



000072/000389

**Mr P E Lisewski**  
**40 Gledstones Road**  
**London**  
**W14 9HU**

Policy number  
**17175861**

Date  
**12/3/2014**

## WHAT TO DO NOW

• **Check that the information contained in this letter, the enclosed Renewal Notice and Proposal Confirmation is still true and entirely accurate**

• **Call us if you have any queries or if you require changes (e.g. to the area or people to be covered)**

• **If you pay by credit card, check that the credit card reference is correct**

• **Nothing more to do - we will renew your policy automatically**

**Dear Mr Lisewski**

## **Automatic Renewal of Your Direct Line Annual Travel Insurance.**

For the last year you've enjoyed the added reassurance and convenience of our annual cover:

- protection against cancellation of your trip, from the moment you book
- cover for UK breaks
- no worries about travelling uninsured because you forgot to buy insurance.

**Unless we hear from you otherwise, we will renew your cover automatically by collecting your payment from your credit/debit card at least 7 days after the renewal date.** We've shown the renewal premium on the enclosed renewal notice based on the same type of cover as you chose last year.

If you would like to change to payment by direct debit, please telephone the Customer Hotline number above, and have your account details to hand when you call.

If you do not wish us to automatically renew your cover, simply give us a call on 0845 246 0211 - we'll be happy to make alternative arrangements for your travel insurance requirements.

### **Important**

Please be aware that by renewing your insurance, you are entering into a new contract with us. It is therefore essential that you carefully read the information contained in this letter and the enclosed policy documents. You must take care to provide us with accurate information and you should notify us immediately if anything is incorrect or if you are unsure about any details. Providing inaccurate information could adversely affect your policy, including invalidating your policy and causing claims to be rejected or not fully paid. This is particularly important if the state of health of anyone connected with this policy or the journey covered by it changes.

If there are any changes to the terms of your policy these will be outlined in the form of an important notice which will be included as a leaflet within this pack.

If all the details shown on the renewal notice meet your requirements, you can carry on travelling with the reassurance of continued cover from Direct Line. If you would like a new policy booklet, please call our Customer Hotline on 0845 246 0489.

Yours sincerely

***Direct Line Travel Insurance Team***





## Travel Insurance Renewal Notice (Annual)

Issued **12/3/2014**

This document forms the basis of the Direct Line Travel Insurance Quotation. Please ensure that the details shown are correct

**POLICY NUMBER** 17175861

**PROPOSER** **Mr P E Lisewski**  
40 Gledstones Road  
London  
W14 9HU  
Date of Birth: **04/07/67**

Phone details:  
07931556236

**PREMIUM** (including Insurance  
Premium Tax where applicable) **£171.70**

**CREDIT CARD CHECK** **£171.70**

**PROPOSED INSURED PERSONS** **Mr P Lisewski**  
No Medical Condition Disclosed

**Miss S Antczak**  
No Medical Condition Disclosed

**Miss S Lisewski**  
No Medical Condition Disclosed

If we have declined to cover a medical condition for any insured person(s), this policy will not cover any claim directly or indirectly linked to the declined condition. This applies to all insured persons named on the policy schedule and for all sections of cover.

**GEOGRAPHICAL REGION** EUROPE

**PERIOD OF INSURANCE** Start Date : **12/04/2014**  
End Date : **11/04/2015**

### IMPORTANT

Please check that this Policy meets your needs. It is based on the most up to date information provided by you. You must take care to provide us with accurate information and you should notify us immediately if anything is incorrect or if you are unsure about any details. Providing inaccurate information could adversely affect your Policy, including invalidating your Policy and causing claims to be rejected or not fully paid. You can call us on our Customer Help Line to advise us of any inaccuracies. Should any of the information contained in the Proposal Confirmation and your Policy Schedule change during the period of insurance you should notify us immediately.

Please ensure that all insured persons have sight of the Policy Schedule and the Proposal Confirmation to ensure their details are correct and all pre-existing medical conditions have been disclosed to us.



---

## **COVER**

Please refer to your policy booklet for policy excesses , terms and conditions and maximum cover limits per section. Some sections of cover are optional and only apply if you have paid the additional premium that applies.

### **Section**

**A - Personal Belongings**

**B - Delayed Personal Possessions**

**C - Personal Money**

**D - Emergency Medical and Travel Expenses Abroad**

**E - Emergency Medical Expenses in the UK**

**F - Cancellation of a Journey**

**G - Cutting Short a Journey**

**H - Personal Accident**

**I - Personal Liability**

**J - Delayed or Missed Departure**

**K - If You Lose Your Passport**

**L - Legal Assistance**

**M - Winter Sports Cover**

**N - Disaster Cover**

**O - Travel, Accommodation and Other End Supplier Failure Cover**



## Travel Insurance Proposal Confirmation

Issued 12/3/2014

Please check this form and ensure that the information provided is correct. You must take care to provide us with accurate information.

If any of these details are incorrect, no longer entirely accurate or if you are unsure about them, then please call us immediately as incorrect information could adversely affect your Policy, including invalidating your Policy and causing claims to be rejected or not fully paid. You can call us on our Customer Help Line to advise us of any inaccuracies.

Please keep this document in a safe place with your other Policy documents.

**POLICY NUMBER**      **17175861**

**PERIOD OF INSURANCE**      **12/04/2014 - 11/04/2015**

**POLICYHOLDER**      **Mr P E Lisewski**  
40 Gledstanes Road  
London  
W14 9HU  
Date of Birth: **04/07/67**

The following sections detail some of the key representations that you made to us before your policy was entered into.

### TRAVELLERS STATEMENTS

You agree that nobody insured by this policy:

Is currently suffering from or has suffered from a heart condition (including heart attack) or cancer related condition	Y
Is awaiting a medical investigation, surgery or treatment	Y
Is suffering from any other medical condition	Y

You agree that everyone insured by this policy:

- Is a resident of the United Kingdom	Y
- Is named on the Policy Schedule	Y
- Is the age stated below	Y

Mr P Lisewski	Age 46
Miss S Antczak	Age 36
Miss S Lisewski	Age 20

### TRIP STATEMENTS

You agree that:

- All trips start and end in the UK	Y
- No trips will extend beyond the geographical area shown below	Y

Geographical area:      Europe

Continues...

---

**IMPORTANT**

Please check that this Policy meets your needs. It is based on the most up to date information provided by you. You must take care to provide us with accurate information and you should notify us immediately if anything is incorrect or if you are unsure about any details. Providing inaccurate information could adversely affect your Policy, including invalidating your Policy and causing claims to be rejected or not fully paid. You can call us on our Customer Help Line to advise us of any inaccuracies. Should any of the information contained in this Proposal Confirmation and your Policy Schedule change during the period of insurance you should notify us immediately.

Please ensure that all insured persons have sight of the Policy Schedule and the Proposal Confirmation to ensure their details are correct and all pre-existing medical conditions have been disclosed to us.