



000104/000585

Mr P E Lisewski
40 Gledstones Road
London
W14 9HU

Policy number
17175861

Date
14/3/2016

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 0345 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.

We recommend that you review your cover, including any optional extras. You can choose to remove any optional extras if they no longer meet your needs; removing an optional extra does not mean you need to cancel your whole policy. If you want to remove any optional extras or change your cover in any way at renewal please contact us, we will be happy to help you.

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 0345 246 0489.

Yours sincerely

Direct Line Travel Insurance Team



Travel Insurance Renewal Notice (Annual)

Issued **14/3/2016**

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)	£279.01	
CREDIT CARD CHECK	£279.01	
PROPOSED INSURED PERSONS	<p>Mr P Lisewski No Medical Condition Disclosed</p> <p>Miss S Antczak No Medical Condition Disclosed</p> <p>Miss S Lisewski No Medical Condition Disclosed</p> <p>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.</p>	
GEOGRAPHICAL REGION	WORLDWIDE	
PERIOD OF INSURANCE	Start Date : 12/04/2016	End Date : 11/04/2017

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 14/3/2016

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 12/04/2016 - 11/04/2017

POLICYHOLDER Mr P E Lisewski
40 Gledstones 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

Is anyone insured by this policy:

- | | |
|---|----|
| - currently suffering from or has suffered from a heart condition (including heart attack) or cancer related condition? | No |
| - awaiting a medical investigation, surgery or treatment? | No |
| - suffering from any other medical condition? | No |

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 48
Miss S Antczak	Age 38
Miss S Lisewski	Age 22

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: Worldwide

Continues...

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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.