premium will be given.
- c) by **Us** immediately if **You** do not pay the premium.

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## Claims Conditions

To benefit from the full protection of **Your** policy **You** must comply with the following conditions. If **You** do not comply **We** may cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

**1. Claims** **You** must notify **Us** preferably by phone at:

Endsleigh Insurance, P.O. Box 432, Cheltenham Spa, Gloucestershire GL50 3YD Tel. +44(0) 870 241 3070

The notification must be made within 31 days or as soon as possible thereafter following any **Bodily Injury**, illness or disease, which may give rise to a claim under this policy.

Every communication relating to a claim must be sent to **Us** without delay. **You** or anyone acting on **Your** behalf must not negotiate admit or repudiate any claim without **Our** written consent. **You** or **Your** legal representatives must supply at **Your** own expense all information, evidence, details of household insurance and medical certificates as required by **Us**. **We** reserve the right to require **You** to undergo an independent medical examination at **Our** expense. **We** may also request and will pay for a postmortem examination where necessary.

## Claims Conditions (Conditions)

### 2. Transferring of rights

**We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **Your** name for **Our** benefit against any other party.

### 3. Fraud

**You** must not act in a fraudulent manner. If **You** or anyone acting for **You**

- a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or
- b) Make a statement in support of a claim knowing the statement to be false in any respect or
- c) Submit a document in support of a claim knowing the document to be forged or false in any respect or
- d) Make a claim in respect of any loss or damage caused by **Your** wilful act or with **Your** connivance

Then

- a) **We** shall not pay the claim b) **We** shall not pay any other claim which has been or will be made under the policy c) **We** may at **Our** option declare the policy void from the date of the fraudulent act d) **We** shall be entitled to recover from **You** the amount of any claim already paid under the policy e) **We** shall not make any return of premium f) **We** may inform the Police of the circumstances.

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## Important Conditions Relating to Health

To benefit from the full protection of **Your** policy **You** must comply with the following conditions. If **You** do not comply **We** may cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment. It is a condition of this policy that **You** will not be covered under Emergency Medical and Other Expenses, for any claims arising directly or indirectly from:

### A) At the time of taking out this policy:

1. Any **Medical Condition** **You** have or have had for which: a) symptoms or diagnosis has occurred within the last 12 months or b) there has been a change in treatment (including medication dosage, surgery, tests, investigations or diet) in the last 12 months
2. Any **Medical Condition** where **You**, a **Close Relative** or a **Close Business Associate** is waiting for an operation, hospital consultation (other than for regular check ups), or other hospital treatment or investigation.
3. Any **Medical Condition** where **You**, a **Close Relative** or a **Close Business Associate** has, within the last 6 months, been seen by a specialist (other than for regular check ups), had an operation or other hospital treatment or investigation.

4. Any **Medical Condition** where **You**, a **Close Relative** or a **Close Business Associate** have received a terminal prognosis.
5. Any **Medical Condition** **You**, a **Close Relative** or a **Close Business Associate** are aware of but have not had a diagnosis.
6. Any **Medical Condition** affecting **You** or a **Close Relative**, or a **Close Business Associate** that could reasonably be expected to give rise to a claim.

### B) At any time:

1. Any **Medical Condition** **You** have in respect of which a **Medical Practitioner** has advised **You** not to travel (or would have done so had **You** sought his/her advice) but despite this **You** still travel.
2. Any surgery, treatment or investigations for which **You** intend to travel outside **Your Home Area**, to receive (including any expenses incurred due to the discovery of other **Medical Conditions** during and/or complications arising from these procedures).
3. Any **Medical Condition** for which **You** are not taking the recommended treatment or prescribed medication as directed by a **Medical Practitioner**.
4. **Your** travel against any health requirements stipulated by the carrier, their handling agents or other **Public Transport** provider.

**You** should also refer to the general exclusions on page 3.

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## General Exclusions Applicable to all Sections of the Policy

