

**Policyholder:** 
**Ticket number:**   
**Ticket type:** 
**Start date:** 
**End date:**

policy wording tgic

### Dear traveller

Please take the time to read your policy document carefully to ensure that you understand what is, and what is not covered. If you should have any queries, please contact our customer services team on 0845 408 0583, who will be happy to help you.

### The insurers

This policy is underwritten by Travel & General Insurance Company plc authorised and regulated by the Financial Services Authority (FSA). 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.

### Claims advice

**What to do if you need to make a claim**

For replacement tickets under Section A, please refer your claim to First Bristol Limited who provide your ticket.  
 For any claims under Sections B or C, please contact our claims handlers who will assist you. To make the process quicker please have your policy certificate number to hand, the name of the company that sold you your policy and a full description of the incident. You must notify us within 31 days of the event giving rise to the claim.

If you need a claim form call our claims handler:

**t 0044 (0)845 450 3935**

The claims handler will forward the relevant claims forms to you, which you will need to complete and return. In addition, each section of the policy sets out the specific evidence that we will require to process your claim.

### Complaints procedure

It is our intention to provide you with the best service possible, but there may be occasions when you feel that we have not done so. If this should happen, please call our Customer Services Manager on 0845 408 0583. We will try to resolve your complaint immediately, but if we are unable to do so, we will acknowledge your complaint within 5 working days of receiving it.

Should we be unable to resolve your complaint, you may write to:

The Complaints Manager, Travel & General Insurance Company plc, Level 1, Tower 42, Old Broad Street, London EC2N 1HQ

Should you still be dissatisfied, you will receive a 'final response' letter, which means that you may then take your complaint to the Financial Ombudsman Service (FOS), South Quay Plaza, 183 Marsh Wall, London, E14 9SR. Telephone 0845 080 1800. Contacting the FOS does not in any way infringe upon your consumer rights.

### Call monitoring and recording

Telephone calls may be monitored or recorded in order to improve customer service and to prevent and detect fraud.

### Schedule of cover

Section	Sum insured per person	Excess
A Ticket replacement	Up to 2 replacement tickets	Nil
B Personal accident Death	£10,000 £10,000 (£1,000 if aged under 18)	Nil
C Personal Liability	Up to £1,000,000	£50

### Important information

**Cancellation of policy**

Please read this policy carefully. If it does not meet *your* requirements, please contact First Bristol Limited and they will try to meet *your* needs. If they cannot do so, please return it at once. If all *your* policy documents and all other relevant documents are returned within 14 days of receipt they will refund the premium in full, provided you have not travelled or made a claim.

**Eligibility**

*You* must be a *resident* of or have a residential address and resided in the United Kingdom or the Republic of Ireland for at least 6 months of the last 12 months and be registered with a general practitioner.

**Period of insurance**

Cover under Section A applies only during the start and end dates as indicated in *your* policy certificate. Cover under Sections B and C of the policy only applies during the start and end dates as indicated in *your* policy certificate and only for the duration of *your* journey on a First Bristol Limited bus. Cover does not apply when *you* are not travelling on a First Bristol Limited bus.

**Geographical limits**

**UK** - England, Scotland, Wales and Northern Ireland.

**Limits of cover**

Certain limits apply to each section of the policy. These limits are shown in the Schedule of cover.

**Excesses**

*You* will have to pay a fixed amount (an excess) towards any claim *you* make under certain sections.

These excesses are shown in *your* Schedule of cover. The excess applies separately to each person claiming and each incident that leads to a claim.

**Terrorism**

The policy provides cover where the claim is directly related to a conventional *terrorist act*. No cover is provided under this policy where the loss is in connection with a nuclear, chemical or biological *terrorist act*.

**Law**

This insurance will be governed by the law of England and Wales, and subject to the exclusive jurisdiction of the English courts.

**Compensation**

Travel & General Insurance Company plc is covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that an authorised firm goes out of business *you* may be entitled to compensation from the scheme. Full details are available at [www.fscs.org.uk](http://www.fscs.org.uk)

### Definitions

The following words used in this insurance policy, highlighted in italics carry the meaning shown below wherever they appear in the insurance wording.

**Home** *Your* permanent residence in the **UK**.

**Insured person/You/Your** The person named on this *policy certificate* and the owner of the monthly or annual First Group plc bus ticket that is being insured.

