



Travel insurance and assistance package for MasterCard and Visa Classic cardholders

Dear Sir/Madame,

This is to verify that you, as a holder of a credit card MasterCard and Visa Classic, issued by CIBANK JSC, are fully insured under the Lloyds Scheme No: **CSPX24224410**, in accordance with the following terms and conditions.

Insured Person: Any Person holding a Visa Classic or MasterCard cards (the Cardholder) issued by CIBANK JSC who has paid in full, by means of the Card, [including payment utilising air miles or points generated by previous use of the specified Card(s)], during the period stated below, the required cost of ticket(s) for travel by the Cardholder and the Cardholder's Immediate Family travelling with the Cardholder, outside their normal Country of Domicile.

Immediate family shall mean the Insured Person's spouse(s), financially dependent children (any child under 19 years of age, or under 22 years of age in full time education in the Insured Person's Country of Domicile), parents(s), parent(s)-in-law, brother(s) and sister(s).

Spouse: the partner or fiancé(e) of the Insured Person who is residing at the same address as the Insured Person in their usual Country of Residence.

Couples and Families Definition: A couple can be either legally married a common law husband and wife or an adult couple who have cohabited for at least one year.

The Journey: When having paid in full by means of the Card the original cost of ticket(s), or the airport tax when travelling with a complimentary ticket, for travel as a passenger in a fully licensed scheduled aircraft or Common Carrier, [including payment utilising air miles or points generated by previous use of the specified Card(s)], provided that the Journey is outside of the Cardholder's, or the Cardholder's Immediate Family's, normal Country of Domicile, for a period of up to 90 days.

N.B. Where a complimentary ticket has been obtained and the Insured Person is required to pay for airport taxes only, any benefit payment will be only for the cost incurred on the Card.

Period of Insurance: From 1st March 2011 to 29th February 2012 both days inclusive.

Territorial Limits: World-wide excluding the Insured Person's Country of Domicile.

In respect of all Sections, Insurance commences when the Insured Person leaves their place of residence or business in the Country of Domicile (whichever is the later) to commence the Journey, until the time of return to the Insured Person's place of residence or business in the Country of Domicile (whichever is the earlier) on completion of the Journey. In any event not to commence more than 24 hours prior to booked departure time or cease more than 24 hours after booked return to the Country of Domicile. If the period of travel exceeds, or was intended to exceed the first 90 days, then the entire period of travel, including the first 90 days, will not be covered.

<u>Section</u>	TYPE OF INSURANCE EVENT	<u>Sum insured</u>
(1)	PERSONAL ACCIDENT	
(1a)	Death by Accidental Bodily Injury	€25,000
(1b)	Loss of one or more Limbs or one or both eyes	€25,000
(1c)	Permanent Total Disablement (any occupation)	€25,000
	For children aged under 16, the Death Only limit under (1a) is:	€5,000
	The maximum amount of all benefits for one or more injuries sustained by an Insured Person during the Journey shall not exceed the largest amount stated in the Schedule.	
(2)	MEDICAL AND OTHER COSTS	Up to €30,000
	Deductions:	€100
(2a)	Overseas Burial Costs	Up to €2,000
(3)	DAILY HOSPITAL INDEMNITY	€ 50 per complete day
	Payable for up to 30 days up to a maximum of:	€1,500
(4)	BAGGAGE and PERSONAL EFFECTS	Up to €2,000
	Jewellery and Valuables Limit:	€250
	Single Article Limit:	€250
	*Deductions	€50
(5)	LEGAL EXPENSES	€1,000

*DEDUCTIBLE is the first part of each and every loss or claim for which the Insured Person is responsible for and which is not payable by the Insurers.

SECTION 1 - PERSONAL ACCIDENT

In the event of Accidental Bodily Injury being sustained by the Insured Person during the Period of Insurance, benefit will be paid up to the amount stated in the Schedule for:

- A.** Death by Accidental Bodily Injury
- B.** Loss of one or more Limbs or one or both Eyes
- C.** Permanent Total Disablement from following any occupation

PROVISIONS:

1. In respect of an Insured Person under 16 years of age at the time of Accidental Bodily Injury the death benefit under (A) above will be limited to the amount stated in the Schedule.
2. No benefits will be payable:
 - i) under (A) or (B) unless such death or loss occurs within twelve months of the date of Accidental Bodily Injury;
 - ii) under (C) except on proof to the Insurer that the disablement has continued for twelve months from the date of injury and in all probability will continue for the remainder of the Insured Person's life.
3. The maximum amount of all benefits payable for one or more injuries sustained by an Insured Person during the Journey shall not exceed the amount stated in the Schedule.