**We** will not pay for claims arising directly or indirectly from:

1. 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 section 2 – Emergency medical and other expenses, section 3 – Hospital benefit and section 4 – Personal accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **Trip**.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. **Your** participation in or practice of any professional entertaining or professional sports.
5. **Your** participation in or practice of any other sport or activity, manual work, driving any motorised vehicle or racing unless:
  - a) shown as covered without charge in the list on page 4 or b) shown as covered in **Your Statement of Insurance**.
6. **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner**, but not for the treatment of drug addiction), self-exposure to needless peril (except in an attempt to save human life).
7. **You** drinking too much alcohol, alcohol abuse or alcohol dependency. **We** do not expect **You** to avoid alcohol on **Your Trips** or holidays, but **We** will not cover any claims arising because **You** have drunk so much alcohol that **Your** judgement is seriously affected and **You** need to make a claim as a result
8. **Your** own unlawful action or any criminal proceedings against **You**.
9. Any other loss, damage or additional expense following on from the event for which **You** are claiming, costs incurred in preparing a claim or loss of earnings following **Bodily Injury** illness or disease.
10. **Your** use of a motorised vehicle unless a full **United Kingdom** driving licence is held permitting the use of such vehicles in the **United Kingdom**.
11. **Your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign & Commonwealth Office or the World Health Organisation has advised the public not to travel.
12. **You**:
  - a) jumping or diving from piers, walls or rocks (including tombstoning and shore diving)
  - b) climbing on top of or jumping from a vehicle
  - c) jumping from a building or balcony
  - d) climbing or moving from any external part of any building to another part (apart from stairs) and falling, regardless of the height unless **Your** life is in danger or **You** are attempting to save human life.

## Sports and Activities Covered

The following lists detail the sports and activities that this policy will cover. If **You** are participating in any other sports or activities not mentioned, please telephone **Our** customer helpline on 0800 030 4510 as **We** may be able to offer cover for an additional premium. Details of those sports and activities for which **You** have purchased cover will be added to **Your Statement of Insurance**.

### Covered as standard

\*No for Personal liability for these sports or activities  
 administrative or clerical occupations  
 aerobics archery  
 badminton  
 banana boating  
 baseball  
 basketball  
 bmx biking (no stunting or racing)  
 body boarding (boogie boarding)  
 bowls bungee jumping (1 jump only within professional organiser's guidelines and wearing appropriate safety equipment)  
 \*camel riding canoeing (up to grade 2 rivers)  
 \*catamaran sailing (if qualified or accompanied by a qualified person and no racing)  
 \*clay pigeon shooting climbing (on climbing wall only) cricket  
 croquet  
 curling  
 cycling (wearing a helmet, no mountain biking and no racing)  
 deep sea fishing  
 \*dinghy sailing (no racing)  
 \*driving any motorised vehicle for which **You** are licensed to drive in the **United Kingdom** (other than in motor rallies or competitions)  
 elephant riding

fell walking/running  
 fencing  
 fishing flying as a fare paying passenger in a fully licensed passenger carrying aircraft football (amateur only and not main purpose of **Trip**) glacier walking  
 \*go karting (within organisers guidelines)  
 golf  
 hiking  
 horse riding (wearing a helmet and excluding competitions, racing, jumping and hunting) hot air ballooning (organised pleasure rides only)  
 hydro zorbing indoor climbing (on climbing wall)  
 \*jet boating (no racing)  
 \*jet skiing (no racing)  
 jogging  
 netball  
 octopush  
 open water swimming (professionally escorted tours only)  
 orienteering  
 overlanding  
 \*paint balling (wearing eye protection) pony trekking (wearing a helmet)  
 \*quad biking (wearing a helmet and not racing)  
 racket ball  
 rambling

\*rifle range shooting  
 ringos roller skating and blading (wearing pads & helmets)  
 rounders rowing (no racing)  
 running (non-competitive and not marathon of any kind) safari trekking in a vehicle (must be organised tour) safari trekking on foot (must be organised tour)  
 \*sailing (if qualified or accompanied by a qualified person and no racing)  
 sandboarding sand dune surfing/skiing  
 \*sand yachting (no racing)  
 scuba diving to max depth 18 metres below sea level (only if qualified scuba diver and not diving alone, or accompanied by qualified instructor)  
 \* shooting/small bore target shooting (within organisers guidelines) skateboarding (wearing pads & helmets)  
 snorkelling  
 softball  
 squash  
 students working as counsellors or university exchanges for practical course work (non manual)  
 surfing  
 swimming  
 swimming with dolphins  
 Sydney harbour bridge walk

table tennis ten  
 pin bowling  
 tennis  
 trampolining  
 trekking up to 2,500 metres altitude  
 tug of war  
 volleyball  
 wake boarding  
 walking  
 \*war games (wearing eye protection)  
 water polo  
 water skiing  
 whale watching  
 wind surfing  
 \*yachting (if qualified or accompanied by a qualified person and no racing)  
 zorbing

### Covered if the appropriate winter sports premium has been paid

\* No cover for Personal liability for these sports or activities  
 dry slope skiing  
 ice skating kick  
 sledging ski – blading skiing  
 on piste skiing – mono  
 skiing - off piste with a guide  
 sledging  
 \* sledging pulled by horse, dog or reindeer as a passenger snow boarding  
 snow shoe walking

## Emergency and Medical Service

In the event of a serious illness or accident which may lead to in-patient hospital treatment or before any arrangements are made for repatriation or in the event of **Curtailment** necessitating **Your** early return to **Your Home Area** **You** must contact the Emergency Assistance Service. The service is available to **You** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation (to **Your Home Area**) and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment **You** must contact the Emergency Assistance Service as soon as possible. Private medical treatment is not covered unless authorised specifically by the Emergency Assistance Service.

