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Ctrip accused of selling fake policies



Ctrip, an online provider of travel solutions based in China, hit the headlines in the country recently, following a complaint made by a local consumer that the company is allegedly selling dubious travel insurance policies that offer very little in terms of real cover. Sarah Watson has the story

The consumer in question, who is named in the local press as Liang, is asking for a public apology or ¥800,000 in compensation from Ctrip – said to be the combined premium of the two policies he purchased from the firm. According to reports in the Chinese media, Liang purchased two airline tickets from Ctrip for a flight scheduled to fly on 18 November 2008 from Sanya

to Kunming. At the same time as purchasing the tickets, Liang bought two 'accident insurance' policies, at a cost of ¥40. However, when the tickets and insurance policy details were delivered, he noticed that the validity term for the insurance ended on 18 November, meaning that he would not be able to make a claim on the policy if there was an accident

between midnight and 0:55 a.m. on 19 November, which is when he was supposed to land. Concerned, Liang spoke to Ctrip, whose advisors told him not to worry, and that the insurance policy would cover him for the length of the flight. However, not satisfied with that response, Liang called Ping An Insurance, the underwriter, and was told by the company that the insurance would not in fact be valid between midnight and 0:55 a.m. Liang became even more concerned as he spoke to Ping An, who could not match the series number on his policy with any on their system, indicating the policy might not even be valid. Liang returned to Ctrip and voiced his concerns, which were met with protests of innocence on behalf of the company, an assurance that the policies were, in fact, 100 per cent genuine, and a promise to issue a certificate validating the policy the next day. Such a certificate never arrived, but two boxes of a Hainan province local speciality did. Liang refused the company's offer, and also refused the offer of two free air tickets that Ctrip was willing to give him to convince him the insurance was legitimate. Chinese media have reported that in a letter to Liang, Ping An Insurance wrote that the insurance policies issued by Ctrip had no selling region limit, no verification code and had incorrect validity terms. It also pointed out that the series numbers on the policies did not conform to the same rules as other Ping An-issued insurance documents, but stopped short of actually stating its belief that the policies were fakes. Ctrip has yet to make an official announcement about how it is handling this situation; *ITIJ* will keep you up to date as the information is released.

Cover denied

An elderly woman from New Zealand has been left to foot the bill for medical and repatriation costs from France, following denial of her claim on the basis of a pre-existing medical condition she insists was not made apparent to her husband, who died on the trip. Mandy Aitchison reports

The claimant and her husband were driving around France when the husband suddenly collapsed; he died from a heart attack 20 days later, having spent

the time in a coma in a French hospital running up a \$120,000-plus bill. The couple had purchased American Express travel insurance before leaving home, and according to the newly widowed lady: "[Travel insurance] is something we were really pedantic about being properly covered with. We would never have left New Zealand without such cover as we were promised." As soon as the patient fell ill, however, the problems began, and after a week, the family received a phone call from American

Express advising them that 'all communication and support had stopped completely'. This was due to ACE, American Express' insurance provider, denying cover on the basis that the patient had a pre-existing problem with his heart. The patient's wife paid as much as she could of the hospital bill at the time and had to sign a guarantee that she could pay any outstanding expenses while he remained in hospital receiving care. The widow does not believe that her husband had a pre-existing condition, and neither does the family



doctor, who had treated him for 23 years and signed an affidavit confirming that

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ITIJ

International Travel Insurance Journal

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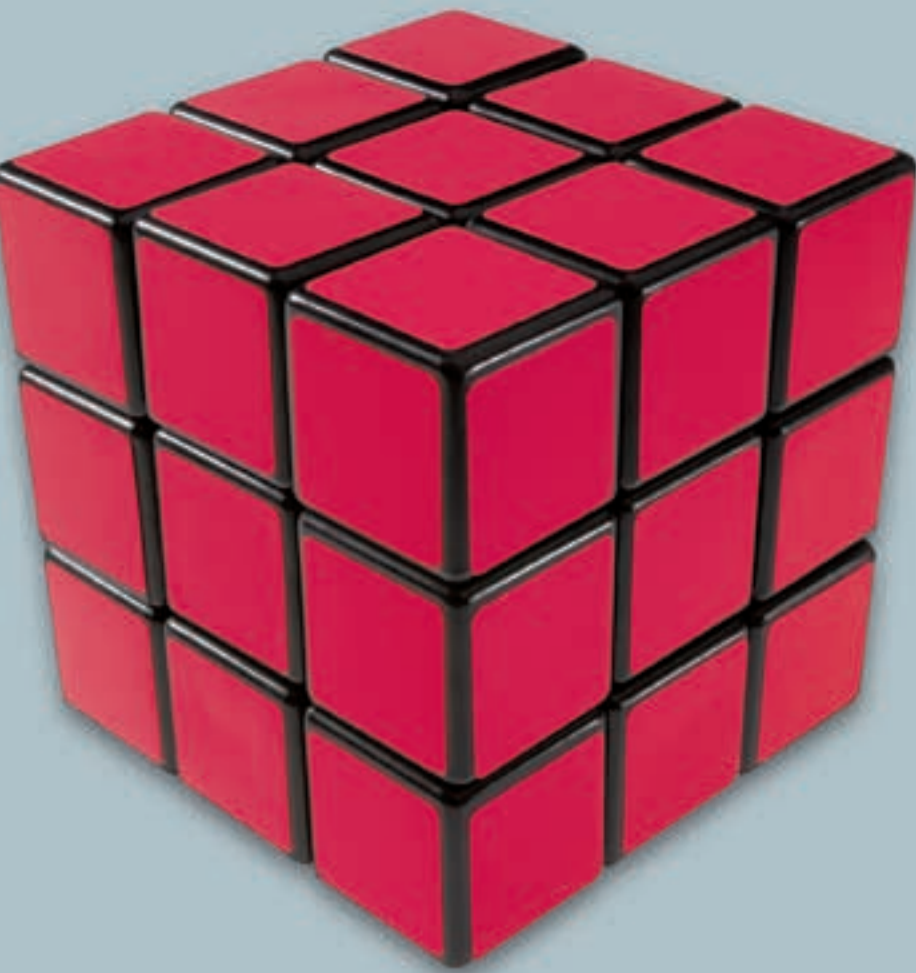
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Prime Travel Protection out of business

Cruise travellers holding travel insurance policies from Colorado-based Prime Travel Protection are in limbo regarding the premiums they paid and have been advised to organise alternative insurance arrangements for their trips.

A statement on the company's website simply says: "Prime Travel Protection, Inc. has initiated an orderly liquidation of services, effective Monday, January 26, 2009. All inquiries will be handled by legal counsel and/or court appointed trustee."

Some travel agencies are stepping in to aid their customers. One, Best Price Cruises, is advising that all customers who purchased a Prime policy with their booking through the agency will receive a replacement policy at no extra charge from iTravelInsured Inc. Operator of Best Price Cruises, Vacation Superstore

Inc, has said it plans to file action against Prime Travel Protection for misrepresentation of underwriting and state compliance. Prime Travel Protection has appeared on several Internet chat rooms, highlighted by customers



who have experienced difficulty in settling claims with the company. Others, meanwhile, have alleged that the company was not in fact licensed to sell insurance, hence calling its policies travel 'protection', rather than travel 'insurance', to avoid the need for a licence.

Dan McGinnity, Travel Guard spokesman, noted: "My understanding is that this company did not sell an 'insurance' policy. If someone's saying [their product] isn't insurance so they don't have to register as a licensed seller, that's telling me he's also not adhering to the standard a reputable seller would adhere to." Cruise Critic, an online forum for cruising news and reviews for consumers, investigated Prime Travel Protection's online offering and found a cached version of the company's profile web page that cites Ciela Capital Insurance as its underwriter – a company neither

Cruise Critic nor [TUI] could find on the Internet.

All manner of contact details have now been removed from the Prime Travel website, and customers have been given the bare minimum of information: "You will be receiving written communication relating to the process and resolution of your claim."

Travel operator trips up on the dancefloor



A British holidaymaker who booked a package holiday to the Dominican Republic through tour operator Thomson has won a compensation claim after taking part in evening entertainment at his hotel that led to a serious foot injury, forcing him to change his occupation. The tourist, a 40-year-old father with two children to support, did not originally want to participate in the evening's entertainment and initially declined the invitation to join a few others on stage. However, he was encouraged by the compère and various staff members at the hotel, and reluctantly was brought on stage. Two members of staff then gave a brief and basic performance of the famous 'lift' scene in the movie *Dirty*

Dancing and asked the holidaymakers on stage to copy them, with the best performers winning a t-shirt. Penningtons Solicitors, the firm dealing with the compensation claim, said: "Our client was paired with a rather large lady, who came running towards him, jumped on him, caused him to lose his footing and fall backwards. As a result of the fall, the holidaymaker sustained a mid-foot fracture dislocation of the right foot, which caused him a degree of permanent impairment and prevented him from continuing his pre-accident occupation as a long-distance lorry driver." The tourist approached Penningtons about making a claim against TUI Travel plc, Thomson's parent company, under the Package Travel Regulations 1995. Liability was, however, denied by TUI and its solicitors, resulting in the case going to court. Following the trial, the judge ruled in favour of the injured tourist, refused TUI the leave to appeal and awarded the injured party £25,000 in compensation. Kieran Mitchell, a member of the travel law team at Penningtons who advised the holidaymaker, said of the case: "This was a holiday nightmare for our client. The ill-thought-out entertainment devised by resort staff showed a lapse in health and safety protocol and had serious consequences for him, which will have an ongoing impact."

MATTA urges insurance cover

The Malaysian Association of Tour and Travel Agents (MATTA) has urged Asian consumers to make sure they are sufficiently covered for all eventualities before they head off on their travels. In addition, the organisation told the public to be wary of which companies they purchase said insurance from, and

to make sure they only deal with agents that are registered with MATTA. John Tan, MATTA vice-president, said buying an insurance plan was 'a necessary precaution', adding: "There are various travel insurance protection schemes on the market, including MATTA's [own policy], to choose from."

Protection is new watchword

The start of the year is traditionally a time when travel agents and tour operators do their level best to lure customers with cut-price offers and sizeable discounts, but it seems that 2009 is slightly different, as companies change their focus from saving customers money to protecting customers' financial investment. The collapse of several UK tour operators in 2008 has served to heighten public awareness of the perils of booking a flight and accommodation separately, and now protection is the travel industry's hottest issue.

Thomas Cook recently launched a new television advertising campaign, which guarantees that every holiday, flight and cruise booked through it – with any company – will be protected should that company fail. Thomson, meanwhile, has offered to guarantee financial protection on all of its Thomsonfly and First Choice Airways flights, and other high street tour operators are battling to win consumers by including cover for eventualities such as scheduled airline failure. Saga, for example, has introduced added protection against airline failure as standard in its single trip and annual policies.

More significant, though, is the fact that all travel insurance policies, whether booked through a tour operator, travel agent or insurance company, are now covered by the Financial Services Authority. Kelly Ostler-Coyle of the Association of British Insurers commented: "This means that now everyone has the same right of comeback if they run into trouble with their travel insurance. Before, if you booked your insurance through a travel agent or operator, you had no comeback."



Turkish airliner crashes at Schiphol

On 25 February, a Turkish Airlines passenger plane with 128 passengers and seven crewmembers onboard crashed and broke into three pieces while trying to land at Amsterdam's Schiphol airport, killing nine people and injuring 84 – six critically. Around 30 ambulances responded, along with around 750 rescue workers, within moments of the 737-800 crash-landing to ferry the injured to nearby hospitals. The next morning, it was confirmed that all three pilots of the aircraft were amongst the dead and confirmed that flight data recorders had been found. The airline has said that the pilot in charge at the moment of impact was a highly experienced former air force officer.