DEFINITIONS:

INJURY means bodily injury caused solely and directly through accidental, external violent and visible means.

LOSS OF A LIMB means loss by permanent physical severance of a hand at or above the wrist or of a foot at or above the ankle, including loss of use of an entire hand, arm, foot or leg.

LOSS OF AN EYE means the complete and irrecoverable loss of the sight of an eye.

PERMANENT TOTAL DISABLEMENT means disablement from engaging in or giving attention to any gainful occupation for twelve months and at the end of that time being beyond hope of improvement.

SECTION 2 - MEDICAL AND OTHER EXPENSES

IMPORTANT NOTICE

IF THE INSURED PERSON IS ILL, INJURED OR ADMITTED INTO HOSPITAL OR CLINIC ABROAD WHILST ON AN INSURED JOURNEY AS AN **IN-PATIENT** AND IS LIKELY TO BE IN HOSPITAL FOR MORE THAN 12 (TWELVE) HOURS, **SOMEONE MUST CONTACT THE EMERGENCY ASSISTANCE COMPANY ON BEHALF OF THE INSURED PERSON IMMEDIATELY**, IN ORDER THAT THE EMERGENCY ASSISTANCE COMPANY CAN CONFIRM THE CONDITIONS OF COVER AND ARRANGE FOR THE DIRECT PAYMENT OF MEDICAL BILLS IF REQUIRED. IF THIS IS NOT DONE, IT COULD MEAN THAT THE INSURERS OR THEIR APPOINTED **EMERGENCY ASSISTANCE COMPANY** MAY NOT PROVIDE THE COVER, OR THE AMOUNT OF BENEFIT PAID FOR MEDICAL EXPENSES WILL BE REDUCED.

To pay up to the amount stated in the Schedule in all each injured or sick Insured Person in respect of:

1. Medical, hospital and treatment expenses (including emergency dental treatment for immediate relief of pain only), additional accommodation and repatriation expenses necessarily incurred and payable within twelve months of the incident giving rise to a claim as certified by a registered Medical Practitioner abroad, as the result of the Insured Person becoming ill or sustaining Accidental Bodily Injury during the Period of Insurance, such expenses having been specifically agreed by Insurers or their appointed Emergency Assistance Company.
2. The necessary travel and accommodation expenses of a relative or friend of the Insured Person or qualified nurse who shall on medical advice accompany the Insured Person because of the severe disability of the Insured Person.
3. Additional repatriation expenses necessarily incurred by the Insured Person consequent upon the death, sudden illness or injury of the Insured Person's spouse, parent, parent-in law, grandparent, child, grandchild, brother, sister, fiancé(e) or Close Business Colleague resident in the Insured Person's Country of Domicile.
4. Transfer of the Insured Person's body or ashes in the event of death to the Country of Domicile when travelling abroad (**excluding** funeral and interment costs) or alternatively to pay up to the amount stated in the Schedule towards the cost of burial or cremation expenses if incurred abroad.
5. The cost of return air transportation to enable one Person from the Insured Person's Country of Domicile to visit the Insured Person in hospital after seven days hospitalisation.
6. The cost of returning unaccompanied children of the Insured Person to the Country of Domicile when travelling abroad.
7. The cost of return air transportation for a specialist to attend the Insured Person when considered medically necessary as agreed by the Insurers or their appointed Emergency Assistance Company.

DEDUCTIBLE:

This Insurance does not cover the Deductible amount stated in the Schedule for each and every loss or claim each Insured Person.

SECTION 3 - DAILY HOSPITAL BENEFIT

In the event that the Insured Person is admitted to a hospital (licensed for surgery) outside the Insured Person's Country of Domicile, as an in-patient due to Accidental Bodily Injury or Sickness of the Insured Person sustained during the

Journey, the Insurers will pay to the Insured Person a benefit of the amount stated in the Schedule for each complete day that the Insured Person is hospitalised up to the maximum amount stated in the Schedule in all.

DEFINITION OF SICKNESS:

Sickness means Sickness or disease that manifests itself during the Journey and where treatment is medically necessary in order to maintain life and/or relieve immediate pain or distress.