**Medical assistance abroad** The Emergency Assistance Service has the medical expertise, contacts and facilities to help should **You** be injured in an accident or fall ill. The Emergency Assistance Service will also arrange transport to **Your Home Area** when this is considered to be medically necessary or when **You** have notice of serious illness or death of a **Close Relative** at home. Private medical treatment is not covered unless authorised specifically by the Emergency Assistance Service.

**Payment for medical treatment abroad** If **You** are admitted to a hospital/clinic while outside **Your Home Area**, the Emergency Assistance Service will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the Emergency Assistance Service for **You** as soon as possible.

For simple out-patient treatment, **You** should pay the hospital/clinic **Yourself** and claim back medical expenses from **Us** on **Your** return to **Your Home Area**. Beware of requests for **You** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call the Emergency Assistance Service for guidance.

**Contact the Emergency Assistance Service on telephone number: +44 (0)845 271 4472**

If **You** are in a country that does not accept the above international phone number please call +44(0)203 0609 671

## Section 2 - Emergency Medical and Other Expenses

### What is covered

**We** will pay **You** up to £5,000,000 for the following expenses which are necessarily incurred within 12 months of the incident as a result of **Your** suffering unforeseen **Bodily Injury** or illness and/or compulsory quarantine

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside **Your Home Area**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to £250 incurred outside **Your Home Area**:
3. In the event of **Your** death:
  - a) outside **Your Home Area** the reasonable additional cost of funeral expenses abroad up to a maximum of £2,000 plus the reasonable cost of conveying **Your** ashes or **Your** body to **Your Home**.
  - b) within **Your Home Area** the reasonable additional cost of returning **Your** ashes or body to **Your Home** up to a maximum of £750.
4. Reasonable additional transport and accommodation expenses incurred, up to the standard of **Your** original booking, if it is medically necessary for **You** to stay beyond **Your** scheduled return date. This includes, with the prior authorisation of the Emergency Assistance Service, reasonable additional transport and/or accommodation expenses for one friend or **Close Relative** to remain with **You** or travel to **You** from the **United Kingdom** or escort **You** and additional travel expenses to return **You** to **Your Home** if **You** are unable to use the return ticket.
5. With the prior authorisation of the Emergency Assistance Service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **You** to **Your Home Area** if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless the Emergency Assistance Service agree otherwise.

### For Comprehensive cover only

6. **We** will pay up to £5,000 towards the costs incurred by official bodies involved in searching for **You** or rescuing or recovering **You** if **You** are reported missing or have suffered **Bodily Injury**.

### What is not covered

1. The first £250 of each and every claim per incident claimed for under this section by each **Insured Person**.
2. Any claims arising directly or indirectly in respect of:
  - a) Cost of telephone calls, other than:
    - i) calls to the Emergency Assistance Service notifying and dealing with the problem for which **You** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **You** telephoned
    - ii) any costs incurred by **You** when **You** receive calls on **Your** mobile telephone from the Emergency Assistance Service for which **You** are able to provide receipts or other reasonable evidence to show the cost of the calls.
  - b) The cost of taxi fares, other than those for **Your** travel to or from hospital relating to **Your** admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for **You** by the hospital. However any costs incurred by **You** to visit another person in hospital are not covered.
  - c) The cost of treatment or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or illness which necessitated **Your** admittance into hospital.
  - d) Any expenses which are not usual, reasonable or customary to treat **Your Bodily Injury** or illness.
  - e) Any form of treatment or surgery which in the opinion of the Emergency Assistance Service or **Us** (based on information from the Medical Practitioner in attendance) can be delayed reasonably until **Your** return to **Your Home Area**.
  - f) Expenses incurred in obtaining or replacing medication or obtaining treatment or ongoing regular therapy, which at the time of departure is known to be required or to be continued outside **Your Home Area**.
  - g) Additional costs arising from single or private room accommodation.
  - h) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the Emergency Assistance Service.
  - i) Any expenses incurred after **You** have returned to **Your Home Area**.
  - j) Any expenses incurred in England, Scotland, Wales or Northern Ireland which are:
    - i) for private treatment or
    - ii) are funded by, or are recoverable from the Health Authority in **Your Home Area**.
  - k) Expenses incurred as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication.
  - l) **Your** decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service it is safe to do so.
  - m) Normal pregnancy, without any accompanying **Bodily Injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
3. Any claim for search and rescue not supported by a written statement from the appropriate authority involved in the search and/or rescue.
4. Anything mentioned in the general exclusions on page 3. **You** should also refer to the important conditions relating to health on page 3.