The aircraft crashed in light fog some distance from the terminals at the airport and images shown on television in the immediate aftermath of the accident showed the plane on the ground with the tail section of the fuselage broken off and a wide crack in the fuselage just behind the cockpit.

Cairo bomb injures tourists

The Egyptian Health Ministry has reported that a 17-year-old French girl was killed on 22 February after a bomb exploded in a crowded marketplace in Cairo, Egypt. The explosion happened in the Khan el-Khalili bazaar, a popular tourist destination located in the centre of the city, injuring at least 21 people. Authorities said that along with the French girl who was killed in the blast, 13 other French tourists were injured, as were one German tourist, three Saudis and four locals. Local reports were conflicting, with some stating that the bomb had been thrown from a passing motorbike or a hotel window, but a government statement said the attack involved a homemade device that was placed under a bench in the main plaza. Around an hour after the first explosion, police found a second device, which was detonated safely without injury.

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New rules for UK visas

People from several countries wishing to visit the UK will now need a visa, under new rules issued by the

Home Office. The countries that failed a test of the threat posed by their citizens in terms of security, immigration and crime are South Africa, Bolivia, Lesotho, Swaziland and Venezuela, so now nationals from these countries are required to provide fingerprints and pay a fee to obtain a visa before travelling to the UK.

In 2007, figures show that over 400,000 people legally visited the UK from South Africa, 168,000 of whom were tourists, 46,000 business travellers and nearly 3,000 on work permits. According to the Foreign Office, South Africans represent the fifth largest group of non-European Union visitors to the UK, behind the US, Australia, Canada and Japan. However, a government-led review of the visa process has resulted in the five countries being added to a list that already covers around three quarters of the world's population.

Immigration minister Phil Woolas told the BBC: "The government said it would get tough and we meant it. Fingerprint visas make up one part of Britain's triple ring of security, alongside high-tech watch-list checks at the border and ID cards for foreign nationals." The new rules mean that first-time visitors to the UK from South Africa will need to apply for visas from 3 March 2009, with the full regime coming into effect in the middle of this year. The visas will last up to six months for visitors and cost £65, while work visas cost £205.



Sales up in the UK

Online travel insurance broker Insurefor has released its latest sales figures, covering the period from mid-December 2008 to mid-January 2009, which demonstrate that despite the credit crunch, people are still travelling, and they are still buying insurance for their trip. Over the five-week period, the broker saw travel insurance sales increase by 37 per cent year-on-year, with the most popular policy being for short trips of 11 days or less to Europe.

Managing director of the firm Antony Martin commented on the findings: "It seems that despite the credit crunch, people are still enjoying luxuries including holidays, and not just in the UK, but to Europe and beyond. Most of the policies we sell, with the exception of annual, are for trips to Europe within the next few weeks. Although we cannot forecast for 2009, early signs are encouraging." The company's sales figures also show that sales of annual policies match those of single trip policies, which, said Martin, indicated that plenty of people were still planning on taking more than one holiday this year: "The figures are positive for the travel industry at a time when everyone is worried about further collapses of airlines and tour operators. January is always a peak time for us as people plan holidays and obviously it's boosted by ski cover, so we will be watching the coming months very closely."

Australia's greatest natural disaster

Many parts of Australia are used to the threat of bushfires during the summer months, but the scale, ferocity and cost of the recent fires across much of the southern state of Victoria are hard to comprehend. Roger Allnutt reports on the devastation

From the last days of January, a prolonged heatwave centred on the state, with temperatures for several consecutive days hovering over the 40°C mark. As is usual, bushfires started in different parts of the state and large areas of bushland and forest were affected. Small townships in remote forested areas, especially in Gippsland east of Melbourne, bore the brunt of the fires with considerable loss of property and life. Around 6 February, the heat intensified, with temperatures rising to the mid forties, and the dreaded north wind from central Australia created the worst possible fire conditions. Melbourne then had its hottest ever day at 46°C. Despite the efforts of numerous volunteer country fire brigades and other fire authorities, there was little that could be done to prevent the disaster that unfolded over the weekend of 7-8 February and the terrible loss of life as people were caught trying to defend their property or perished trapped in vehicles trying to outrun the fires.

In some cases, the speed of the fires was so fast that it was not even possible for authorities to issue adequate warnings. The Australian Broadcasting Commission (ABC) was a vital source of information for residents trying to cope with the disaster. Whole villages were devastated, with communities like Marysville, Flowerdale and Kinglake virtually wiped from the map. Amazingly, a few houses remained untouched, while others all around burned to the ground. It is estimated that over 1,000 homes and

other buildings were destroyed and many vehicles burnt out. The cost of rebuilding will be enormous. The loss of life is totally unprecedented in Australia's history, with 181 confirmed dead at time of writing, and the toll expected to rise above 200 when burnt-out buildings and cars can all be inspected. In addition, many people suffered burns, some so bad they are not expected to survive. Others who lost their lives in the blazes have in some cases been so badly burnt that identification will be difficult. The human toll makes this Australia's greatest natural disaster.

Of particular concern to authorities (and this is a perennial problem in Australia) is the number of fires thought to have been deliberately lit by arsonists and firebugs. Although lightning strikes and other natural causes start some fires and carelessness (discarded cigarette butts) start others, it is the activities of firebugs that cause outrage. In a couple of cases, it is suspected that arsonists were re-starting fires after they had gone through areas and been extinguished by fire crews and other emergency service

personnel. Prime Minister Kevin Rudd described the arsonists as 'mass murderers'.

It is ironic that at the same time as the bushfires were ripping through Victoria, the northern coastal area of Queensland around the towns of Innisfail and Ingham were still recovering from days of torrential rain and flooding (Ingham was cut off for days), as the annual cyclone season was in full swing. The damages bill from the flooding is also expected to be high, but fortunately there was no loss of life.

Although Australia has had its share of natural disasters in recent years, the scale of the Victorian fires has galvanised a massive response from all sections of the community. Governments have responded with massive relief packages and promises of ongoing assistance to help communities rebuild and for those affected to re-start

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The insurance implications from the bushfires will be enormous. Initial estimates put the damages bill as at least AU\$500million

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Extreme weather causes claims surge

Extremely bad weather conditions across the UK have led to a surge in the number of travel insurance claims, according to Direct Line, which on one particular day said it had received more calls regarding travel claims than it had motor claims. Following the increased number of claims being received, the insurer has been advising travellers to attempt to check in online in order to validate their cancellation claim.

However, consumers were warned that the insurer

would not be accepting claims from people who purchased insurance on the day of the snow storm that prevented them from reaching their destination – Direct Line had already received several calls from travellers stranded at Heathrow airport trying to buy a last-minute cancellation policy. Many flights were cancelled or severely delayed as a result of the adverse weather, which resulted in several British airports being closed completely and others running only a skeleton service.

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Storm-hit cruisers return



Passengers onboard a Fred Olsen cruise ship travelling from Kent to Spain had a frightening experience recently, when the ship hit a storm in the Bay of Biscay and faced 50-foot waves. Several passengers were injured, some seriously – two suffered broken bones before the ship turned back to the UK to return to port. Although *The Balmoral* had set off in fine weather on 17 January, the next day it encountered force eight to nine winds. Stephen Law, a passenger on the ship, told a local newspaper: "We heard there were well over 80 injuries ... I don't think the ship should have left Dover." Nigel Lingard, spokesman for the cruise line, said: "The weather conditions were worse than

forecast ... and the ship was actually hit by much larger motions of the sea than had been anticipated before we left Dover."

Elsewhere in the world, more cruisers have been hit by adverse weather conditions: 300 passengers onboard *The Vacancier* became stranded after the ship became stuck in the thick ice of the St Lawrence River. The passengers were taking part in a historic cross-country ski and river voyage to mark the first time a cruise ship has plied the St Lawrence from Montreal to the Gaspé Peninsula in the middle of winter. When the cruise liner became stranded, the Canadian Coast Guard was called to bring in an ice breaker, the *Terry Fox*, but that too soon hit trouble, becoming stuck in the thick ice. The captain of *The Vacancier* told *The Star* newspaper that the icebreaker got trapped and had to give up working overnight due to the conditions. Nathalie Letendre, communications officer for the Coast Guard, denied that the ship was ever 'stuck', simply saying: "It just had difficulty moving in the ice. There is a difference." The *Terry Fox* eventually freed the cruise liner, 36 hours after the Coast Guard had been summoned, and the tourists continued on their way.

Travel agents called upon to work with FSA

British company Rock Insurance is calling on travel agents to work with the new Financial Services Authority (FSA) regulations to continue to sell travel insurance and increase profitability. Antony Martin, the company's managing director, commented: "The new FSA regulation creates a level playing field for travel insurance sales and, for the first time in a long time, agents can sell

standalone travel insurance, which could boost sales considerably." He continued that there is a perception that the new FSA regulation is complicated and too expensive, but sought to allay such fears: "Although it is marginally more expensive than the previous ABTA regulation, it widens the opportunity to sell, creating more opportunities to earn valuable commission."

Regulation just in time

New regulations governing the sale of travel insurance by travel agents in the UK are now in place; and research from YouGov shows that the rules are a vital tool in ensuring that consumers are fully informed about what they are purchasing. An online poll taken in 2008 centred on three key questions regarding the sale of travel insurance: Was selling insurance wrongly linked to booking a holiday through the agent? Were customers' pre-existing medical conditions considered when arranging travel insurance? And were the full details of what the insurance covered explained to the customer? The results showed that five per cent of people who had bought insurance from a travel agent were incorrectly informed that they could not book the

holiday unless they also took out travel insurance with the company. The research also revealed that travel insurance policies sold through agents could leave thousands without adequate cover into this year, as if they were sold an annual policy incorrectly last year, they could still be relying on this ineffectual cover. Travel agents also failed to ask 16 per cent of respondents about their pre-existing medical conditions, again potentially leaving consumers with what could essentially be useless cover. Lastly, the survey revealed that more travel agents were failing to outline what exactly is and is not included in the cover they offer, as the number of customers who did not receive such an explanation rose from 13 per cent in 2007 to 17 per cent in 2008.

Cover denied

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although he had in the past treated him for chest pain, several tests had shown absolutely no sign of cardiac problems. In December 2007, the deceased was referred to hospital following complaints of chest pain, but was soon discharged and diagnosed with 'muscular skeletal' chest pain, probably as a result of decorating work he had undertaken at home. The statement from the family's GP is clear: "If I had diagnosed [the patient] with angina or ischaemic heart disease I would have referred him to a cardiologist for further cardiological tests and I certainly would have advised him that he should not travel overseas on long-haul flights without first undergoing those tests and if necessary having specialist preventive measures put in place." The family sent a copy of the doctor's letter, along with one from their lawyer, to the insurer in the hope it would reconsider, but it declined to do so. In a statement, Todd Beavis, spokesman for American Express, said the company sympathised with the family and offered its condolences, adding: "As a gesture of goodwill, American Express waived substantial balances (\$53,000) on the family's American Express credit cards following [the client's] death. We understand that after careful consideration of the claim made under the travel insurance benefits provided with [their] card, a decision was made by the underwriters, ACE Insurance Ltd, to decline the claim based on a pre-existing condition in accordance

with the terms and conditions of the policy." This case raises several questions: should travellers trust their GPs when asking if they are fit to fly? Is the opinion of the traveller's GP good enough for insurers regarding fitness to fly? And what exactly can or cannot be defined as a pre-existing condition? Needless to say, *ITJ* will be looking into this case further. Dr Deb Mills, a Brisbane-based travel medical specialist, is subsequently advising GPs to familiarise themselves with the fineprint of travel insurance policies, as some 'unscrupulous' travel insurers are not paying up for medical claims by claiming that patients have pre-existing conditions that have not been picked up by their family doctor. Dr Mills told *6minutes*, a website for medical professionals, that GPs should be 'very cautious of the often unscrupulous and unethical conduct of insurance companies and ensure that all paperwork is carried out as comprehensively as possible. In this case ... it would be a case of gross over-servicing for GPs to conduct a stress ECG on every over-70 year old that is likely to go travelling." She did concede, however, that there are limits to what GPs can do: "Sometimes a GP can only quantify risk into low, medium and high. But GPs also need to be very careful regarding the actual wording of insurance policy questionnaires." *ITJ* contacted ACE Insurance about the case; unfortunately, the company declined to comment.