SECTION 4 BAGGAGE AND PERSONAL EFFECTS

To pay up to the total amounts stated in the Schedule to indemnify the Insured Person for the intrinsic value or cost of repairs, whichever is the lesser, of the above property which is accidentally lost, stolen or damaged, such property owned by the Insured Person having been taken on, sent in advance of or purchased on the Journey by the Insured Person. Limited to the amount stated in the Schedule in respect of any one item, pair or set.

Insurers liability in respect of Jewellery and Valuables is limited to a maximum of the amount stated in the Schedule in all each Insured Person.

DEFINITION OF VALUABLES

Valuables include audio and video equipment, cameras, electrical, electronic and photographic equipment, telecommunications equipment, radios, personal stereo equipment, telescopes and binoculars, antiques, jewellery, watches, precious stones and articles made of or containing gold, silver or other precious metals or animal skins or hides.

CONDITIONS: APPLICABLE TO SECTION 4 ONLY:

[1] In the event of loss or damage to an article forming part of a pair or set, the Insurers will indemnify the Insured Person for the value of the lost or damaged item and not for the value of the pair or set of which the item forms part. If at any time of any loss, damage or liability arising under this Insurance, there is any other insurance covering the same loss, damage or liability the Insurers will pay only in excess of such insurance.

[2] Claims may not be considered unless substantiated by an original sales receipt or an original valuation or a replacement estimate for any item, pair or set exceeding EUR 100 or equivalent in other currencies. In respect of Valuables, claims will not be considered unless an original sales receipt or an original valuation or replacement estimate is provided.

[3] The Insured Person shall take all reasonable or prudent care in avoiding any theft, loss or damage to their Baggage and Valuables.

DEDUCTIBLE:

This Insurance does not cover the Deductible amount stated in the Schedule of each and every loss or claim by each Insured Person, except in respect of temporary deprivation of baggage claims (under 4b above) which are not subject to a Deductible. The amount claimed in respect of temporary deprivation of baggage will be offset against any claim submitted under Section 4 if the baggage or any part of it proves to be permanently lost .

SECTION 5 - LEGAL EXPENSES

To pay for legal costs and expenses up to the amount stated in the Schedule incurred by the Insured Person or the Insured Person's representatives in pursuit of legal proceedings against a third party for compensation and/or damages directly arising from or out of injury to or death of the Insured Person during the period of the Journey, including the costs of consultation.

CONDITIONS APPLICABLE TO SECTION 5:

Insurers will not institute legal proceeding where they consider that You are unlikely to obtain a reasonable settlement. Insurers will have complete control over the legal proceedings although the Insured Person does not have to accept the lawyer nominated. Lawyers must be qualified to practice in the Courts of the country where the event giving rise to the claim occurred or where the defendant is domiciled.

If the Insured Person is unable to agree with the Insurer on a suitable lawyer We will ask the ruling body for lawyers in that country to nominate another lawyer. In the meantime the Insurers may appoint a lawyer to protect the interest of the Insured Person.

If an award of compensation is received by You or by a lawyer on your behalf, then all sums advanced or paid by the Insurer shall be repaid out of the compensation received.

Insurers will not institute legal proceedings in more than one country in respect of the same occurrence.

Insurers reserve the right to withdraw at any stage and shall not be liable for further expense.

CONDITIONS APPLICABLE TO ALL SECTIONS

1. No refund of premium is allowed once this Insurance is effected. Individual premiums are to be paid in respect of all Persons and their Immediate Family using a Corporate Account credit card issued by the Insured for the purchase of travel arrangements

2. Written notice of accidents, proceedings or any other events which may give rise to a claim shall be given to the Insurers or their appointed Emergency Assistance Company in writing as soon as practicable. All documents required in support of a claim shall be produced by the Insured Person and at the Insured Person's expense.

3. Except with the written consent of the Insurers no Person is entitled to admit liability on their behalf or to give any representations or other undertakings binding upon them. Insurers shall be entitled to conduct all proceedings arising out of or in connection with claims in the name of the Insured Person and to instruct solicitors of their own choice for this purpose.

4. The due observance and fulfilment of all the terms and conditions of this Insurance by the Insured Person or anyone acting on the Insured Person's behalf insofar as they relate to anything to be done or complied with by the Insured Person or anyone acting on the Insured Person's behalf shall be a condition precedent to any liability of the Insurers to make any payment under this Insurance.