### Special conditions relating to claims

1. **You** or someone on **Your** behalf must give notice as soon as possible to the Emergency Assistance Service of any **Bodily Injury** or illness which necessitates **Your** admittance to hospital as an in-patient or before any arrangements are made for **Your** repatriation.
2. In the event of **Your Bodily Injury** or illness **We** reserve the right to relocate **You** from one hospital to another and arrange for **Your** repatriation to **Your Home Area** at any time during the **Trip**. **We** will do this if in the opinion of Emergency Assistance Service or **Us** (based on information received from the Medical Practitioner in attendance) **You** can be moved safely and/or travel safely to **Your Home Area** to continue treatment.
3. **You** must provide (at **Your** own expense) the following evidence where relevant:
  - i) Receipts or bills for all in-patient/out-patient treatment or emergency dental treatment received.
  - ii) In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.
  - iii) Receipts or bills for taxi fares to or from hospital claimed for, stating details of the date, name and location of the hospital concerned.
  - iv) Receipts or bills for any other transport, accommodation or other costs, charges or expenses claimed for including calls to the Emergency Assistance Service.
4. In respect of item 6. of What is covered **You** must produce a statement from the official authorities proving the necessity of this search and/or rescue operation.

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## How to Make a Complaint

**We** aim to provide a high level of service and pay claims fairly and promptly under the terms of **Your** Travel Insurance Policy. If **You** are unhappy with any aspect of **Our** service, please contact, in the first instance the person who originally dealt with **Your** enquiry.

Alternatively **You** can contact **Us** by:

Telephone: 0800 085 8698  
Post: Customer Liaison Department  
Endsleigh Insurance Services Limited  
Shurdington Road  
Cheltenham  
Gloucestershire  
GL51 4UE.

**You** may at any time contact the Head of Customer Care at AXA Insurance at the following address:

Head of Customer Care  
AXA Insurance Civic  
Drive  
Ipswich  
IP1 2AN Tel: 01473  
205926  
Fax: 01473 205101  
Email: [customercare@axa-insurance.co.uk](mailto:customercare@axa-insurance.co.uk)

If **We** have given **You** **Our** final response and **You** remain dissatisfied **You** have the right to ask the Financial Ombudsman to review **Your** case. The Ombudsman can be contacted at the following address:-

The Financial Ombudsman Service South Quay  
Plaza, 183 Marsh Wall, London E14 9SR Telephone  
0845 080 1800  
Fax: 020 7964 1001

Please note **You** have six months from the date of **Our** final response in which to refer **Your** complaint to the Ombudsman. Contacting the Ombudsman will not affect **Your** right to take legal action against **Us**. **You** are also given protection by **Our** membership of the Financial Services Compensation Scheme under which **You** may be entitled to compensation in the very unlikely event that **We** are unable to meet **Our** obligations to **You**.

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## The Endsleigh Group of Companies (“Endsleigh, We, Us”) Privacy Policy

It is Endsleigh's policy to take all necessary steps to ensure that Your personal data held is processed fairly and lawfully in accordance with the Data Protection Act 1998 (“the Act”). We hold personal data relating to You in connection with insurance products and services You have asked Us to provide. Except to the extent We are required or permitted by law, personal data provided to or obtained by Us will be used for the purposes of providing You with the products and services You have requested. It may also be shared within other Endsleigh group companies, (full details of which are available on request), as Well as carefully selected third parties who have products and services that We think may be of interest to You. In the process of gathering Your details We may collect sensitive information such as about Your health or in relation to motoring offences. If You purchase products or services from Us, You will have given Us Your consent to use this personal data as detailed in this Privacy Policy. We may wish to contact You from time to time by telephone, e-mail or post about other products and services that may

be of interest to You. If at any time You do not wish to receive this information then please write to Endsleigh's Group Data Protection Officer at: Endsleigh Insurance Services Limited, Shurdington Road, Cheltenham, Glos GL51 4UE. Under the Act, as a data subject, You are granted certain rights. If You would like to know what information We hold about You, You can write to Us as above. We may charge You a statutory administration fee to comply with Your request. Should You have any other queries in connection with data protection then please contact Endsleigh's Group Data Protection Officer as above. Endsleigh will share the personal details You provide with AXA Insurance UK plc, a member of the AXA Group. To administer Your policy AXA will hold and use information about You supplied by You (and by medical providers). AXA may send it in confidence for processing to other companies in the AXA Group (or companies acting on AXA's instructions) including those located outside the European Economic Area.