



Virgin Atlantic COVID-19 Cover Guide

Cover is only available for **journeys** that include a Virgin Atlantic Airways flight ticket.
Cover will end on **1st April 2021**, even if this is part way through **your journey**.

This guide is not an insurance contract but summarises the Group Insurance Policy held by Virgin Atlantic Ltd for the benefit of (and in trust for) Virgin Atlantic passengers who have booked to fly using a Virgin Atlantic Airways Ltd ticket (with a ticket number beginning 932) and who fly at least once on a Virgin Atlantic operated flight as part of their **journey**.

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Important contact details

Customer Services:	Phone: UK +44 (0)20 8239 4030 Email: insurance@allianz-assistance.co.uk
24hr emergency medical assistance (for medical emergencies, extension or curtailment requests):	Phone: UK +44 (0)20 8239 4028 Email: medical@allianz-assistance.co.uk
Claims:	Phone: UK +44 (0)20 8239 4029 Email: travel.claims@allianz-assistance.co.uk

In a life or death situation call the emergency services in the country **you** are visiting for example 112 within the European Union or 911 in the USA.

24-hour emergency medical assistance

Please tell **us** immediately about any serious illness arising only due to **coronavirus** whilst you are abroad. This includes where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of this illness. If **you** are unable to contact **us** immediately due to the severity of **your** health, please contact **us** as soon as **you** (or a representative on **your** behalf) are able to. You can call 24 hours a day 365 days a year or email.

Phone: **UK +44 (0)20 8239 4028** Fax: **UK +44 (0)20 8603 0204**

Email: **medical@allianz-assistance.co.uk**

Please give **us your** age and **your** record/booking locator or reference (PNR). Say that **you** are insured under the Virgin Atlantic COVID-19 Cover.

Below are some of the ways the 24-hour emergency medical assistance service can help.

Confirmation of payment

We will contact hospitals or **doctors** abroad and guarantee to pay their fees, providing **you** have a valid claim.

Repatriation

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing home in **your home** country, **you** will normally be transferred by regular airline or road ambulance. Where medically necessary in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go **home** early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

You can contact **us** at any time, day or night. **You** will be answered by one of **our** experienced assistance co-ordinators who **you** should give all relevant information to.

About us and our insurance services



Allianz Assistance
102 George Street
Croydon
CR9 6HD
United Kingdom

1. The Financial Conduct Authority (FCA)

The FCA is the independent watchdog that regulates financial services. Use this information to decide if our services are right for you.

2. Whose products do we offer?

We are an insurance intermediary that offers products from a single insurance company, AWP P&C SA which is a French company duly authorised in France. We act on their behalf.

3. Which service will we provide you with?

You will not receive any personal advice or a recommendation from us for Virgin Atlantic COVID-19 Cover.

4. What will you have to pay us for this service?

Virgin Atlantic Ltd will pay the premium for your cover. We are paid for our services to you by the insurance company, AWP P&C SA. The nature of such payment is a mixture of commission and other fees based on our costs for administering the Group Insurance Policy held by Virgin Atlantic for their passengers.

5. Who regulates us?

Allianz Assistance is trading name of AWP Assistance UK Ltd, 102 George Street, Croydon CR9 6HD, UK which is authorised and regulated by the Financial Conduct Authority. Our Financial Services Register number is 311909. Our permitted business includes arranging travel insurance.

You can check this on the Financial Services Register by visiting the FCA's website www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

6. What to do if you have a complaint

If you wish to register a complaint, please contact us:

- Write to: Customer Service, Allianz Assistance, 102 George Street, Croydon CR9 6HD, UK
- Phone: +44 (0)20 8603 9853
- Email: customersupport@allianz-assistance.co.uk

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service for independent arbitration. Visit: www.financial-ombudsman.org.uk write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR, UK; call 0800 023 4567 or 0300 123 9 123, email: complaint.info@financial-ombudsman.org.uk

7. Are we covered by the Financial Services Compensation Scheme (FSCS)?

For your added protection, we are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations.

Insurance advising and arranging is covered for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangements is available from the FSCS by calling 0800 678 1100 or +44 (0)20 7741 4100, or visiting their website at www.fscs.org.uk

Summary of cover

The following is only a summary of the main cover limits. **You** should read the rest of this guide for the full terms and conditions.