5. The Insured Person must exercise reasonable care to prevent accident, injury, illness, loss or damage. The Insurers or their appointed Emergency Assistance Company will not pay for any loss or damage caused as a result of the Insured Person not acting in a responsible or prudent way to look after property belonging to, or in the custody, of the Insured Person.

6. In the event of the death of the Insured Person, the Insurers shall have the right to have a post mortem at their own expense.

7. If at any time of any loss, damage or liability arising under this Insurance, there is any other insurance covering the same loss, damage or liability the Insurers will pay only in excess of such insurance, excluding benefits payable in respect of Personal Accident (Section 1).

8. The Insurers may at their own expense take proceedings in the name of the Insured Person to recover compensation or secure an indemnity from any third party in respect of any loss or damage covered by this Insurance and any amount so recovered or secured shall belong to the Insurers.

9. This Insurance shall be construed, to be and have effect in accordance with English law, it being agreed however that in the event of a dispute between the Insurers and the Insured as to the interpretation of this Insurance such dispute may be referred to a court of competent jurisdiction in the United Kingdom. The English interpretation of this Insurance and the words used shall prevail, should the wordings contained within this Insurance policy be translated into any other language other than the English language.

10. If a claim is in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or anyone acting on the Insured Person's behalf to obtain any benefit under this Insurance, all benefit under this Insurance shall be forfeited by that Insured Person.

11. Each Insured Person shall be deemed to be insured separately.

12.If any difference shall arise as to the amount to be paid under this insurance (liability being otherwise admitted) such difference shall be referred to an arbitrator to be appointed by the parties in accordance with the statutory provisions in force at the time of the Insurance. Where any difference is by this condition to be referred to arbitration the making of an award shall be a condition precedent to any right of action against the Insurers.

13.The Insured shall have no discretion as to which claims are paid, when they are paid nor the amounts paid to the Insured Person. All such decisions shall rest solely with the Insurers or their appointed Emergency Assistance Company.

EXCLUSIONS

THIS INSURANCE EXCLUDES CLAIMS:

APPLICABLE TO ALL SECTIONS:

1. Directly or indirectly occasioned by or happening through or in consequence of war, hostilities or warlike operations (whether war be declared or not), invasion, acts of an enemy foreign to the nationality of the insured person or in the country in, or over, which the act occurs, civil war, riot, rebellion, insurrection, revolution, overthrow of the legally constituted government, civil commotion assuming the proportions of, or amounting to, an uprising, military or usurped power, explosions of war weapons, utilisation of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, terrorist activity.

For the purpose of this exclusion;

i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s).

ii) Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

iii) Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

iv) Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing(micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taking in controlling, preventing, or suppressing any, or all, of the above.

In any event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

2. Directly or indirectly occasioned by, happening through or in consequence of mountaineering normally requiring the use of ropes or guides, winter sports, riding or driving in races or rallies or participation in competitions or professional sports, potholing or underground activity, underwater activities that require the use of artificial breathing apparatus, suicide, mental illness, anxiety or depression, self-inflicted injury, the use of any drugs (other than medically prescribed by a qualified Medical Practitioner but excluding drug addiction), alcoholism, venereal disease, self exposure to needless peril (except in an attempt to save human life), driving powered vehicles for which the Insured Person does not hold a full licence and riding or driving two-wheeled vehicles of 125 cc or over.

3. Directly or indirectly occasioned by, happening through or in consequence of aviation other than as a fare-paying passenger in a duly certified scheduled multi-engined passenger carrying aircraft flown in the course of licensed operation for transport of passengers by a properly licensed crew.

4. Arising from the loss or destruction of or damage to any property whatsoever or any loss or any loss or expense whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from:
 - (a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
 - (b) the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
5. Arising out of incidents which may give rise to a claim not notified direct in writing or by telephone to the appointed Assistance Company within 31 days of that incident.
6. In respect of items more specifically insured elsewhere.
7. Arising as a result of consequential loss of any kind.
8. Arising out of any injury, illness, death, loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and/or any mutant derivative or variations thereof however caused.
9. Arising out of one-way Journeys or Journeys exceeding 90 days duration.
10. As the result of the Insured Person engaging in any criminal or illegal act.
11. Arising from bankruptcy or liquidation of any party on whom the Journey depends.