Australia's greatest natural disaster

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their lives. The Australian Army has been called in for logistical support. Grief and trauma counsellors will be in particular demand as devastated families try to cope with loss. Financial assistance has been offered by many other countries. The Victorian government has established a Bushfire Reconstruction and Recovery Authority to co-ordinate the state-wide recovery effort. Furthermore, banks, the Red Cross and the Salvation Army have set up centres for the collection of money, clothes, food and other household items, and donations have poured in from all around the country.

Insurance implications

The insurance implications from the bushfires will be enormous. Initial estimates put the damages bill as at least AU\$500 million – a view supported by insurance analysts such as Deutsche Bank's James Coghill. However, many believe the wider blow to the economy could easily top AU\$2 billion when lost crops and cost to public infrastructure are taken into account. Early reports indicate that insurance assessors are already operating in affected areas and claims are starting to pour in. As with previous disasters, it is likely that many of those affected will have been underinsured. Insurance Australia Group, the nation's biggest general insurer, said on 10 February that it was too early to place an estimate on payouts as customers continue to lodge claims. Likewise, Suncorp said it


was still in the process of tallying claims. Suncorp is also grappling with a large exposure to the floods in North Queensland, which could generate at least AU\$150 million in costs. The fires cap off a tough two years for the insurers, who have been hit with a string of payouts from storms and floods, mostly across Queensland and northern NSW. Meanwhile, both insurers have experienced a considerable loss in capital, after the slump in global markets sliced returns from their investment portfolios. Although the costs from the Victorian bushfires will be large, it is worth noting that in terms of property damage, tropical cyclones usually rank as the most costly natural disasters for insurers, accounting for about 30 per cent of total losses. Flooding and thunderstorms come in at around 22 per cent, with bushfires usually accounting for some 20 per cent of all payouts. The Newcastle earthquake two decades ago still ranks as Australia's most expensive insurance event. At the time, payouts topped \$862 million, but in today's terms this would come in at more than \$4.3 billion, according to Insurance Council of Australia estimates. Still, rebuilding after such a destructive event as the recent bushfires is expected provide a shot to the overall slowing economy. Both direct and indirect stimulus could add 0.25 per cent to 0.4 per cent to GDP over the next 18 months, according to estimates by Goldman Sachs JBWere's economist Tim Toohey.


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World First launches Trade Routes

World First Travel Insurance (WFTI) has announced the launch of Trade Routes, a service for UK travel agents wishing to continue to sell travel insurance now that the new Financial Services Authority (FSA) guidelines have come into force. The service allows agents to operate as travel insurance 'resellers', and provides them with a customisable website that leads consumers to a site labelled 'powered by World First', which is regulated by the FSA on the agent's behalf.

Martin Rothwell, managing partner of WFTI, commented on the recently launched service: "This is an exciting project for us. We have operated [business-to-customer] and [business-to-business] travel insurance brands for 25 years and are proud of the cover we offer, but the changes in legislation opened a new door of opportunity for us. FSA deadlines are already passing and our solution will enable the industry to continue to sell, and claim commission on, travel insurance." He added that any agents who are now selling insurance but don't comply with FSA legislation are breaking the law. The Trade Routes service operates as a 'hidden partner', said Rothwell, so agents can maintain their relationship with the consumer. He continued: "With commissions of up to 30 per cent, it is a painless, free, win-win option for the travel industry."

Terrorism coverage as standard inclusion

US-based Big Five Tours and Expeditions has announced that coverage for acts of terrorism will be included 'as standard' in the travel insurance programmes it offers its customers. The addition was motioned by Ashish Sanghrajka, president of Big Five Tours and Expeditions, who believes that the package will give clients 'peace of mind' when travelling. "As the world grows more complex, the need for quality travel insurance has become much more important than in the past. Clients come to travel professionals for peace of mind when planning their journey. It's about time that same rule applied to travel insurance offerings," he said. The company's travel insurance plan will still include cover for trip cancellation, trip interruption, baggage delay, and medical expenses, as well as live travel emergency assistance and travel medical assistance available twenty-four hours a day, seven days a week, through a telephone number that is accessible from anywhere in the world.



Inter-island cover offered

Hawaiian Islands carrier Go! Airlines is offering passengers travel insurance through an agreement recently signed with Mondial Assistance. Passengers on Go! flights between the islands in the state now have the option of purchasing Access America travel insurance through a co-branded website.

Piste closure insurance launched

Australian skiers and snowboarders whose holidays are under threat from a lack of snow or bad weather are now able to call upon their travel insurance to ease the pain of missing a day or two on the slopes, after a new policy was launched by online provider TravellInsuranceDirect. The company's piste closure insurance offers to pay individuals A\$100 a day when the ski resort at which policyholders have pre-booked a holiday is closed due to adverse snow conditions or bad weather. The insurance is now a part of all the firm's travel insurance offerings. The cover will kick in when all the lifts on a mountain are closed, either because the snow is unfit for skiing or bad weather has forced their closure for safety reasons. Ian Jackson, general manager of the travel insurer, commented: "We recognise that mountain weather can be unreliable. There's not much worse than going all the way to Europe, Japan or North America without being able to ski." In order to claim under the piste closure clause of the policy, customers will need either written proof of the closure from the resort management or the resort's daily snow report.



Falck enters the global market

Danish emergency and rescue company Falck has tied up with the Europ Assistance Group, under the name Falck TravelCare (FTC), to provide assistance to leisure and business travellers worldwide. Furthermore, FTC has acquired the Nordic business of Europ Assistance with the aim of becoming one of the leading providers of travel assistance in the Nordic region. Falck has secured a set of mutual co-operation agreements with Europ Assistance for the provision of roadside and travel assistance, meaning Falck can offer complete assistance solutions to travellers, including help before, during and after visits abroad. Poul Mortensen, senior vice-president of the assistance division at Falck, sees the venture as a 'natural extension' of the company. He says: "Falck (aims) to provide help to people and therefore assistance abroad is a natural extension of Falck's core competencies. I am referring to... healthcare, crisis management, the handling of patients, roadside assistance and emergency preparedness." Carsten Vraa-Jensen, managing director for Falck TravelCare, further commented: "This will assure that Falck TravelCare gets... access to an extensive global network of suppliers and pricing agreements, which makes it possible to compete on both safety, price, and quality against the best in the international industry."



Travel website to help over 65s

UK-based 65 Travel Insurance has launched a new website, designed to provide detailed information, reviews, comparisons and free insurance quotes for travellers aged 65 and over. The website has been developed as a fair and efficient means for senior travellers to purchase travel insurance, while giving them information that could save them money on their travel cover. Visitors to the website can find information from a variety of travel insurers – including levels of cover and any excesses that will need to be paid – and can compare the price of policies from different insurers. Free quotes can also be obtained once the visitor has found a policy that meets their requirements.

Go simple with Columbus

Web-based airport services comparison site GoSimply has arranged, together with Columbus Direct, a set of comprehensive travel insurance policies that they are now offering to their customers, along with a 10-per-cent discount. The policies are on offer to individuals, couples, groups and families travelling to any destination worldwide and give cover for a wide range of sports and adventure activities that are common on holiday. Each policy offers different levels of cover, catering to individual budgets and allows customers to add or remove certain premiums, including cancellation, curtailment, cash, document or accident cover.

JetProtect launches in India

Private air carrier Jet Airways in India has teamed up with insurer ICICI Lombard General Insurance to launch an overseas and domestic travel insurance product called JetProtect. The insurance offers cover against the usual risks associated with travel such as delay and baggage loss, and is available through the Jet Airways website. Included in the cover are medical expenses, trip cancellation and a compassionate visit by a relative in the event of illness. The policy will also cover claims that arise from acts of terrorism, and even protects policyholders' homes against the risk of burglary or fire while they are travelling in India.

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Australian future forecast

A survey by JP Morgan and Deloitte Touche Tohmatsu has shown that general insurance profits in Australia will come under increased pressure throughout this year as income decreases due to the economic situation and companies are forced to raise premiums in order to recoup lost earnings. Siddharth Parameswaran, a senior analyst at JP Morgan, noted that profitability in 2008 remained unchanged compared to figures from 2007: "However, there was a noted difference between classes, with participants expecting sharp improvements in combined ratios in personal lines, coupled with significant deterioration in long tail commercial lines. Whilst combined ratios may hold up, we believe there will be added pressure on profits, at least in the short term, from the effects of the financial crisis on both claims and falling yields."

The survey also revealed that last year, premium rates in commercial classes continued their drop, with long-tail rates down by an average of seven per cent, which is on top of the 10-per-cent reduction in 2007. Premium rates in personal lines, meanwhile, increased throughout 2008 and Parameswaran believes the rise will continue this year: "Rates in personal lines increased three per cent on average in 2008, compared to no movement in 2007. This was due to accumulated storm losses in 2007 and 2008 encouraging increases."

Respondents to the survey were also asked about the biggest issues their companies faced last year, with the results being: firstly, climate change, followed by economic conditions, high competition, employee shortage and underwriting discipline. Stuart Alexander, a partner at Deloitte, commented on the findings in more detail: "In 2008, economic conditions became the most important issue, along with climate change, for underwriters (60



per cent) and the standout issue for brokers (71 per cent)." In the same survey held a year earlier, neither group had included economic conditions as an issue. Competition continues to be an issue for the Australian insurance industry, although it did

Competition continues to be an issue for the Australian insurance industry

slip from holding first position in the 2007 survey to third in 2008.

Elsewhere in the same survey, Stuart Alexander wrote that Australian insurers are managing the current financial crisis well because the insurance industry has benefitted from strong regulatory discipline under the Australian Prudential Regulatory Authority (APRA). The APRA's regulations, continued Alexander, have given the industry more accurate

pricing of risks, stronger governance frameworks and prudent liability options. He added: "Regulatory reform may create both threats to, and opportunities for, profitable growth. As long as compliance costs can be proactively managed, reforms that recognise marketplace advancements can ultimately lead to positive outcomes for responsible insurers."

In the meantime, Fitch Ratings has performed its annual review of the country's non-life insurance sector, and has found that despite facing a number of difficulties during 2008, it is 'generally well placed' for business in 2009. *Australian Non-Life Insurance – Well placed for 2009* continued: "Earnings during 2007 have been impacted by an increase in significant loss events and lower investment returns due to the global financial crisis. Net profit for the sector was down 42 per cent year-on-year on 30 June 2008; the decline was impacted by underwriting results, which were down by 48 per cent and investment income down by 25 per cent." However, according to John Birch, associate director in Fitch's Financial Institutions Group, 'the larger players appear well positioned to take advantage of rising domestic rates and capital pressures at international competitors'.

Qatari industry safe

Standard & Poor's Ratings Service's (S&P) recent report into the Qatari insurance sector is 'cautiously optimistic' about the medium-term prospects for the industry, noting that the country has enjoyed a continued growth in gross domestic product even in the face of the current financial debacle. The report, entitled *The Qatari Insurance Sector In 2009: Short-Term Weaknesses Offset By Long-Term Strengths*, stated that GDP in 2008 was almost double the figure

seen in 2005. S&P credit analyst David Anthony commented: "It is on this until recently robust, albeit oil and gas-dependent, economic base that the country's nascent aviation, marine, construction and financial services infrastructure is being built, and generating steadily growing levels of insurable activity."