Cover	Limit (up to)
1. Emergency medical and associated expenses - Funeral expenses	£500,000 £5,000
2. Quarantine and denied boarding cover - Refreshments	£3,000 £1,000

Important information

Virgin Atlantic COVID-19 Cover covers all persons named on **you** booking confirmation as flying using a Virgin Atlantic Airways ticket (with a ticket number beginning with 932) where **you** have at least one booked Virgin Atlantic operated flight during **your journey**. **You** must fly a least once on a Virgin Atlantic operated flight during **your journey** for cover to apply.

Virgin Atlantic COVID-19 Cover does not cover everything. **You** should read this guide carefully to make sure **you** understand the cover being provided. If there is anything **you** do not understand **you** should call **us** on **UK +44 (0)20 8239 4030** email **insurance@allianz-assistance.co.uk** or write to **us** at 102 George Street, Croydon, CR9 6HD, UK.

Insurer

Virgin Atlantic COVID-19 Cover is underwritten by AWP P&C SA and is administered in the **United Kingdom** by Allianz Assistance.

How your cover works

You are a beneficiary under a group insurance contract between the **insurer** and Virgin Atlantic Ltd. **You** have no contractual relationship with the **insurer** but **we** will pay for any claim **you** make which is covered by the group policy and happens during the **period of insurance**. For the purposes of the Financial Conduct Authority's conduct of business rules, **you** are not a customer of the **insurer**.

Unless specifically mentioned, the benefits and exclusions within sections 1 and 2, apply to each person covered under this group policy.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout this guide.

Financial Services Compensation Scheme (FSCS)

For **you** added protection, the **insurer** is covered by the FSCS. **You** may be entitled to compensation from the scheme if the **insurer** cannot meet its obligations. This depends on the type of business and the circumstances of the claim.

Insurance cover provides protection for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangements is available from the FSCS, telephone number **0800 678 1100** or **+44 (0)20 7741 4100**, or by visiting their website at **www.fscs.org.uk**.

Governing law

Unless agreed otherwise, English law will apply and all communications and documentation in relation to this guide will be in English. In the event of a dispute concerning this guide the English courts shall have exclusive jurisdiction.

Definition of words

When the following words and phrases appear in this guide, they have the meanings given below. These words are highlighted by the use of bold print.

Coronavirus

Coronavirus disease 2019 (COVID-19) or any subsequent mutation of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that has been recognised by the World Health Organization.

Doctor

A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than **you** or a **relative**.

Economic sanction(s)

Any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or **United Kingdom**. These may change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freezing the assets of a government, the corporate entities and residents of a sanctioned country, or freezing the assets of specific individuals or corporate entities.

Epidemic

A contagious disease recognised by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination

Home

Your usual place of residence.

Insurer

AWP P&C SA.

Journey

A trip that takes place during the **period of insurance** which begins when **you** leave your **home** or temporary accommodation and ends when **you** get back **home** or to a hospital or nursing home in **your home** country, whichever is earlier. For **one-way trips**, the end of **your journey** will be 12 hours after the arrival of **your** final flight.

Note

You will only be covered if **you** are booked to fly using a Virgin Atlantic Airways ticket (with a ticket number beginning with 932) and **you** fly at least once on a Virgin Atlantic operated flight during **your journey**. There is no cover provided if **you** do not actually travel on at least one Virgin Atlantic operated flight during **your journey**.

One-way trip(s)

Any trip where **you** do not have a return flight booked to enable **you** to return **home** or back to the airport **your** Virgin Atlantic flight commenced from, prior to the start of **your journey**.

Pandemic

An **epidemic** that is recognised as being a pandemic by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination

Period of insurance

Cover starts when **you** book **your journey** and finishes either at the end of **your journey** or on the 1st April 2021 (whichever is earliest).

Quarantine

Mandatory confinement, intended to stop the spread of a contagious disease to which **you** or a **travelling companion** has been exposed.

Refreshments

Food and non-alcoholic drinks.

Relative

Your mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).

Travelling companion

Any person that has booked to travel with **you** on **your journey**.

We, our, us

Allianz Assistance administers the insurance on behalf of the **insurer**.

You, your

Each person named on the travel booking confirmation as flying using a Virgin Atlantic Airways ticket (with a ticket number beginning with 932) and who fly at least once on a Virgin Atlantic operated flight during their **journey**.