APPLICABLE TO SECTION 2 ONLY

1. Arising directly or indirectly from charges levied for services received in the Insured Person's Country of Domicile or any treatment or medication which can be reasonably be delayed until the Insured Person's return to their Country of Domicile or which at the time of departure is known to be required or continued during the Journey or when travelling abroad.
2. pre-planned or pre-known medical treatment abroad
3. Arising directly or indirectly from any form of emergency cosmetic surgery and/or treatment following Accidental Bodily Injury.
4. Expenses incurred and payable more than twelve months after the date of incident giving rise to a claim.
5. Charges for private room accommodation.
6. Expenses incurred for in-patient treatment not specifically authorised by Insurers or their appointed Emergency Assistance Company.
7. Repatriation expenses not specifically authorised by Insurers or their appointed Emergency Assistance Company.
8. Costs incurred after the Insured Person is medically fit to be repatriated after illness/accident abroad.
9. Any treatment, costs or expenses or medication of any kind once the Insured Person(s) has (have) returned to their Country of Domicile.

Where at the time the Insured Person has booked the Journey, any person whose condition gives rise to a claim:

- a) is receiving or on a waiting list for in-patient treatment in a hospital or nursing home,
or
- b) is expected to give birth before, or within two months following date of arriving home,
or
- c) is travelling against the advice of a registered Medical Practitioner or for the purpose of obtaining medical treatment abroad,
or
- d) has been given a terminal prognosis,
or
- e) arising from or contributed to by or aggravated by any pre-existing medical or physical condition.

APPLICABLE TO SECTION 4 ONLY

- a) For damage due to moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration.
- b) For breakage of fragile articles, china, glass or sculpture or arising from the scratching of any lenses(s).
- c) For loss or damage to sports equipment whilst in use.
- d) For loss due to confiscation or detention by Customs or other authority.
- e) For loss of stamps, documents, deeds, manuscripts or securities of any kind.
- f) For loss or damage whilst in the custody of an airline or other Common Carrier, unless such loss or damage is reported to the carrier immediately upon discovery and in the case of an airline a Property Irregularity Report obtained along with written confirmation of the date of loss or damage and the exact time of delivery of the Baggage back to the Insured Person, **only** if recovered. Airline or other baggage tags must be kept. In addition, the airline or other Common Carrier must provide written confirmation that the Insured Person has not received any financial compensation from them due to the loss or damage to the Baggage.
- g) For loss or damage to goods, samples or tools and motor accessories.
- h) For loss of money, held in trust or otherwise, cash, bank or currency notes, cheques, postal or money orders, traveller's cheques, travel tickets, passports and petrol coupons.
- i) In respect of jewellery, electric, electrical and photographic equipment, audio and video equipment and valuables packed in suitcases or other receptacles whilst travelling.
- j) For damage to suitcases, holdalls, hand-Baggage or similar, unless rendered unusable.
- k) For loss of or breakage to contact or corneal lenses or spectacles and sunglasses, dentures, bridgework, hearing aids and artificial limbs.
- l) For loss due to staining of any kind.
- m) Property the Insured Person leaves unattended in a public place.

ADDITIONALLY APPLICABLE TO SECTION 4 ONLY

- a) In respect of shortages due to error, omission, exchange or depreciation in value or confiscation by Customs or other Authority.
- b) Involving theft or suspected theft not reported to the Police within 24 hours of loss or discovery of loss and a written report obtained.
- c) In respect of baggage which is left unattended by the Insured Person unless in a locked room or a locked car boot which is separate from the passenger compartment or concealed by a parcel shelf in the fixed position, and there is evidence of violent and/or forcible entry.

APPLICABLE TO SECTION 5 ONLY

1. Costs or expenses incurred for any claim brought against a Tour Operator, Travel Agent, Carrier or the Insurers of this Insurance.
2. Costs or expenses incurred prior to the granting of support by the Insurers.
3. Any claim reported more than 31 days after the commencement of the incident giving rise to such claim.
4. Any claim where the Insurers consider that the prospects of success in achieving a reasonable settlement are insufficient and/or where the laws, practices and/or financial regulations of the country in which the incident occurred preclude the Insured Person from obtaining a satisfactory settlement.
5. Any costs or expenses incurred without the prior written consent of the Insurers.

CLAIMS PROCEDURE:

The Insurers have appointed the following Company to deal with claims:

Crispin Speers & Partners Ltd
St Clare House
30 – 33 Minories
London

EC3N 1PE

Telephone: United Kingdom +44 (0) 20 7977 5700

Facsimile: United Kingdom +44 (0) 20 7702 9276

In the event of a claim, please apply to Crispin Speers & Partners Ltd (CSP) for a claim form either in writing or by telephone, quoting **Scheme No. CSPX24224410** within **31 days** after the occurrence or commencement of any loss or event covered by this Insurance.