**Medical practitioner** A registered practicing member of the medical profession who is not related to *you*.

**Period of insurance** Cover under Section A applies only during the start and end dates as indicated in *your* policy certificate. Cover under Sections B and C of the policy only applies during the start and end dates as indicated in *your* policy certificate and only for the duration of *your* journey on a First Bristol Limited bus. Cover does not apply when *you* are not travelling on a First Bristol Limited bus.

**Policy certificate** A document provided by *us*, or an Appointed Representative of *us* to validate and activate the insurance cover.

**Resident** A person who has a residential address in the **UK**, and has resided in the **UK** for at least 6 months of the last 12 months.

**Terrorist act** A terrorist act is an act which is verified or recognised by the **UK** government as an act of terrorism. It includes but is not limited to, the use of force or violence and/or threat thereof of any person or group(s) of persons whether acting alone or on behalf of, or in connection with, any organisation(s) or government(s) committed for political, religious, ideological or similar purposes, including the intention to coerce or intimidate any government and/or to put the public or any section of the public in fear.

**Ticket** An annual bus season ticket issued by First Bristol Limited.

**UK** England, Scotland, Wales and Northern Ireland.

**We/Us/Our** Travel & General Insurance Company plc.

## General conditions and exclusions

These apply to all sections of the policy. There are also additional conditions and exclusions that apply to the individual sections of the policy.

### General conditions

We will not pay any claims under this policy unless **you** meet the following conditions

- You** are a **resident** of the **UK** or the Republic of Ireland and registered with a general practitioner.
- You** must travel only within the UK.
- You** must take all ordinary and reasonable care to avoid accidents, injury, loss or damage.
- You** must tell us about any claim within 31 days of the incident.
- You** must forward to us immediately, and unanswered, all documents (including writ and summons) **you** receive in connection with a claim.
- You** must give us all the information, documents and help that we need at **your** own expense. This includes medical certificates and details of **your** household insurance and any other insurance that may cover a claim under this policy.
- You** must not admit liability, offer or promise to pay anyone without our written permission.

### We have the right to

- Retain **your** premium unless **you** return the policy to us within 14 days of receiving it. At that time we will refund **your** premium only if we receive the returned policy before the start date shown on **your** policy certificate; and **you** have not made a claim.
- Cancel **your** cover from the start of the policy if **you** do not pay the premium;
- Reject any claim and cancel the policy in the event of misrepresentation, fraud and/or **your** failure to tell us any information that could affect this policy;
- Take over and defend or settle in **your** name any claim made under this policy;
- Take legal action in **your** name but at our expense to recover any payment we have made under the policy;

### General exclusions

We will not pay for any loss under this policy in connection with or caused in any way by

- war, invasion, hostilities or warlike operations, rebellion, insurrection or civil unrest.
- any **terrorist act** where such act involves a nuclear, chemical or biological attack;
- ionising radiation or radioactive contamination caused by nuclear fuel or waste or the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment;
- you** committing suicide, deliberately injuring yourself, making yourself ill or putting yourself in needless danger, unless **you** are attempting to save a human life;
- you** being under the influence of alcohol, where it affects **your** actions or drug related incidents, solvent abuse or insanity;
- a criminal or dishonest act by **you**;

We will not pay for

- Any losses which are not specifically mentioned in the policy;
- Any loss or damage more specifically insured by another policy;
- Your** expenses in providing any certificates, information or evidence we need. However, if **you** are claiming for physical injury or illness, we may ask and will pay for **you** to have a medical examination. We may also ask and pay for a post-mortem examination in the event of the death of any **insured person**.

## Section A

### Ticket replacement

What we will pay for

- We will replace **your ticket** if it is accidentally lost, stolen or damaged during the period of insurance.
- You** are entitled to two replacement tickets under this insurance. No more than two replacement tickets will be provided per year.

Conditions

- You** must report all theft or losses to the police within 24 hours of discovery and obtain a written police report or crime reference number.
- You** must retain all damaged tickets.