Emergency medical and associated expenses - Section 1

If, as a result of **your** illness arising only from **coronavirus**, **you** are taken into hospital or **you** think **you** may have to come **home** early, extend **your journey** or if **your** expenses are over **£500** **we** must be contacted immediately - see under the heading '24-hour emergency medical assistance' for more information. If **you** are unable to contact **us** immediately due to the severity of **your** health, please contact **us** as soon as **you** (or a representative on **your** behalf) are able to.

WHAT YOU ARE COVERED FOR

We will pay **you** or **your** Personal Representatives for the following necessary and unforeseen emergency expenses if **you** die or are taken ill during **your journey** due to contracting **coronavirus**.

Cover outside your home country

Up to **£500,000** for reasonable fees or charges **you** incur for:

- **Treatment**
medical, surgical, medication costs, hospital, nursing home or nursing services.
- **Repatriation**
your repatriation to **your home** country if medically necessary.
- **Transport and accommodation**
reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from **your home** country on medical advice.
- **Funeral expenses**
the reasonable cost of transporting **your** body or ashes to **your home** or **we** will pay up to **£5,000** for **your** funeral expenses, in the place where **you** die outside **your home** country.

Cover within your home country

Up to **£1,500** for:

- **Transport and accommodation**
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from within **your home** country on medical advice; and the reasonable cost of transporting **you**, **your** ashes or body **home**.

WHAT YOU ARE NOT COVERED FOR

Under Cover outside your home country

The cost of replacing any medication **you** were using when **you** began **your journey**.

Services or treatments **you** receive within **your home** country.

Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country.

Medical costs over **£500**, in-patient treatment or repatriation which **we** have not authorised.

The extra costs of having a single or private room in a hospital or nursing home, unless the treating **doctor** has deemed this mandatory due to the nature of **your** illness.

The cost of all treatment which is not directly related to a diagnosis of **coronavirus**.

Your burial or cremation within **your home** country.

Under Cover outside your home country and Cover within your home country

Extra transport and accommodation costs which are of a higher standard than those already booked for use on **your journey**, unless **we** agree.

Anything caused by any medical condition other than **coronavirus**.

Any costs incurred for PCR testing unless carried out on the request of a **doctor** in order to provide treatment.

Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section.

Any costs incurred outside the period of **your journey**.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Quarantine and denied boarding cover - Section 2

WHAT YOU ARE COVERED FOR

We will pay up to **£3,000** in total (but no more than **£1,000** for **refreshments**), for **your** part of necessary additional costs for personal accommodation, transport charges, **refreshments**, booking amendment fees and other travel expenses incurred.

We will provide this cover in the following necessary and unavoidable circumstances that prevent **you** from travelling as planned during **your journey**:

- **You** or a **travelling companion** are held in **quarantine** by order or other requirement of a government or public authority, based on their suspicion that **you** or a **travelling companion**, specifically, have been exposed to **coronavirus**. This does not include any **quarantine** that applies generally or broadly to some or all of a population, vessel or geographical area, or that applies based on where **you** are travelling to, from or through.
- **You** or a **travelling companion** being refused boarding of the public transport on which **you** are booked to travel, on the order of any government, public authority or carrier, due to **you** or a **travelling companion**, displaying symptoms of **coronavirus**.

WHAT YOU ARE NOT COVERED FOR

Denied boarding or **quarantine** due to any reason other than the suspicion that **you** or a **travelling companion** currently have or have been exposed to **coronavirus**.

Credit card and banking transaction fees.

The cost of any new flight booking unless **your** airline is unable to offer a suitable alternative flight as an amendment to **your** original booking.

The cost of any unused **journey** expenses.

Any alcoholic beverages.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, loyalty card points, redeemable vouchers or another similar scheme.

Extra transport and accommodation costs which are of a higher standard than those already booked for use on **your journey**, unless **we** agree.