Such strengths are detailed in the report, but it also warns of several challenges that are currently present for the insurance industry, which could bring uncertainty for some. In particular, the report warns about the sector's high dependence on international reinsurance

capacity, the implications of persistently negative results on compulsory third-party car insurance and the tendency of industrial corporations to move towards captive insurance.

However, the Qatar Financial Centre is proving to be a successful operation, having encouraged several international insurers to become involved in the country's insurance sector by allowing them to write commercial business in the domestic market, thus increasing competition. In addition, the Financial Centre has created a separate regulatory regime for insurance companies, which is currently being implemented in parallel with domestic regulations.



Qatar Financial Centre

Call for transparency in India

The *Economic Times* of India has reported that insurance companies may soon be asked to publish their annual financial reports in newspapers in order to increase industry transparency. At the moment, only a handful of companies publish such reports in the public domain, and only then on their own website. Dr R. Kannan, a member actuary of the Insurance Regulatory Development Authority (IRDA), told the newspaper: "We'll soon stipulate that insurers publish their annual reports," adding that insurers have already been asked to make public details of investments made in stock markets between September and November last year.

P. S. Prabjekar, a chartered accountant

and industry observer, believes that IRDA should enforce a rule requiring all domestic insurers to publish their accounts at least after a certain fixed time: "Insurers should not be allowed to keep accounts under wraps in perpetuity. A policyholder should know if the insurance company has sufficient assets to pay off its liabilities."

Perhaps not surprisingly, the plan has not been well received by some private insurance companies, with one source quoted in the newspaper as saying: "Policyholders need not know about profit or loss of the assets and liabilities of an insurance company. They are not creditors or investors." A good reason was given for such an opinion though: "It takes more than seven years for a new life insurer to break even. So, if a prospective policyholder sees that the company is making losses, he or she may not buy any product from it – that goes against the spirit of liberalisation."

NEWSWIRE

Asian cities are to form a 'resilience network' to prepare for the impact of climate change, supported by initial funding of around US\$50 million from the Rockefeller Foundation.

Chief executive of Marsh & McLennan Brian Duperreault has said the firm is seeking to make acquisitions in both the insurance broking and consulting sectors this year, which could occur both inside and outside US territory.

Listed Chinese insurance companies started the New Year well as their renminbi-dominated locally traded shares rose in value by up to 14 per cent, attributed to rumours of a possible change in accounting standards for the insurance industry.

Reuters has reported that IAG is seeing strong profits in Asia and expects its businesses in Thailand, Malaysia and India to grow much faster than the group as a whole.

Noor Investment Group has launched its Noor Takaful brand, which will offer a suite of family and general takaful products to meet growing demand within the UAE and GCC region.

General insurers in Indonesia are asking for a larger say in the formulation of new insurance regulations in an attempt to avoid potentially negative impacts on the industry, according to The Jakarta Post.

The Philippine Finance Department is standing firm on its deadline for insurers to comply with regulations requiring them to increase their minimum capitalisation and net worth. Finance Secretary Margarito B. Teves said completing both requirements on schedule in 2011 would help the local financial system amid the global meltdown.

Lloyd's has obtained a licence to write direct general insurance business in Guernsey. Previously, Lloyd's was viewed as a 'recognised insurer', which meant underwriters have only been permitted to write Guernsey business from London on a cross-border basis.

The British Insurance Brokers' Association has launched its manifesto for 2009, which emphasises the importance of insurance cover for UK businesses as the recession hits home.

Chubb Insurance Europe is now registered in the UK as Chubb Insurance Company of Europe SE, and is regulated by the UK's Financial Services Authority.

Zurich has launched its new Global Risk Assessment Model, which provides a framework to assess 24 global risks and simulate the impact of a changing risk landscape.

Gross insurance premiums in the Jordanian market increased by 14 per cent by the end of last year to \$467.7 million, according to the Insurance Commission of Jordan.

Doha Insurance Co. reported a slight growth in net profit for 2008 to QAR47.2 million, or US\$13 million.

A survey carried out by HSBC has found that penetration of traditional products like pure and term life insurance in Hong Kong rose from 12 per cent in 2007 to 16 per cent in 2008.

AIG has begun to seek bids from potential buyers for a minority stake in its Asian life operation, American International Assurance.



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Takaful exposure draft issued

The Technical Committee of the Islamic Financial Services Board (IFSB) has approved the issuance of Exposure Draft (ED) of Guiding Principles on Governance for Islamic Insurance Operations for a five-month public consultation. The ED, says the IFSB, aims to complement other international governance standards, while also addressing the specific and unique challenges of the governance of takaful operations. The ED has three parts, with the first recommending the adoption of good governance practices, as prescribed by other international standardisation organisations, while also addressing the specific needs of takaful

providers. Part two, meanwhile, aims to clearly explain the governance structure and processes – including the relevant transparency and disclosure practices – that adequately address the needs and interests of all stakeholders in the insurance company. The third part outlines the general approach to

sustaining a takaful company's solvency and the promotion of sound investment of its assets. The Kuala Lumpur-based IFSB has also released two other EDs recently, one entitled Conduct of Business for Institutions offering Islamic Financial Services, and the other Guiding Principles on Shariah Governance System.



Insurance fraud 'acceptable'

According to new research from British insurer RSA, nearly five million Britons do not think there is anything wrong with making a false insurance claim. Although when questioned, just over half of those surveyed strongly agree that it is wrong to lie on a travel insurance claim, the number of Brits who find nothing wrong with making a fraudulent claim has increased by over the last 12 months – perhaps providing further evidence of the effect the credit crunch on people's attitude to fraud. In response to the same question in March 2008, 3.6 million people did not think it was wrong to lie on an insurance claim – that figure now stands at 4.7 million. John Beadle, counter-fraud manager for RSA, expressed his concern that people are ignoring the fact, or failing to realise that 'committing insurance fraud is a serious offence'. However, he did indicate that RSA is bringing the situation under control: "We believe we are gradually winning the battle and the fraudsters are facing the consequences with the prospect of criminal convictions and the fact that they might find it difficult to obtain insurance cover or other financial services in the future."

2009 forecast

The UK's insurance sector is about to undergo a transformation, according to Jones Lang LaSalle's newest report, *Insurance, Where Next?* In order to cope with the economic downturn, large-scale office consolidation and the selling of property portfolios is on the cards as troubled insurers become forced to sell their assets.

Director of city agency at Jones Lang LaSalle (JLL) Angus Goswell predicted: "With growth likely to be flat at best, industry consolidation and M&A activity is likely to be the major driver of portfolio churn. However, those occupiers hoping to consolidate into large buildings in central London will find a lack of new grade-A supply, particularly in the core, and with no new development starts in the short term we expect the lack of supply to become even more pronounced as we come out of the downturn." Mark Lacey, director of tenant representation, added: "Insurance portfolios outside central London will also undergo substantial change over the medium term. Intensified cost pressure will mean property consolidation is likely to accelerate with groups seeking to reduce the size and number of properties in the portfolio."

The report identifies several key trends that JLL feels will be prevalent in 2009, including flat growth and headcount reductions, although 'due to rationalisation and restructuring programmes undertaken over the last five years, reductions are not expected to be as bad as in the banking sector'. JLL also forecasts that over the coming year, regulation will have a big impact on the insurance industry – despite the fact that the Financial Services Authority's response to the crisis has yet to be finally determined. Furthermore, the report states that companies' focus on cost will be intensified, although it continues: "This is not a new phenomenon for the sector; it has been very cost conscious over the last five years or so, restructuring and driving efficiency. The pressure to achieve cost savings will only increase in the short term." Not

expected, however, is an increase in offshoring and outsourcing from the UK, unlike what is happening in the US (*ITIJ* 97, February 2009, **US insurers increase outsourcing**).



One of *ITIJ*'s lead stories this issue raises important questions for travellers and travel insurers: if a GP tells a potential traveller they are fit to fly, to what extent can that diagnosis be relied upon when it comes to disclosing pre-existing conditions to insurers? Should insurers trust the opinion of the GP in discerning fitness to fly? And just what exactly can be defined as a pre-existing condition? This, we feel, is just the tip of the iceberg in what looks to be the start of a very interesting debate...

In other areas of the magazine, we have a feature on compulsory travel insurance cover following one man's crusade to make sure people travel protected; our new healthcare-focused World Market section looks at medical treatment in the UK; and Martin Vial takes time out to talk to *ITIJ* about his career and life at the helm of Europ Assistance. Look out next issue for *ITIJ*'s third annual air ambulance supplement. This essential guide to the current air ambulance market will look at the latest crew training techniques, round up the latest news from the industry's regulatory and accreditation bodies, and assess the future of the global air ambulance industry. In these trying economic times, air ambulance companies are feeling the pinch, like everyone else, so how can they weather the storm, and what might the coming years have in store?

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Fitch analyses broker environment

In its annual analysis of the US insurance brokerage industry, Fitch Ratings has stated that its outlook for the industry is stable, indicating that despite the economic problems around the world, the agency does not expect ratings to change in the near term. Its report shows that through the first nine months of 2008, financial results indicate that the industry's performance last year will fail to match that of the previous two years, which it attributes largely to 'the softening pricing environment suppressing commission growth'.

The five publicly traded brokers that are tracked by Fitch have seen consolidated operating income, which excludes realised gains and losses and other significant non-recurring items, fall by an average of 11 per cent. The decline, however, is less severe than the profit decline reported by property/casualty insurers, which have moved to an underwriting loss for the year and have also experienced significant losses on invested assets.

Fitch's report also looks to the year ahead, with predictions that overall industry profitability will be flat or slightly lower than last year as the recession bites and an already competitive insurance environment will only become tougher. In particular, Willis and Aon were highlighted by the agency, as the costs associated with their recent acquisitions will make it difficult for them to improve upon reported profit margins in 2009.

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Resilient India

Yogesh Lohiya, chairman and managing director of the General Insurance Corporation of India (GIC Re), told delegates at the 2nd India Rendezvous in Mumbai that given its resilient economy, the Indian insurance industry is ready to face the challenges of the global financial crisis and play a greater role in the insurance industry around the world. During the course of the meeting, several speakers emphasised the importance of more prudent underwriting, as well as focusing on the market's inherent strengths.

In his keynote address, Michel Blanc, chief underwriting officer of SCOR in the Asia Pacific region, said the Indian reinsurance market is at 'the crossroads of becoming an industry on par with the best in the world' and noted that in the coming years, Mumbai could become a regional financial hub for the whole of South Asia. He added that it is up to the insurers themselves to take advantage of the scenario in which they find themselves operating, and to further develop the market.

During the conference, R. Raghavan, general manager of GIC Re, told delegates that the year ahead will be challenging, as capital becomes scarce and underwriting skills thoroughly tested. It is up to the reinsurers, continued Raghavan, to 'adopt prudent underwriting practices in order to generate profits and not to depend on investment income for their survival'. Reinsurers also need to co-operate more in order to ensure that there is enough capacity in the marketplace to allow insurers to take on increased risks.

In related news, data from the Insurance Regulatory Development Authority (IRDA) has indicated that private sector insurers are gaining ground in the industry, with their market share increasing to 62 per cent in 2008. Figures show that although overall growth in the life insurance sector has slowed to three per cent, private insurance companies achieved a 38-per-cent rise in terms of new premiums paid. Government-owned LIC, meanwhile, has reported a fall of 28 per cent in new premiums collected in the first three quarters of the 2008-2009 financial year.

Aon confirms FSA settlement

Aon Limited has confirmed its agreement to pay £5.25 million in settlement to the UK Financial Services Authority (FSA) in relation to failings that occurred in its risk management systems that are connected to dealings with non-FSA authorised overseas parties between January 2005 and September 2007. "These failings," stated the company, "arose principally out of its aviation and energy sectors, in relation to business in certain non-UK, high-risk jurisdictions."

