

## 24 HOUR EMERGENCY ASSISTANCE AND MEDICAL SERVICE

You must contact the 24-hour emergency medical service as shown on the schedule of cover in the event of an 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 home. The service operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation (returning you to your home area) and authorisation of medical expenses. If this is not possible because the condition requires emergency treatment you must contact 24-hour emergency medical service as soon as possible. Private medical treatment is not covered in countries where reciprocal health agreements entitle you to benefit from public health care arrangements unless authorised specifically by the 24-hour emergency medical service.

The 24-hour emergency medical service will also arrange transport home when this is considered to be medically necessary or when you are told about the illness or death of a close relative or a close business associate at home.

**Payment for medical treatment abroad** If you are admitted to a hospital/clinic while abroad, the 24-hour emergency medical service will arrange for medical expenses, covered by the insurance, to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the 24-hour emergency medical service for you as soon as possible. For out-patient treatment costing less than £200, 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 you are in doubt, please call the 24-hour emergency medical service for guidance and authorisation of costs.

## NON-EMERGENCY HELPLINES

**Claims** - You must contact us by phone if you want to make a claim using the relevant numbers shown below. These claims are normally made upon your return home from your trip however if that will be more than 31 days from the date of the loss then you are advised to make an initial notification of the claim whilst overseas. You can register your claim online at the website below. You will also be able to download the appropriate claim form and access FAQs (frequently asked questions) relative to your claim.

Depending on the type of claim you will be required to provide specific evidence in support of your claim, please refer to your policy wording for general claims conditions and specific requirements that are detailed under each policy section. **Pre-existing medical conditions** - You must contact us by phone if you need to declare a health condition not normally covered by this policy (see important conditions relating to health).

**Policy Information and advice** - If you would like more information or if you feel the insurance may not meet your needs please contact the agent who sold you this policy or telephone the customer helpline shown on the schedule.

## HELPFUL TELEPHONE NUMBERS

Please state that you are insured through All Seasons Underwriting Agencies Ltd and Quote Scheme Reference **CAN-2026-400-1047 COE Connections International** and your individual policy number shown on your validation certificate when contacting any of the below:

|                                                                                                                       |                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If you need to contact the Health-Check line to declare a pre-existing medical condition:                             | <b>ASUA MEDICAL SCREENING HELPLINE</b><br>Tel: +44 (0) 203 327 0555 (This is a basic rate number)<br>Email: <a href="mailto:info@asuagroup.co.uk">info@asuagroup.co.uk</a> |
| If you need 24-hour emergency medical assistance abroad or need to curtail your trip contact:                         | <b>HEALIX INTERNATIONAL ASSISTANCE</b><br>Tel: + 44 (0) 20 4615 3996<br>Email: <a href="mailto:InternationalHealthcare@healix.com">InternationalHealthcare@healix.com</a>  |
| If you need a claim form contact Roger Rich & Co:<br>Please Quote Scheme Code: A01187 – COE Connections International | <b>ROGER RICH &amp; CO</b><br>Tel: +44 (0) 1608 641 351<br>E-mail: <a href="mailto:claims@rogerrich.co.uk">claims@rogerrich.co.uk</a>                                      |
| For General Policy Enquires please contact: COE Connections International                                             | <b>COE CONNECTIONS INTERNATIONAL</b><br>Tel: 07837 524 144<br>Email: <a href="mailto:info@coeconnections.co.uk">info@coeconnections.co.uk</a>                              |

## PART 3 – MAKING A CLAIM

### What to do in a Medical or other Emergency Abroad

On **our** behalf, Healix International Assistance provide a 24-hour emergency service 365 days a year and **you** can contact Healix International Assistance by using the following:

#### HEALIX INTERNATIONAL ASSISTANCE EMERGENCY 24-HOUR SERVICE:

Tel: + 44 (0) 20 4615 3996

Email: [InternationalHealthcare@healix.com](mailto:InternationalHealthcare@healix.com)

For out-patient treatment costing less than £200, it is recommended that **you** pay the hospital/clinic **yourself** and claim back medical expenses from **us** on **your** return to **your home area**.

**You** must contact Healix International Assistance as soon as possible in the case of a serious medical emergency abroad where **you** will or may need to stay in hospital, have hospital treatment or other emergencies, for example the need to change travel arrangements and return **home** because a **close relative** has become seriously ill.

When calling Healix International Assistance for help, please provide the following information:

- The policy number (shown on the **Validation Certificate**) and the **policyholder's** name.
- **Your** name and the address **you** are staying at.
- The phone number **you** are calling from.
- The nature of the emergency.
- The name and phone number of the doctor and hospital treating **you** (if appropriate).

Not contacting Healix International Assistance, or not following their instructions, could affect **your** claim. Healix International Assistance must agree, beforehand, any emergency travel expenses involving air travel. If it is not possible for **you** to make contact with Healix International Assistance before hospital admission or before medical expenses are incurred because emergency treatment is required, contact must be made as soon as possible.

Private medical treatment is not covered in countries where reciprocal health agreements entitle **you** to benefit from public health care arrangements unless authorised specifically by Healix International Assistance. Healix International Assistance has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. Healix International Assistance will also arrange transport **home** when this is considered medically necessary or when **you** are told about the illness or death of a **close relative** or a **close business associate**.

### Payment for medical treatment abroad

If **you** are admitted to a hospital/clinic while abroad, Healix International Assistance will arrange for medical expenses covered by the insurance to be paid direct to the hospital/clinic. To take advantage of this benefit:

- Someone must contact Healix International Assistance for **you** as soon as possible.
- Beware of requests for **you** to sign for excessive treatment or charges. If **you** are in doubt, **you** should call Healix International Assistance for guidance and authorisation of costs.