Anything caused by:

- **you** not having the correct passport or visa;
- **you** choosing to delay **your** onward travel or **your** return to **your home** country after **you** have completed the required **quarantine** period or have been cleared to travel;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- **you** not wanting to travel or not enjoying **your journey**;
- riot, civil commotion, strike or lock-out;
- the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

General exclusions

The following exclusions apply to the whole of the Group Insurance Policy held by Virgin Atlantic Ltd:

We will not cover **you** for any claim arising from, or consisting of, the following:

- 1 Any expenses not directly caused by **coronavirus**.
- 2 War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, terrorism or weapons of mass destruction.
- 3 **You** not following any advice or recommendations made by the World Health Organization or any other government or official authority in any country **you** are travelling from, through or to. This includes where certain vaccinations or other preventative measures are recommended as well as advice against travel.
- 4 Any **economic sanction** which prohibits **us**, the **insurer** or members of the Allianz Group from providing cover under this Group Insurance Policy.
- 5 Any **epidemic** or **pandemic**, except **coronavirus**.
- 6 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 7 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 8 Any currency exchange rate changes.
- 9 **You** acting in an illegal or malicious way.
- 10 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 11 **You** being under the influence of alcohol, of solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug or alcohol addiction).
- 12 **You** not enjoying **your journey** or not wanting to travel.
- 13 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the Group Insurance Policy.
- 14 Something that happened before **your** travel tickets for **your journey** were bought and which could reasonably have been expected to be the reason for a claim.
- 15 Any part of a **journey** booked to take place after 31st March 2021.

Conditions

The following conditions apply to the whole of the Group Insurance Policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

- 1 **You** will only be covered if **you** are booked to fly using a Virgin Atlantic Airways ticket (with a ticket number beginning 932) and **you** fly at least once on a Virgin Atlantic operated flight as part of **your journey**.
- 2 **You** take reasonable care to protect yourself and **your** property against accident, injury, illness, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have a valid record/booking locator reference (PNR) for a Virgin Atlantic Airways ticket (with a ticket number beginning 932) and **you** fly at least once on a Virgin Atlantic operated flight as part of **your journey** during the **period of insurance**.
- 4 **You** accept that **we** will not extend the **period of insurance**.
- 5 **You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for.
- 6 **You** accept that no alterations can be made to the benefits **we** will provide to **you**.

We have the right to do the following

- 1 Decline any claim **you** make and make no payment if **you**, or anyone acting for **you**, make a claim under this Group Insurance Policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration or deliberate mis-statement when supporting **your** claim. **We** may in these instances report the matter to the police.
- 2 Take over and deal with, in **your** name, any claim **you** make under this Group Insurance Policy.
- 3 Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any forms (including Department for Work and Pension's forms), which will help **us** to recover any payment **we** have made under this Group Insurance Policy.
- 4 With **your** permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a post-mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
- 5 Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
- 6 Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
- 7 Not to pay any claim on this Group Insurance Policy for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
- 8 Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this Group Insurance Policy.

Making a claim

To claim expenses **you** have paid, please contact **us** as follows:

Phone: **UK +44 (0)20 8239 4029** and ask for a claim form or

Write to: Virgin Atlantic COVID-19 Cover Claims Department, PO Box 451, Feltham TW13 9EE, UK or

Email: **travel.claims@allianz-assistance.co.uk**.

You should fill in the form and send it to **us** as soon as possible with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

You will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

- **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss, such as travel insurance or private medical.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- A certified copy of the death certificate is required in the event of death.
- For denied boarding, we require written confirmation from the carrier or relevant authority of the reason they have prevented you from travelling and evidence of the next alternative date of travel.
- For **quarantine** claims, we require written confirmation from the authority requiring you to **quarantine** confirming the date of the order and the reason.
- As much evidence as possible to support **your** claim.

Note

Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **£500**.

Making a complaint

We aim to provide **you** with a first class service. However, there may be times when **you** feel **we** have not done so. If this is the case, please tell **us** about it so that **we** can do **our** best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

Step 1

In the first instance, please:

Write to: Customer Service, Allianz Assistance, 102 George Street, Croydon, CR9 6HD, UK

Call: **+44 (0)20 8603 9853**

Email: **customersupport@allianz-assistance.co.uk**

Please advise **us** that the issue relates to Virgin Atlantic COVID-19 Cover and supply **us** with **your** name, address and claim number where applicable. Enclose copies of relevant correspondence, as this will help **us** to deal with **your** complaint in the shortest possible time.

Step 2

If **you** are not satisfied with **our** final response **you** can refer the matter to the UK Financial Ombudsman Service for independent arbitration.