The statement continues: "Aon Limited recognises that certain failings in its systems and controls have occurred in the past and that this has led to a number of potentially inappropriate payments being made to third parties in certain high-risk jurisdictions. The FSA has made it clear that Aon Limited's conduct was neither deliberate or reckless."

As a result of the FSA's intervention, Aon has since strengthened its controls around the use of third parties, including implementing a robust anti-corruption compliance programme and using risk-based procedures to review all existing and proposed third-party relationships.

James Bagge, legal consultant for Norton Rose, an international legal practice, commented: "This is a very interesting, but perhaps, in the current climate, not an unexpected use of the FSA's powers of enforcement in the fight against corruption."

Multi-distribution model favoured

The latest *World Insurance Report 2009* from Capgemini and the European Financial Management and Marketing Association (EFMA) has shown that many of the world's insurance companies are moving towards a multi-distribution business model, recognising the potential growth offered by the distribution of products through multiple distribution networks, especially in more mature markets. The report was compiled through a survey of distributors and executive interviews, and revealed an overarching opinion that multi-distribution is the 'most effective way for insurers to attract new customers and increase wallet share from existing customers'.

Bertrand Lavayssière, managing director of global financial services for Capgemini, noted in the report: "Insurers face heightened competition from the increasingly complex web of intermediaries and access points in retail markets. Given current market conditions, multi-distribution offers insurers a way to retain and increase share-of-wallet more effectively and face a highly competitive environment by managing networks and channels more efficiently."

The report also underlines the fact that for the distributors of insurance, multi-distribution can mean more competition, particularly in mature markets, so not all are in favour of the trend. The report, though, finds that there are conflicting views among distributors about the benefits of multi-distribution, and in particular network co-operation, even among those with the same business model.

Levene predicts rate rise

Lord Peter Levene, chairman of Lloyd's of London, has predicted that insurance rates are likely to increase in 2009, and that despite the challenging economic environment, Lloyd's is doing well. Speaking at the World Economic Forum in Davos, Switzerland recently, Levene said that the drop in the value of sterling had prompted Lloyd's to encourage its members to increase their capital reserves, which they are now doing. At a meeting where doom and gloom seemed to be the order of the week, Levene inspired some small amount of confidence, saying: "As far as we are concerned we don't see anything dramatic, so we are a sort of rock of stability in the storm."

Lloyd's record profits of the past two years will not be matched this year, however, thanks to lower investment income, weaker insurance rates and

a higher number of claims – in the first half of 2008, pre-tax profit fell by nearly a half. Levene stated that although decreased investment returns will continue to affect profits this year, Lloyd's would nonetheless be delivering a solid profit in 2009: "It will be a nice black number, so if people look it and say did Lloyd's make a good profit, we'll say 'Yes'."



Lord Levene



Outlook's good for Japan

Standard & Poor's Ratings Services (S&P) has revised its outlook on insurer financial strength ratings and long-term counterpart credit ratings for Japan's Aioi Insurance and Nissay Dowa General Insurance to positive from stable, as well as amending the outlook for Mitsui Sumimoto Insurance (MSI) and Mitsui Sumimoto Kirameki Life Insurance to negative from stable. The revisions, says the agency, follow on from the official confirmation given at the end of January by the insurance companies that they have entered into an agreement to merge under one holding company. The merger is now set for April 2010, creating Japan's largest insurance group.

In its release, S&P confirmed all of its ratings on the companies, adding that the financial profile of the newly created group 'may be somewhat weaker than the financial profile of the MSI group, which has the strongest financial position of the three insurers'. S&P stated: "Although all three insurers stand to reduce expenses through the integration, the new group will be challenged to strengthen its earnings capacity given the weak economy, declining population, depressed premium income and the stock market downturn."

Furthermore, Fitch Ratings has placed MSI on ratings watch Negative and has said it expects the negative effects of the financial markets, the slowing of the Japanese economy and the integration of the two smaller companies to weaken the firm's inherent financial strength. Nissay Dowa, on the other hand, will likely see a ratings upgrade following the merger.

The Japanese market, though, does have its problems, which has prompted Allianz to stop selling new insurance contracts in the country: the company blames the increasingly high costs required to cover guarantees for its cessation of insurance sales. Allianz Life Insurance Japan began selling variable annuity products in April 2008, but has now ceased new business, although it was suggested that sales could be resumed when market conditions improve enough for the company to cover its costs.



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Cruise numbers to rise

Cruise Lines International Association (CLIA), a US cruise industry organisation, has predicted that 13.5 million people will take a cruise this year, an increase of 2.3 per cent on figures from 2008. This percentage growth, though, represents a slowdown compared to the increase between 2007 and 2008. Figures from the Association estimate that 13.2 million people went on a cruise holiday in 2008, up from 12.56 million in 2007. North Americans accounted for over 10 million passengers and 1.5 million came from the UK, but the popularity of cruising is starting to spread. Estimates for the full year indicate that over three million cruise passengers who use CLIA lines this year will be internationally sourced. Overall, CLIA member cruise lines have experienced an 80-per-cent rise in passenger numbers in eight years. CLIA president and CEO Terry Dale gave his view of what 2009 holds for the industry: "There is no doubt that 2009 represents an uncertain environment, not only for CLIA members, but for all industries and consumers alike. However, CLIA members are confident that they will weather the challenges and emerge stronger than ever, as they have done before."

Incoming tourism down

A straw poll from the European Tour Operators Association (ETOA) has found that bookings for incoming escorted tours are down by around 40 per cent compared to last year. Bookings by independent travellers have also slumped, while wholesale trade has fallen by 20 per cent. The Association has said it 'believes the drop in bookings is largely because customers want to wait and see if prices come down closer to the time'.

In the first of a series of briefings to its members, Tom Jenkins, the ETOA executive director noted: "More than ever, it is important that buyers and suppliers talk to each other. [The Hoteliers European Marketplace workshop] is a key opportunity to do business for the coming year." Perhaps trying to instil some hope among dejected colleagues, Jenkins added: "Our principal markets are America and Japan. Both continue to represent the best opportunity for attracting visitors [as] they have vast reserves of people who can afford and want to come to Europe. Both have seen their currencies surge – if it holds then Europe will be the best buy for a decade."

UNWTO: Economy is main challenge

According to the January 2009 issue of the United Nations World Tourism Organization (UNWTO) *Tourism Barometer*, the overall two-per-cent growth in international tourism for 2008 was based upon strong results in the first six months of the year, with the second half of the year significantly pulling down the average. Between January and June 2008, tourism experienced a five-per-cent growth rate, which then gave way to a one-per-cent drop between July and December. The strongest performances in terms of travel over the course of the year were registered in the Middle East, which saw a rise in passenger numbers of 11 per cent, while Africa experienced a five-per-cent rise and the Americas had an increase of four per cent. Several other destinations enjoyed an increase in visitor numbers in 2008, including Honduras, Nicaragua, Panama, Uruguay, the Republic of Korea, Macao and Indonesia. However, in the second six months of the year, Europe's overall tourism figures fell by three per cent, as did Asia's, which is especially significant given that region's increasing appetite for travel.

The UNWTO report also predicts that international tourism is expected to stagnate or even decline slightly during the course of this year, although it emphasises that there is still 'a high degree of uncertainty and much will depend on the evolving economic conditions'.



Cost-conscious consumers

A survey for UK-based tour operator Club Med has shown that almost half of prospective holidaymakers will be looking for a better deal in 2009 thanks to the recession. The poll, which questioned more than 2,000 travellers, found that despite money worries, over a third of respondents are planning to spend the same amount on a holiday this year as they did in 2008. Thirty-one per cent of those questioned plan only to travel to short-haul destinations, while 23 per cent are still planning on a long-haul holiday, despite the higher expense.

The survey also exposed the fact that no matter what the financial situation, people are intent on taking their annual holidays. More than 80 per cent of respondents said they view their holiday as quite important or the most important luxury for 2009, and around 50 per cent are planning to take more than one holiday. Laurent DeChorivit, head of Club Med, commented on the survey's findings: "Like most years, 2009 will see people looking for hassle-free escapes and for greater value for money. However, this year will bring added pressures and with them a greater demand for relaxation and time away."

Asians go short-haul

Data released by online travel search engine Wego.com has shown that interest in travelling among Singaporeans and Asians in general still remains, despite the economic slowdown. The website saw a remarkable 260-per-cent increase in visitor numbers in January 2009, perhaps as more people seek the cheapest deals. In Singapore, where the company has been based since 2006, growth in January has been 128 per cent on last year. Martin Symes, CEO of the firm, commented: "Given the economic climate, seasoned travellers and first-time travellers alike pause before taking a trip." Data provided by Wego has indicated that both outbound and inbound travellers in Singapore are more likely to take a short holiday relatively close to home at the moment – all but one of the destinations in the 'Top 10' searches on the website are within the Asia Pacific region. From Singapore, the top 10 searches include Bangkok at the top of the list, followed closely by Hong Kong, Bali, Phuket and Kuala Lumpur. Flight searches to Singapore, meanwhile, have mainly come from Hong Kong, followed by Manila, Sydney, Madras and Kuala Lumpur.



2009 trends revealed

A survey of over 12,000 British people has revealed that over one third of holidaymakers would prefer to book a package holiday with one tour operator or agent, with most citing the reason that it is an easier option with good value for money. Around six per cent, though, said they would book their holiday in 2009 through a travel agent because of uncertainties over the security of an independently organised holiday. Despite such concerns, which have been in the news recently following the high-profile collapse of several tour operators that left thousands of independent travellers stranded, some 47 per cent of respondents to the survey said they will be booking at least one element of their 2009 holiday independently. Over half said they regularly research their holiday online to compare prices before booking, but just 11 per cent search for specialist operators for their destination.

When making a decision about which holiday to book, 44 per cent of British consumers will first look at special offers and promotions via television and press advertising, while for 31 per cent, good customer service is

Business hotel stays down

The latest survey by HRG, a corporate travel services provider, has shown that the average length of corporate hotel stays fell from 1.9 to 1.5 nights in 2008, indicating the downturn has forced companies to re-think their employees' travel plans. Director of global hotel relations Margaret Bowler noted: "Businesses are still travelling, but they are changing their travel patterns, opting for shorter business trips and in some cases opting for lower star ratings than they were previously to minimise expenditure and ensure maximum value for their spend."

The company's survey also showed that although average hotel rates rose around the world over the course of the year; in some cities the rates levelled while in others it even fell towards the latter end of the year. Bowler noted, though, that there are still 'pockets of growth' in key markets around the world: "Where demand continues to outstrip supply, rates are likely to increase into 2009, albeit at a slower rate than seen over recent years. However, there is no denying that these are challenging times and with them we are seeing a noticeable shift in business practices." The predictions of many in the industry that hotels would slash their rates in order to maintain higher occupancy levels has not been seen, however, as Bowler explained: "Instead, the majority of hotels are adopting a sensible long-term strategy to offer value rather than significant price cuts to customers in order to maintain their share of the market. Occupancy levels haven't fallen to the same levels as we saw post 9/11; however, if they continue to fall as they are in certain markets, rate strategies will be interesting to watch."

