



Customer Hotline

0345 246 0489

Claims Hotline

0345 2468 680

000006/000029

Mr P E Lisewski
40 Gledstanes Road
London
W14 9HU

Dear Mr Lisewski

Policy number
17175861

Date
22/7/2015

Travel Insurance

With reference to your recent request to amend your Policy, we enclose a revised Policy Schedule which replaces the earlier Schedule in your possession.

Please check the Schedule and ensure that the information provided is correct. 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 claims being rejected or not fully paid.

If you need any help, you can call us on the Hotline between 8am - 9pm Monday to Friday, 9am - 5pm Saturday and 10am - 5pm Sunday.

Yours sincerely

Direct Line Travel Insurance Team



Travel Insurance Policy Schedule

(Annual)

Issued **22/7/2015**

This schedule forms part of the Policy. Read it in conjunction with the Travel Insurance Policy and keep it in a safe place.

POLICY NUMBER	17175861	
POLICY HOLDER	Mr P E Lisewski 40 Gledstanes Road London W14 9HU Date of Birth: 04/07/67	Phone details: 07931556236
PREMIUM (including Insurance Premium Tax where applicable)	£75.90	
INSURED PERSON(S)	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	WORLDWIDE	
PERIOD OF INSURANCE	Start Date :	22/07/2015
	End Date :	11/04/2016
42 days in any one journey 120 days in any period of insurance, including 22 days Winter Sports in any period of insurance		

IMPORTANT HEALTH DECLARATION**Medical Conditions, Cancellations and Curtailment**

Except where the words "Medical condition disclosed" appear on this Schedule under the name of the appropriate individual, the policyholder answered "No" to the following questions on behalf of everyone insured under this policy:

1. "Have you suffered or are you suffering from a heart or cancer related condition?"
2. "Are you awaiting any form of surgery, medical investigation or treatment?"
3. "Do you have any medical condition for which you may or may not be taking any form of medication?"

The policyholder also answered "No" on behalf of everyone insured under this policy to the question "Do you know of any reason why the proposed journey could be cancelled or curtailed?"

Should any of these responses be incorrect or the state of your health change at any time during the period of insurance, you must advise us before making any new travel arrangements by calling us as soon as possible. Failure to do so may invalidate the insurance.

Please ensure that all insured persons have sight of this declaration 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