## Section B

### Personal accident

#### What we will pay for

- We will pay **you** or **your** legal representative up to the amount shown on the Schedule of cover if during the **period of insurance** **you** sustain bodily injury caused by accidental, external, violent and visible means and within 12 months **you** suffer one of the following:
  - death;
  - total and permanent loss of sight in one or both eyes or total loss by physical severance or total and permanent loss of use of one or more limbs at or above the wrist or ankle;
  - permanent and total disablement from engaging in paid employment or paid occupation provided this occurs within one year of the event happening and the injury is the sole cause of the permanent disability.

#### Conditions in addition to the general conditions

- Benefit claims under point 1c will be limited to 25% of the amount shown on the Schedule of cover if **you** were not employed for the six months prior to the date of departure shown on **your** policy certificate.

#### What we will not pay for in addition to the general exclusions

- Any event which is a result of:
  - your** own negligence;
  - you** or anyone else covered by this policy being in control of a mechanical vehicle.
- More than one of the benefits resulting from the same injury.
- More than £1,000 when **your** age is under 18 years on the event date in respect of What we will pay for, item (a) above.
- Any accident that **you** suffer outside the **period of insurance**.

#### Claims evidence required

- For all claims **you** must provide a written police report.
- You** must provide a medical certificate from the treating **medical practitioner**.
- In the event of a death, the original death certificate must be provided.
- Any other relevant information we may ask **you** for.

## Section C

### Personal liability

#### Additional definitions which apply only to this section

**Immediate family:** Mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, step-parent, step-child, step-brother, step-sister, legal guardian, partner of long standing or fiancé(e).

#### What we will pay for

- We will indemnify **you** against all sums up to the amount stated in the Schedule of cover which **you** are legally liable in a personal capacity to pay in respect of accidents happening during the **period of insurance** resulting in:
  - bodily injury or death to any person who is not a member of **your immediate family**, **your** travelling companion or in **your** service;
  - accidental loss or damage to property that neither belongs to **you** nor is in **your** charge nor under the control of **you**, any member of **your immediate family**, **your** travelling companion or any person in **your** service;
 In the event of **your** death **your** personal representative will receive the benefit of the cover granted by this section.

#### Conditions in addition to the general conditions

- Full details of the circumstances giving rise to the claim, plus any supporting evidence are supplied to us without delay.
- No admission of liability or any other action taken without our prior agreement.
- All developments of the claim and all related correspondence are supplied to us without delay.

#### What we will not pay for in addition to the general exclusions

- The excess for each claim for each separate incident as shown in the Schedule of cover in respect of items (c) above.
- Any fines imposed by a court of law or other relevant bodies.
- Any liability for bodily injury, death, loss of or damage to property, which **you** are covered for by any other insurance.
- Any liability for bodily injury or death suffered by anyone employed by **you** or a member of **your immediate family** or travelling companion and is caused by the work they are employed to do.
- Any liability for bodily injury, death, loss of or damage to property arising from:
  - your** deliberate act or omission;
  - anyone employed by **you**, a member of **your immediate family** or travelling companion;
  - your** pursuit of any trade, business, profession or occupation;
  - any animal **you** own, look after or control;
  - your** agreement to take responsibility for that which **you** would not otherwise have been responsible for;

#### Claims evidence required

- You** must provide us with full details of the circumstances giving rise to the claim in writing and any supporting evidence.
- You** must give us notice in writing immediately if **you** or **your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in connection with any occurrence for which there may be liability
- Any other relevant information we may ask **you** for.

## Data protection

### Managing your insurance policy

We will use the information that you give us to manage your insurance policy, including underwriting and claims handling. This may include disclosing it to other insurers, regulatory authorities or to our agents who provide services on our behalf. Who we will speak to about your policy

At the request of many of our customers and to make managing your insurance more convenient, it is our policy to deal with your spouse or partner who contacts us on your behalf, provided they are named on the policy. If you would like someone else to be able to deal with your policy for you on a regular basis please let us know. In some exceptional circumstances we may also deal with other people who contact us on your behalf. If at any time you would prefer us to deal only with you, please contact us to let us know.

Please be reassured that we will not make your personal details available to any other organisations to use for their own marketing purposes.

**You** are entitled on payment of a fee to receive a copy of the information we hold about you. This will be information that you have given us. We do not hold any information relating to your credit status.

If you would like a copy of your information, please write to the Data Protection Officer, Travel & General Group, Level 1, Tower 42, Old Broad Street, London EC2N 1HQ