In related news, the International Air Transport Association (IATA) has said that first-class and business-class air travel frequency continued to fall towards the end of 2008 as companies cut back their travel budgets. The IATA claimed the number of passengers flying on premium tickets worldwide fell by 11.5 per cent in November 2008, having experienced a 6.9-per-cent drop in October. The steepest drops came in the long-haul market, but the association warned that 'the low point for air travel has not yet been reached since the economic environment is still deteriorating'.



the most vital consideration. Less than one in five respondents said they would seek the opinion of a travel agent before making their final choice. Other findings concluded from the survey include the fact that 28 per cent of those polled think their annual holiday is essential, and they would cut back on other parts of the family budget before scrapping holiday plans. Over 30 per cent are more likely to holiday outside the eurozone in 2009, while 13 per cent of consumers are considering a UK-based holiday to keep costs low. Regarding travel insurance, the survey showed that 36 per cent of customers feel that price is the most important consideration when buying the cover; 14 per cent want an insurance policy that is uncomplicated; 19 per cent will choose a provider with an established reputation; and just 13 per cent will choose an insurance policy specifically for its cover.



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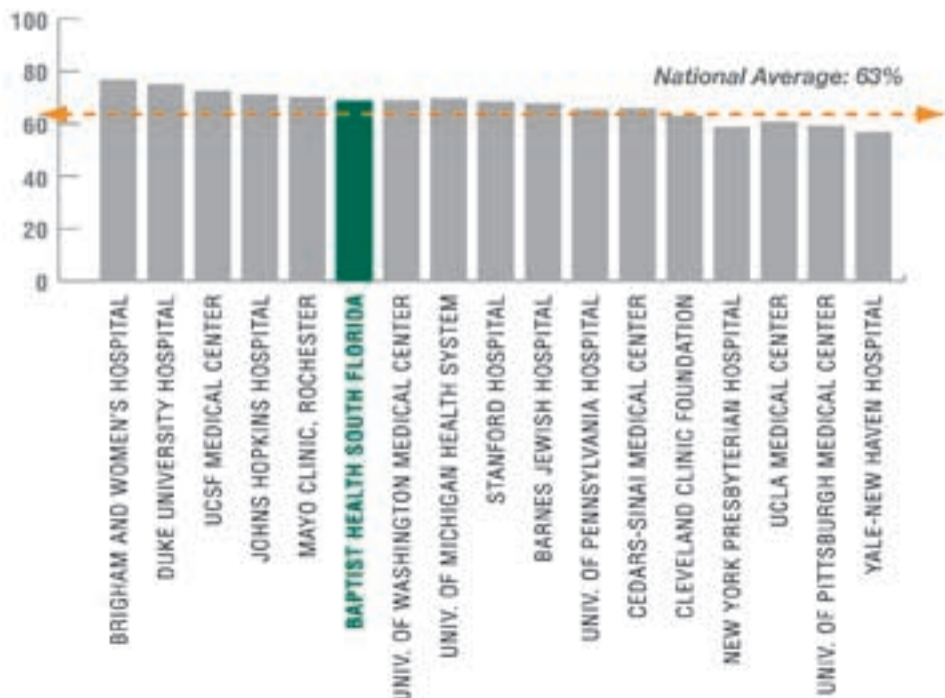


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Authorities on alert in China

Health officials in China have issued an alert against bird flu, following the death of a 19-year-old woman from the disease. It has been confirmed that she caught the infection after coming into contact with live poultry in a market in central Hebei province. As a result of the woman's death, officials have shut down and disinfected the poultry markets in Hebei. The Health Ministry has also announced that it is to step up its attempts to monitor the disease.



Bird flu returns to Vietnam

There have been several outbreaks of avian influenza in at least 15 of Vietnam's 64 provinces, which have led to over 40 reported deaths, most of which are believed by the authorities to have been the result of close contact with infected poultry. Travellers have been told to take the usual precautions, such as avoiding live animal markets, caged or wild birds and also to ensure that egg and poultry dishes are thoroughly cooked.

The UK's Foreign and Commonwealth Office website advises British nationals who live long-term in Vietnam that they should take personal responsibility for their own safety in the event of a future pandemic, including considering their access to adequate healthcare facilities and ensuring travel documents are up to date.

Queensland sees dengue surge

The Australian authorities have reported two dengue epidemics in the state of Queensland – the first is in Cairns, a coastal town popular on the tourist trail, where 198 confirmed cases have been reported. The second outbreak is in Townsville, around 350 km south of Cairns, where 21 confirmed cases have been reported by the health authorities. Although the disease is spreading in an endemoepidemic pattern in the northeast of Queensland, the presence of dengue in this area is not a particularly unusual event in itself. However, the situation is being closely monitored due to contact between Queensland and the South Pacific islands.

Cholera update

The World Health Organization (WHO) has reported that cholera has now killed over 3,000 people and infected more than 57,000 Zimbabweans, making the outbreak the deadliest to hit Africa in 15 years. The rapid spread of the disease has made the power-sharing agreement between Robert Mugabe and opposition leader Morgan Tsvangirai all the more vital. The worst-affected areas continue to be the capital Harare, where over 11,000 cases have been reported with 382 deaths, and Mashonaland West, with over 8,000 cases and 377 deaths. Cases of cholera have now also been confirmed in the neighbouring countries of Botswana, Mozambique, South Africa and Zambia, while unconfirmed cases have been reported in Angola, Burundi, Kenya, Malawi, Namibia and Nigeria.

Safe flying

The US Centers for Disease Control and Prevention (CDC) has requested that airlines operating over US airspace report anybody who has a fever coupled with difficulty breathing, headache with a stiff neck, reduced level of consciousness or unexplained bleeding, as such symptoms 'may indicate a serious, contagious illness'. Despite the fact that transmissions of serious illnesses onboard aircraft are thought to be relatively rare, there is no data for less serious conditions such as colds and coughs.

John Spengler, an environmental health professor at the Harvard School of Public Health, believes that long periods of time spent in aircraft cabins gives air travel a 'special potential' for its ability to spread disease. No matter how many times air is filtered through HEPA filters, it can't take away the fact that passengers are in extremely close proximity and inevitably, a certain number of germs are communicated.

The CDC is concerned that airlines are not taking the trouble to report all of their ill passengers, as such reports are considered to be fundamental to stopping

the spread of diseases such as SARS and Ebola before they become a global pandemic. Dr Martin Cetron, director of the CDC's division of global migration and quarantine, claims, however, that the CDC rarely receives the information it needs until it is too late: "Most of what we learn about is 'after the fact', such as from hospitals." He added that sometimes the CDC isn't told even



Rabies hits Bali

The idyllic holiday destination of Bali is currently carrying out a mass vaccination of pet dogs in order to try and curb an outbreak of rabies that, at the time of writing, had killed four people. According to Agence France Presse, around 300 health officials have descended on the island's capital, Denpasar, armed with vaccination kits; other parts of the island have already been covered. Since the first outbreak of rabies was reported in Denpasar, over 24,000 pet dogs have been vaccinated and the department of health has put down over 1,000 strays.

The Australian Embassy said that Canberra had provided funds to support the vaccination programme, following the deaths of four locals in the last few months, while the US Embassy has warned its citizens about the outbreak, although it has not advised against travel to the island. The US Centers for Disease Control (CDC) issued a series of recommendations for travellers heading to Bali, including avoiding contact with wild animals and to closely supervise children, as kids are more likely to be bitten and not tell anyone. If bitten or scratched, the person must wash the wound well, see a doctor immediately and, if rabies is confirmed, a series of vaccinations will have to be started. It is possible that some travellers might have to be repatriated as a result of needing the vaccine course, as it is not always available in Bali.

Gede Jurjaya, head of Bali's tourism authority, noted: "We've received calls from tourists asking about the rabies situation, but we haven't received reports of any tourist being bitten by dogs." Nyoman Puasha Aryana, a government spokesperson, added that the authorities have decided to temporarily halt dog imports to try and help put a stop to the spread of the disease, although he was unable to say when the rule would come into effect or for how long it would stand.

when there is a death onboard an aircraft.

MedAire, a health consultancy firm that airlines call if a passenger becomes ill during the flight, received over 17,000 in-flight calls in 2007, with over 5,000 neurological problems such as fainting; over 3,000 gastrointestinal symptoms; 1,700 people suffered from respiratory problems; while 1,393 experienced cardiac problems in flight.

In order to try and make aircraft a more sanitary place to be, the Center of Excellence for Airliner Cabin Environment Research, a multi-university scheme, is examining how tiny droplets are spread in jets to devise better decontamination methods for aircraft surfaces.





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New fixed-wing fleet for Flying Doctors

Australia's Royal Flying Doctor Service (RFDS) plans to spend some AU\$30 million on modernising the Central Operations aircraft fleet, medical equipment and infrastructure. Central Operations covers the state of Southern Australia and most of the Northern Territory. Last year medical crews from the Adelaide, Port Augusta and Alice Springs bases flew 4.6 million kilometres, serving 46,180 patients. Central Operations has 11 Pilatus PC-12s, the newest of which started flying from Alice Springs earlier this year. The five oldest PC-12s, acquired in 1995, will now be retired and replaced by five new '47E' PC-12s. The Flying Doctor Service has paid a \$768,000 deposit, with a further \$21 million to pay for the five

machines. Central Operations spending over the next five years is estimated at \$35 million. According to Central Operations chief executive John Lynch, the new aircraft will be financed in part through capital grants under a new Commonwealth-funding agreement. There will be progressive delivery of the new Pilatus craft through 2010. Central Operations is also dipping into its own capital reserves: the organisation achieved a surplus of \$7 million in the last financial year, largely due to increased revenue from Commonwealth grants coupled with cost controls – despite higher wages and fuel costs, which rose 16 per cent to \$3.5 million for the year. Operations manager Barry Hocking says the 47E PC-



RFDS

12 has improved performance and is able to take off with a heavier payload, so more fuel can be carried for longer flights. The body shape is unchanged, but the 47E is 'fully electronic'. The retiring aircraft will each have clocked up 15,000 hours of service and may be sold abroad.

Netcare deal saves lives in Antarctic

Just six weeks after a special agreement was formed between South African emergency medical assistance company Netcare 911, the Netcare Christiaan Barnard Memorial Hospital in Cape Town and the 11 countries that run research bases in the Norwegian-owned area of Antarctica known as Queen Maud Land, the agreement was successfully put to the test. Following a call from the German base in Antarctica regarding an employee who had suffered a heart attack, the hospital's Dr Stephanie Fischer, a cardiac anaesthesiologist, was preparing for dispatch to Antarctica when a second call came in concerning a man stationed at the Norwegian base who had fractured his ankle while onboard an ice breaker ship. It was thus decided to send a second team member to help with the repatriations, and soon Richard Mulder, a Netcare 911 paramedic, was joining Dr Fischer onboard an Ilyushin 76 cargo plane flown between South Africa and Antarctica by a Russian company, and heading for temperatures as low as minus 38°C.

After the six-hour flight to Antarctica, the Netcare team was flown between bases in a DC-3 plane that is run by the various countries operating bases in the territory. Firstly, they stabilised the German patient, then waited for two days while the other man, a Russian, was moved from the ice breaker to a nearby Norwegian base. Both Dr Fischer and Mr Mulder speak German, so treating the first patient was very straightforward, but as neither speaks Russian, they had to communicate with the second using hand signals. "It was really quite unusual but we gave him pain medication and made him as comfortable as possible," commented Mulder. Once back on the cargo plane, however, they realised how difficult it was to monitor the heart patient over the noise of the airplane. "We couldn't hear the heart monitors, so we had to look at the movement of [his] chest and the colour of his face," said Fischer. "But, fortunately we were able to keep him stable until we arrived at the hospital." Both patients were successfully treated at the Netcare Christiaan Barnard Hospital and have since been discharged.



Netcare

AirMed partners with Navigate Health

Alabama, US-based AirMed International has announced a new partnership with Navigate Health International, a medical co-ordination services provider specialising in international healthcare advocacy. Under the partnership, AirMed has made its membership plans available to Navigate's members at reduced prices. In addition, Navigate's medical director, Kevin M. Ban, will serve as a medical consultant for selected AirMed missions originating in Italy. Navigate Health International, based in Italy, offers concierge-level medical co-ordination services to internationals living in or visiting Italy. The company 'knows the Italian system well', knows the expectations and demands of its international clients, and is able to guide them through the system and into good health, according to Navigate.