When completed, the form should be returned to CSP with all relevant documentation and the original Card voucher verifying payment for the Travel arrangements. CSP will promptly consider the claim and contact the Insured Person with their response.

Failure to complete the claim form correctly or to sign the form or to supply the required documentation may prejudice the Insured Person's right to indemnity or benefit under this Insurance. The Insured Person's attention is also drawn to the Deductibles applicable to certain Sections of this Insurance.

Payment of any claim shall be limited only to admissible expenses, after allowing for the amounts recoverable from any other organisation, or any insurance policy, or recoverable as damages.

Fraudulent Claims:

If the Insured Person makes a claim knowing the claim to be false or fraudulently exaggerated, or makes a statement in support of a claim knowing it to be false, or submits a document in support of a claim knowing the document to be forged or altered. Then the Insurer shall not pay the claim or any other claim which has been made or will be made under this insurance, shall at its option declare the policy void and shall be entitled to recover from the Insured Person the amount of any claim already paid.

24-HOUR TELEPHONE SERVICE FOR ADVICE OR EMERGENCIES

A 24-hour medical assistance telephone service is operated by Specialty Assistance Services (SAS) (the Emergency Assistance Company) for the Insured Person's benefit. If the Insured Person is admitted to a hospital or clinic as an in-patient, **must be notified within 48 hours of admission** in order to confirm the conditions of cover. The Insured Person should ask the treating Doctor or Physician to contact SAS immediately the Insured Person is admitted in order that such confirmation may be given and direct payment of medical bills arranged.

Settlement of hospital bills not paid by the Insured Person should be referred to SAS at the above address.

If the Insured Person has to be repatriated, as provided for under the **Medical and Other Expenses** Section or the **Curtailment** Section of this Insurance, SAS **must authorise** such repatriation.

The SAS service is provided to help the Insured Person and can be contacted at any time of the day or night, when the call will be answered by experienced Assistance Co-ordinators.

The Insured Person should ensure before making the telephone call that all relevant information is to hand.

The Insured Person, or the Insured Person's legal representative(s) must quote **Scheme No. CSPX24224410** to the SAS/SCS Operator when lodging the claim by telephone and should quote the **Scheme Number** in all communications or correspondence with SAS/SCS.

For assistance Worldwide contact: Specialty Assistance Services, London, UK

Telephone 44 (0) 20 7902 7405 or by facsimile 44 (0) 20 7407 9206

For assistance in the Americas contact: Specialty Assistance Services, Philadelphia, USA

Telephone (1) 215 489 3785 or by facsimile (1) 215 489 8925

For assistance in Africa contact: Specialty Assistance Services, Johannesburg, South Africa

Telephone (27) 11 452 7272 or by facsimile (27) 11 452 4473

For assistance in Asia contact: Specialty Assistance Services, Bangkok, Thailand

Telephone (662) 645 3932 or by facsimile (662) 645 3732

COMPLAINTS PROCEDURES

Crispin Speers & Partners Ltd is dedicated to providing you with a high quality service and they want to ensure that they maintain this at all times. If you feel that they have not offered you a first class service please write and tell them and they will do their best to resolve the problem.

If you have any questions or concerns about any aspect of your insurance, you're Certificate or the handling of a claim you should, in the first instance, contact:

Complaints Department, Crispin Speers & Partners Ltd. St. Clare House, 30-33 Minories
London, EC3N 1PE

Telephone 44 (0) 20 7977 5700 and they will investigate this matter on your behalf

Or

If you are unable to resolve the situation and wish to make a complaint you can do so at any time by referring the matter to the Policyholder & Market Assistance Department at Lloyd's.

Their address is:

Policyholder & Market Assistance Department, Lloyd's Market Services, One Lime Street, London
EC3N 7HA

Telephone No: 44 (0) 20 7327 5693

Fax No: 44 (0) 20 7327 5225

E-mail: Complaints@lloyds.com

Complaints that cannot be resolved by the Complaints Department may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

Law and Jurisdiction

The law and jurisdiction applicable to the contract of reinsurance is the law of England and Wales and the English courts shall have sole jurisdiction in any dispute hereunder.