Visit: **www.financial-ombudsman.org.uk**

Write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR, UK

Call: **0800 023 4567** or **0300 123 9123**

Email: **complaint.info@financial-ombudsman.org.uk**

Data protection notice

We care about **your** personal data. Please note that **we** will only receive and process **your** personal data in the event of **you** making a claim

This summary and **our** full privacy notice explain how Allianz Assistance protects **your** privacy and uses **your** personal data. **Our** full Privacy Notice is available at <http://www.allianz-assistance.co.uk/privacy-notice/>

If a printed version is required, please write to Legal and Compliance Department, Allianz Assistance, 102 George Street, Croydon CR9 6HD, UK.

- **How will we obtain and use your personal data?**

We will collect **your** personal data from a variety of sources including:

- Data that **you** provide to **us**; and
- Data that may be provided about **you** from certain third parties, such as **your** insurance broker, **doctors** in the event of a medical emergency or airline companies in the event of repatriation

We will collect and process **your** personal data in order to comply with **our** contractual obligations and/or for the purposes of **our** legitimate interests including:

- Entering into or administering contracts with **you**;
- Informing **you** of products and services which may be of interest to **you**.

- **Who will have access to your personal data?**

We may share **your** personal data:

- With public authorities, other Allianz Group companies, industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting and fraud prevention purposes;
- With other service providers who perform business operations on **our** behalf;
- Organisations who **we** deal with which provide part of the service to **you** such as in the event of a medical emergency;
- To meet **our** legal obligations including providing information to the relevant ombudsman if **you** make a complaint about the product or service that **we** have provided to **you**.

We will not share information about **you** with third parties for marketing purposes unless **you** have specifically given **us your** consent to do so.

- **How long do we keep your personal data?**

We will retain **your** personal data for a maximum of seven years from the date the relationship between **us** ends. If **we** are able to do so, **we** will delete or anonymise certain areas of **your** personal data as soon as that information is no longer required for the purposes for which it was obtained.

- **Where will your personal data be processed?**

Your personal data may be processed both inside and outside the European Economic Area (EEA). Whenever **we** transfer **your** personal data outside the EEA to other Allianz Group companies, **we** will do so on the basis of Allianz's approved binding corporate rules (BCR). Where Allianz's BCR do not apply, **we** take steps to ensure that personal data transfers outside the EEA receive an adequate level of protection.

- **What are your rights in respect of your personal data?**

You have certain rights in respect of **your** personal data. **You** can:

- Request access to it and learn more about how it is processed and shared;
- Request that **we** restrict any processing concerning **you**, or withdraw **your** consent where **you** previously provided this;
- Request that **we** stop processing it, including for direct marketing purposes;
- Request that **we** update it or delete it from **our** records;
- Request that **we** provide it to **you** or a new insurer; and
- File a complaint.

- **Automated decision making, including profiling**

We carry out automated decision making and/or profiling when necessary.

- **How can you contact us?**

If **you** would like a copy of the information that **we** hold about **you** or if **you** have any queries about how **we** use **your** personal data, **you** can contact **us** as follows:

By post: Data Protection Officer, AWP Assistance UK Ltd, 102 George Street, Croydon CR9 6HD, UK

By telephone: **+44 (0)20 8603 9853**

By email: **AzPUKDP@allianz.com**

These documents are available in
large print, audio and Braille.

Please contact us on
Phone UK +44 (0)20 8239 4030

and we will be pleased to organise an alternative for you.

Virgin Atlantic Ltd, The VHQ, Fleming Way, Crawley, West Sussex, RH10 9DF
Registered number 08867781 is an Appointed Representative of AWP Assistance UK Ltd
who is authorised and regulated by the Financial Conduct Authority.

Virgin Atlantic COVID-19 Cover is underwritten by AWP P&C SA
and is administered in the UK by Allianz Assistance.
Allianz Assistance is a trading name of AWP Assistance UK Ltd, 102 George Street, Croydon CR9 6HD, UK.

AWP Assistance UK Ltd is authorised and regulated by the Financial Conduct Authority.

AWP P&C SA is duly authorised in France and the United Kingdom
and subject to limited regulation by the Prudential Regulation Authority and the Financial Conduct Authority.

Allianz Assistance acts as agent for AWP P&C SA for
the receipt of customer money, settling claims and handling premium refunds.