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Skyservice acquired by American Medical Response

Fixed-wing air ambulance operator Skyservice Lifeguard, the Montreal, Canada-based air ambulance business of Skyservice Business Aviation Inc, has been acquired by American Medical Response (AMR), a subsidiary of Emergency Medical Services Corporation (EMSC), according to an EMSC press release. The company said the purchase agreement was entered into on 30 January and the transaction was at that time expected to close within two to three months, subject to customary closing conditions and Canadian regulatory approval. The acquisition is taking place through AMR's wholly owned subsidiary, American Medical Response of Canada Inc. EMSC said it anticipates that the acquisition will contribute approximately \$20 million in new annual net revenue. Skyservice Business Aviation Inc. will also enter into an exclusive long-term relationship with American Medical Response of Canada Inc. with respect to air ambulance operations, according to the release. Commenting on the deal, Sam Cimone, vice-president of Skyservice's air ambulance operations, said: "We look forward to working within EMSC to expand air ambulance services in North America and internationally. Our companies' respective footprints and core competencies complement one another well and afford opportunities for continued growth in a competitive market."

William A. Sanger, EMSC chairman and chief executive officer, added: "Consolidation in the fragmented fixed-wing air ambulance industry will position companies with a strong infrastructure to meet increasing demand for patient repatriation. The Skyservice Air Ambulance business has significant market presence in Latin America and Europe, and combined with our existing service base at Air Ambulance Specialists, Inc, we will be better able to improve efficiencies through increased backhaul usage and scheduling efficiencies." Sanger went on to say that the acquisition of the Skyservice Air Ambulance business further positions AMR as a 'worldwide leader of fixed-wing air ambulance services'.



Large, long-range jets for Vibha Lifesavers

Vibha Lifesavers, the medical wing of India's Hi Flying Aviation, has announced that it will provide large-bodied long-range jet aircraft for medical transfer of patients between India, Asia, the Middle East, Europe and the US. The new service will make transfer of critical patients 'safer, faster with very few fuel stops, unlike the common Learjets used for international air ambulance', according to Vibha.

In a press release, the company detailed the new service's equipment and staffing: "The aircraft will be equipped with standard lifesaving equipment, such as monitors, pulse oximeters, ventilators, aviation oxygen and all lifesaving equipment and emergency medications. The doctors are experienced and qualified to carry out emergency medical evacuations and most of them have visas ready to travel to countries in the Middle East, Europe and United States."

Hi Flying aviation is based in India, but has a 'sister concern' in Pittsburgh, US. The company's medical wing, Vibha Lifesavers, provides medical escorts on commercial flights for international transfers.

The Angel of the Alps

Without the provision of air rescue services, the European Alps would have no activities at all. Lyssiemay Annoh explores air ambulance provision in the Alps

One of the most pleasant, relaxing and convenient ways to experience the Alps is to take the train. However, when eight climbers, five Austrians and three Swiss were feared dead in an avalanche on Mont Blanc in the French Alps last August, three helicopters, dozens of rescue workers and specially-trained dogs were initially deployed for the search mission. In the mountains things can happen faster than one can imagine; accidents range from being lost to a broken leg, broken vertebrae, hypothermia, people in panic, or people who have been through something horrific. Even the most experienced of skiers sometimes return home on crutches. If you take the *Haute Route*, which runs through France, Italy and Switzerland, you have to know what you are doing. At one end is Chamonix, France; at the other, Zermatt, Switzerland. In between are enough glaciated ridges and sheer drops to make you wonder why you didn't just stay at home. Regardless of how you arrive in the Alps, when medical assistance or a rescue is required, air rescue is often deployed.

There are various air rescue companies in Europe such as the DRF Luftrettung with 42 HEMS bases in Germany, Austria and Italy and more than 50 rescue and intensive care transport helicopters together with a Beech King Air 200 and a Lear 35 ambulance aircraft. French rescue service SAMU owns 23 helicopters with at least six available for use all year round; all are equipped with the required emergency equipment. Also, Europe's largest independent air rescue company, Rega, a non-profit foundation and a corporate member of the Swiss Red Cross, operates 13 rescue helicopters and three

ambulance jets. Its helicopter fleet comprises five Eurocopter EC145s, stationed at the four lowland bases in Basel, Zurich, Berne and Lausanne, and eight Agusta A109K2s, located at the six mountain bases in Erstfeld, Locarno, Samedan, St. Gallen, Untervaz and Wilderswil. The jet fleet comprises three aircraft of the same type, the Canadair CL 604 'Challenger'.

A physician is a standard member of the crew during such rescue missions. The physician contacts the local doctor in attendance, as well as the patient or his next-of-kin. Once all the necessary information has been obtained (including from the patient's GP), a Rega doctor decides whether repatriation is necessary.

Where appropriate, the patient's insurance company is also informed. In an attempt to keep costs to a minimum and better utilise the air-ambulances' capacity, repatriation flights can be combined, allowing the ambulance jet to make a stopover to take additional patients on board.

The cost of any medical treatment abroad can be costly. It is always good to know what exactly is covered in your insurance policy. AllClear Insurance head of product development Chris Blackman says that if any of their insured clients is injured or taken ill on the

slopes, the first report of this will usually be to the local emergency services. The nature of the incident will dictate what kind of rescue service/method is used and where necessary mountain helicopter rescue services will be deployed.

It is the physicians who would define the appropriate means of transport and this could be by air ambulance, scheduled aircraft or ground ambulance. According to Chris Blackman, a typical helicopter rescue costs around £3,000 per hour; a bill which is ultimately passed on to the underwriter. Depending on the nature of the injury/illness, the patient may be flown directly to an emergency treatment facility or, to an airport for 'tarmac transfer' to an air ambulance for the final leg home.



European Air Ambulance

Even the most experienced of skiers sometimes return home on crutches

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A man of substance

ITIJ recently caught up with Martin Vial, chief executive officer of the Europ Assistance Group to talk business, strategy and the future

Where were you born, where did you study, and where do you live now?

I was born in Lyon, a city to which I have always remained strongly attached. For my higher education, I studied in Paris – where I have lived ever since – and in particular at the ESSEC, one of France's main business schools, and later at the ENSPTT, the national advanced training school for the post and telecommunications industry, which used to train up senior executive staff for La Poste (the French post office) and for France Telecom.

You've had an illustrious career in business and government. Could you briefly outline how you came to the assistance industry and in particular your role at Europ Assistance?

When I left my post as CEO of the La Poste Group in 2002, Generali was looking for a new CEO to head up the Europ Assistance Group, and to inject a new leadership dynamic. As I had already managed and turned around an airborne services company – L'Aéropostale – followed by a major group providing services to businesses and final customers – La Poste – I was keen to use this experience for the benefit of another major services group, Europ Assistance, to instil it with fresh ambition and to bring about real change, which was what its shareholder (Generali) required.

What have been your main achievements since becoming the chief executive officer at the Europ Assistance Group in 2003?

For four years now, the Europ Assistance Group has based its expansion on a dynamic profitable growth strategy, the likes of which it had never before witnessed. Over the space of these four years, we have virtually doubled the size of the Group and we have also grown significantly more quickly than our major competitors.

Europ Assistance was the inventor of the modern travel assistance concept. How does the company maintain this pioneering ethos?

Europ Assistance indeed invented the assistance concept more than 45 years ago. It is our intention to continue to be a driving force in this sector, with the emphasis on ever more innovation, quality and security for our customers.

As I see it, innovation is the main driver of our expansion. This means innovation in terms of services, innovation concerning processes and of course technological innovation. This is our DNA. As an example, we are at the cutting edge when it comes to marketing travel insurance via the Internet, with a totally original solution enabling surfers to design and customise their own level of cover. This solution is now available for all of our customers in the 20 countries we are located in.

Europ Assistance has an ambitious growth strategy. How are your plans to become the 'world leader of your sector by 2010' going?

The task of a company CEO is above all to set out

invested in new geographical growth opportunities with the creation of new companies in markets such as China, India, Latin America and North America. And growth also comes from new distribution channels, including the Internet and new partners. Today, we have a clear roadmap for

insurance are closely linked. Each can no longer exist without the other. For this reason, the majority of our major subsidiaries now sell both insurance and assistance solutions. As an example, we have incorporated the whole of Generali's travel insurance department within Europ Assistance France to form a single division.

What is the benefit of providing insurance, assistance and cost containment services all under one roof?

By having full control over the entire value chain for our activities, we can guarantee the performance of each part of the chain. This means that we are better placed to manage our costs and those of our key clients. This was the thinking behind the acquisition of CMN in 2005, or more recently that of GMMI in North America, who are specialists in medical cost containment and travel for treatment.

What are the benefits of being controlled by an insurance giant like Generali?

The Generali Group is one of the three leading European insurance companies and a powerful shareholder, and has always been keen to support the Europ Assistance Group in its expansion, ever since it was founded. Generali is also a wise shareholder, enabling us to expand our activities with other key players in the financial sector and with third-party clients. It is also an important client and partner – accounting for 12 per cent of our global sales – with whom we are also developing new products, and which encourages our innovation strategy. Finally, Generali's global presence is also a great help to us as we expand geographically from those areas in which we are based.

What are you most proud of – personally and professionally?

Above all else, what fills me with pride is to be managing a very human company that offers immediate assistance solutions to all of its clients, 24 hours a day, anywhere in the world and regardless of the conditions. This pride is further reinforced during dramatic and exceptional situations such as those we experienced during the tsunami in Southeast Asia. On top of this, as CEO of Europ Assistance I am also proud (along with the Group's 6,000 staff) to have changed our company, which has doubled in size and seen its activities, its global presence and its processes fundamentally transformed in order to

be able to better serve its 300 million clients. Just a few years ago, these targets looked extremely daunting. Today, they are a reality.

What do you do in your spare time?

My work leaves me very little free time, particularly due to the high level of international travel my job involves. On the other hand, whenever I can, I enjoy skiing and tennis. I'm also a chess fan! ■



an ambition, a strategy and clear objectives. This is exactly what we have done with the Columbus Plan, which we launched back in 2004 with the goal of once again becoming the market leader in our sector by the end of the decade. This involves two simple economic aims: doubling the size of the Group and tripling our earnings. To achieve this, we identified various strategic themes, including giving the group two new sources of profitable growth: Health and Family/Home. We have also

the future, and the current crisis demonstrates that those decisions taken just a few years ago were the right ones.

Do you think the travel insurance industry should make the public more aware of the existence of the assistance concept?

What we can say with certainty is that today, in the travel field in particular, assistance and

waypoint

AirMed & Rescue

2009

Oxford Airport, UK

Thursday 21 & Friday 22 May 2009

This year's airshow offers delegates unparalleled opportunities for making new business contacts, catching up on the latest training techniques and observing how operators in different countries conduct their business.

Conference sessions and a unique one-off air display will keep delegates informed and entertained, while a simulation challenge will pit medical crews against each other to reveal how real medical crews would fare in a variety of challenging situations.

This event caters for industry professionals operating in aviation sectors, such as:

- ■ ■ Fixed-Wing Air Ambulance
- ■ ■ HEMS
- ■ ■ Military
- ■ ■ Coast Guard
- ■ ■ State & National Law Enforcement
- ■ ■ Medical Equipment Manufacturers
- ■ ■ Mountain Rescue
- ■ ■ Ground Operators
- ■ ■ Medical Crews

Highlights

Static Display

- Fixed-wing air ambulance
- HEMS aircraft
- SAR aircraft

An opportunity to display and to see medical configurations on all types of aeromedical aircraft.