### Reporting all other claims

**You** must report any claim as soon as possible, preferably within 31 days of any incident which may lead to a claim under this insurance. Also, **you** must contact **our** claims handlers as soon as **you** find out about any condition or circumstances which may cause a **trip** to be cancelled or cut short. If **you** need to make a claim, please contact **our** claims handlers appointed to act on **our** behalf:

#### ROGER RICH & CO.

#### Quote Scheme Code: A01187 COE CONNECTIONS

2a Marston House, Cromwell Park, Chipping Norton, Oxfordshire. OX7 5SR.

Tel: +44 (0)1608 641 351 Fax: +44 (0)1608 641 176

Email: [asua@claimsconsortiumgroup.co.uk](mailto:asua@claimsconsortiumgroup.co.uk)

**PLEASE QUOTE SCHEME CODE: A01187 & THAT YOU HAVE PURCHASED YOUR INSURANCE FROM COE CONNECTIONS INTERNATIONAL AND PROVIDE YOUR VALIDATION CERTIFICATE DETAILS**

### Providing information to support your claim

**You** will need to provide certain information to enable a claim to be fully assessed. This information will vary depending on which section of cover **you** are claiming under. Examples of the types of information **we** will need are given below, but there may be other evidence required from **you**.

Further details are given within each section of cover listed in Part 4 of this policy, and **our** claims handlers will tell **you** exactly what information **you** need to give them in relation to **your** own claim.

Unless **we** agree to pay for any information, for example a medical examination (which **you** must agree to undergo if required), the information will need to be provided at **your** own expense.

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical Certificates                              | A medical certificate from the treating <b>medical practitioner</b> or a consultant specialising in a relevant field explaining why <b>you</b> required medical attention, were unable to travel, forced to cancel, extend, cut short or forfeit any pre-arranged plans or paid for activities, or rearrange any travel plans.                                                                                                                                               |
| Police (or other Authority) Reports               | A report from the local police or other relevant authority in the country where the incident occurred confirming dates, circumstances and further details of the loss, theft, attempted theft, mugging, damage, quarantine, lawful or unlawful detention.                                                                                                                                                                                                                    |
| Travel Tickets & <b>Baggage</b> Tags              | All travel tickets (including any unused travel tickets) and <b>baggage</b> tags.                                                                                                                                                                                                                                                                                                                                                                                            |
| Receipts, Bills, Valuations & Proof of Ownership  | An original receipt, valuation or proof of ownership for items, currency or documents of any kind lost, stolen, damaged, repaired, replaced, purchased or hired as emergency temporary replacements.<br><br>Receipts or bills for any costs incurred for in-patient/out-patient treatment, telephone calls, emergency dental treatment, transport, accommodation, hospital or medical costs and any other charges or expenses which are to be considered as part of a claim. |
| Confirmation Letters, Reports, Invoices & Notices | Confirmation of the loss, delay, failure, cancellation or circumstance leading to the claim in the form of a letter, invoice, report or notice of cancellation from (as appropriate) <b>your</b> tour operator or their representative, airline, <b>baggage</b> handler, service provider, retailer, hotel or accommodation provider, emergency service, commanding officer, event organiser, <b>public transport provider</b> or relevant authority.                        |
| Death Certificates                                | For any claim involving <b>your</b> death or the death of any related party, the original death certificate will be required.                                                                                                                                                                                                                                                                                                                                                |

#### GETTING MEDICAL TREATMENT ABROAD

**Your home area** may have a reciprocal healthcare agreement in place with certain other countries which means that when visiting these countries, urgent or immediate medical treatment will be provided at a reduced cost or, in some cases, free. Details of any such reciprocal healthcare agreements may be available on the website of the government in **your home area**.

#### CLAIMS CONDITIONS

1. Claims procedure and notification: **You** must notify claims using the procedures and contact options detailed in this Making a Claim Section.

The claim notification must be made as soon as possible and preferably within 31 days following any **bodily injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may lead to a claim under this insurance. However, if there is a delay in reporting of **your** claim it is not **our** intention to decline **your** claim or to reduce the payment amount, provided that all the information required is still available and the delay has not prejudiced **our** claims handlers' ability to assess the claim.

**You** must also tell **us** if **you** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **our** claims handlers as soon as possible. **You**, or anyone acting on **your** behalf, must not negotiate, admit or repudiate (refuse) any claim without **our** claims handlers' permission in writing.

2. Claims evidence: **We** will require, at **your** own expense, all evidence needed to fully assess **your** claim. **You** must have any medical examinations **we** decide are necessary. **We** will pay for these. **We** may request and will pay for a post-mortem examination if required in the event of accidental death.
3. Property: **You** must retain any property which is damaged, and if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is then recovered it will then become **our** property. **We** may refuse to reimburse **you** for any property for which **you** cannot provide proof of ownership such as an original receipt, a valuation, user manual or bank or credit card statements.
4. 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.
5. Fraudulent claims or misleading information: **We** take a robust approach to fraud prevention in order to keep premium rates down so that **you** do not have to pay for other people's dishonesty. If any claim made by **you**, or anyone acting on **your** behalf is fraudulent, deliberately exaggerated, or is intended to mislead, **we** may:
  - not pay that claim; and
  - recover (from the insured person involved in the claim) any payments made in respect of that claim; and
  - terminate **your** insurance from the time of the fraudulent act; and
  - inform the police of the act.

If **your** insurance is terminated from the time of the fraudulent act, **we** will not pay any claim for any incident which happens after that time and may not return any of the insurance premium(s) already paid.