Air Display

- SAR demonstration
- Aeromedical flight demos
- Parachute response
- HEMS retrieval
- Live dynamic rescue demos

The theory put into practice...

Emergency Treatment



The Waypoint/Laerdal Challenge

Watch SAR and HEMS medical crews simulate onboard emergency treatment using Laerdal patient simulators. Various teams will battle against each other to provide the most accurate and timely response to 'patients' in a variety of challenging circumstances.

The best performing crew wins the prize!



AIRSHOW • CONFERENCE • EXHIBITION



The Airshow

AirMed & Rescue 2009 will incorporate a display of the latest in aeromedical technology, and the various aircraft used by SAR and air ambulance crews. Come and see for yourself the various aircraft configurations and equipment, and meet the providers as well as end users. The event will also comprise an exciting air display involving various demonstrations, including parachute response and retrieval techniques.

The Conference

Workshops and educational sessions will take place throughout the two days. A wide range of speakers, made up of industry experts, will give presentations on various topics covering such issues as flight safety, cabin pressure, funding and liability, with workshops and panel sessions providing delegates with a chance to pose questions and put across their ideas.

The Exhibition

AirMed & Rescue 2009 is offering delegates the chance to have their own booth in the Exhibition Hall, giving them a base from which to advertise their services for the duration of the event. There will be a bar in the Hall for delegates to refresh themselves during conference session breaks, and the Hall will also be the location for the Waypoint/Laerdal Challenge, where medical crewmembers can showcase their talents and no doubt competition will be fierce.

The cost of an exhibition booth (which includes one full registration) is: **£2,500 plus VAT.**



Conference Agenda

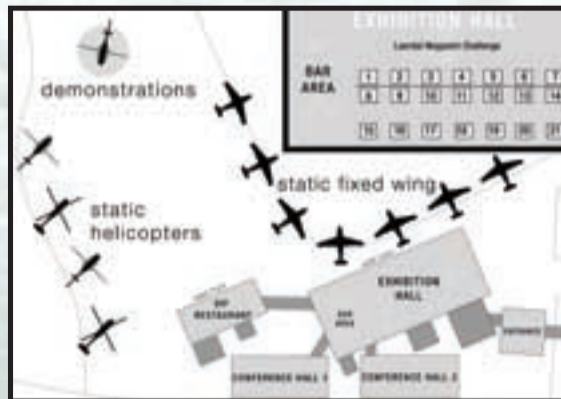
Our speakers and panellists are leading industry professionals who have been chosen to deliver an innovative outlook on their given speciality, while the panel sessions offer our delegates the opportunity to participate in expertly driven debate and pose questions to those same thought leaders.

Day 1

- 10:00-10:30 **Swedish Air Medivac Program**
Speaker: Hakan Osterhed, Sales and Marketing Manager – SAS Advanced Medical Air Transport Systems
- 10:30-11:30 Panel session: **War zones – should non-military crews be allowed to fly into problem areas?**
- 12:00-12:30 **European recommendations and regulations for HEMS medical crew training**
Speaker: Dr Terry Martin, Director – CCAT
- 12:30-13:00 **Sea level cabin pressure implications**
Speaker: Dr Thomas Buchsein, Medical Director – FAI
- 13:00-13:30 Panel session: **Single or dual engine helicopters – what do pilots prefer for which job?**
- 13:30-14:30 Lunch
- 14:00-15:00 Patient simulator demo competition: **The Waypoint/Laerdal Challenge**
- 14:00-15:00 Workshop: **Differences in health systems and staff qualifications when travelling between countries, including liability/malpractice**
- 15:00-16:00 Focus group
- 16:00-17:00 Live air demonstrations and display

Day 2

- 10:00-10:30 **Helicopter flight safety – minimizing the risk of accident**
Speaker: Jim Hall, NTSB '94-01
- 10:00-11:30 Panel session: **Pilot vs medic hours – focusing on antisocial hours, time on duty and time since last duty**
- 12:00-13:30 Panel session: **Should charity air ambulances be government-funded, and what are the benefits to US commercial operators?**
- 14:00-15:00 Simulator finals
- 14:00-15:00 **Workshop** – Specialties of mountain ops, including crevasse and avalanches
- 15:00-16:00 Focus group
- 16:00-17:00 Live air demonstrations and display



contact us for more information:

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email: info@airmedandrescue.com

Waypoint AirMed & Rescue 2009 Voyageur Buildings, 43 Colston Street, Bristol BS1 5AX, UK

INTERNATIONAL TRAVEL INSURANCE CONFERENCE



10th ITIC Domestic Conference

19th & 20th May

AGENDA

Day 1 morning - Tuesday 19th May

12.00-13.30 Registration and Social Networking Lunch

afternoon - Tuesday 19th May

14.00-15.30 Panel Session - **Scheduled Airline Failure and the Collapse of the Travel Industry**

Panellist **Michael Ward**, Sales & Marketing Manager - IPP

Panellist **David Moesli**, Deputy Director - Consumer Protection Group

Panellist **Andy Cooper**, Director General - Federation of Tour Operators

15.30-16.00 Coffee Break

16.00-16.40 **Policy Wording – Ten Top Tips**

Speaker **Martin Cutts**, Research Director - Plain Language Commission

16.40-17.30 Panel Session - **The Gender Directive**

Panellist **Mark Waterstone** - Obstetrician

Panellist **Daniel Scognamiglio**, Senior Solicitor - Blake Laphorn

Panellist **Scott Roberts**, Senior Broker - Acumus Insurance

Post conference drinks

Day 2 morning - Wednesday 20th May

10.00-11.30 Panel Session -

Mobile Phone Technology: the next generation

Panellist **Nicholas Thurlow**, Director - Text to Insure

Panellist **Mike Penrose**, Commercial Security Director EMEA - International SOS

Panellist **Mobile Phone Company**

11.30-12.00 Coffee Break

afternoon - Wednesday 20th May

12.00-13.00 Panel Session - **Update on Age Discrimination**

Panellist **Kate Carr**, Assistant Director, Markets & Regulation - ABI

Panellist **Samantha O'Connor**, Head of Business Development - Columbus Insurance Group

13.00-13.30 **The Madness of TCF (Treating Customers Fairly)**

Comic Speaker **Geoff Whiting** – Comedian

13.30-14.30 Lunch

14.30-15.30 Focus Groups

19.30-24.00 ITIJ Finale Dinner at Rhodes House

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Emergency Assistance Call-Handler Courses

AirMed and Rescue 2009 will include workshops for those working as emergency assistance call handlers.

The workshops will offer an exciting, energy-charged interactive approach for maximising the performance of those at the front line of assistance. By taking just one day out of the office, call handlers can learn new techniques on handling distressing and difficult calls and dealing with traumatised callers. In addition to the workshops, the one-day registration will include the unique opportunity to board real air ambulances, meet medical crews and see for themselves how actions in the call centre can help save lives.

The Waypoint / Laerdal Challenge will give course attendees the chance to watch fixed-wing air ambulance, SAR and HEMS medical crews simulate onboard emergency treatment using Laerdal patient simulators. Various teams will compete against each other to provide the most accurate and timely response to 'patients' in a variety of challenging circumstances. The best crew will be awarded the sought-after trophy so they will need all the support they can get from the crowd!

The air display will incorporate demonstrations of the latest in aeromedical technology, and the various aircraft used by SAR and air ambulance crews. Attendees will be able to see for themselves the expertise that goes into a rescue!




This one-day course combined with the air show displays, exhibition and the simulator challenge is a day not to be missed!

The cost of one full registration is **£99 plus VAT**, per person per day.

Dates: 21st & 22nd May 2009

Programme of Events

- 9.30-10.30 Registration and coffee in the exhibition area
- 10.30-12.30 Workshop 1 – Specialist trainers show how to enhance your ability to manage angry, anxious and distressed clients
- 12.30-14.30 Lunch in the exhibition area and experience **The Waypoint / Laerdal Challenge**
- 14.30-16.00 Interactive air ambulance visits 
- 16.00-17.00 Air display incorporating demonstrations, including parachute response and retrieval techniques

www.airmedandrescue.com

For more information contact the events department on:

tel: **+44 (0)117 922 66 00**

fax: **+44 (0)117 929 2023**

email: **info@airmedandrescue.com**

Waypoint AirMed & Rescue 2009 Voyageur Buildings, 43 Colston Street, Bristol BS1 5AX, UK



ITIC PACIFIC 2009

BANGKOK

Mandarin Oriental, Thailand



INTERNATIONAL TRAVEL INSURANCE CONFERENCE

The conference agenda addresses the most topical issues relevant to all sectors of the APAC travel and ex-patriate insurance markets. Our speakers and panellists are leading industry professionals who have been chosen to deliver an innovative outlook on their given speciality, while the panel sessions offer our delegates the opportunity to participate in expertly driven debate and pose questions to those same thought leaders in these highly mobile markets.

Day 1: Weds 17th June

10:00-10:30 **Global economy and Asian tourism – impact and implications from the economic slow down**

Speaker: Thai Minister of Public Health

10:30-11:15 Panel: (a) Thai Minister of Public Health
(b) International SOS
(c) Insurer

11:15-11:45 Coffee break

11:45-13:00 **The cashless outpatient – outpatient claims and directional care.**

Panel: (a) Bumrungrad
(b) Laura Hilton,
Head of Global Health & Safety Resources - HTH Worldwide.
(c) Assistance company

13:00-14:30 Lunch

14:30-16:00 **Evacuating the insured, when is the best time and who makes the decision?**

Panel: (a) Rafi Kot, General Director - Family Medical Practise Vietnam
(b) Dick Atkins, International Recoveries
(c) Assistance company

16:00-16:30 Coffee break

16:30-17:00 **Expat healthcare services in China – what options does the expat have?**

Workshop: Lily Chen, General Manager - Essential Healthcare Network.

Day 2: Thurs 18th June

10:00-10:30 **Future of Medical Tourism in the Asia Pacific region**

Speaker: Paul Chang, Executive Director -
Joint Commission International (Asia Pacific Office)

10:30-11:15 **Expansion of Medical Tourism - US Hospitals opening in Asia, the pros & cons and cost implications**

Panel: (a) US Hospital
(b) Kimberly Smith, Director of Development Research - Assurant Health
(c) John Duke, COO – Bangkok Hospital

11:15-11:45 Coffee break

11:45-13:00 **World Market: China – focus on the incoming and out going market.** Facts about medical facilities and how the china healthcare system works, as well as vital information on chinese healthcare reform.

13:00-14:30 Lunch

14:30 Site inspections of local medical facilities.



17th-18th June

Early bird registration: **£399 +vat.**
(£499 after 31st March 2009)



1ST ITIC PACIFIC CONFERENCE

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COMPULSORY COVER

ITJ often publishes articles about travellers heading off without insurance, and the latest one has sparked debate about whether or not governments should make travel insurance compulsory. David Craik looks at both sides of the coin



When Dean Willis, a radio DJ from Derby, UK started working in Crete last summer, it's safe to assume that debating the future of travel insurance was not high on his agenda. However, following a moped crash on the island that left him with leg fractures and severe burns, he has started calling for travel insurance to be made compulsory for all. Willis was able to have his injuries treated in a Crete hospital using his European Health Insurance Card (EHIC). However, he did not have the travel insurance required to cover the treatment, flights, airport transfers and doctor necessary for his return home. It was therefore left to his family and friends to rally round and raise £8,000 to bring him back to Derby. "All of that effort would not have been needed if I had just had travel insurance in the first place," Willis said. "I want it to become compulsory for people to have travel insurance before they go away. It should be something that is the responsibility of holiday companies or airlines when they sell tickets. I made a mistake [not taking out travel insurance] and hopefully other people going away will not make the same mistake I did." Willis wrote to Bob Laxton, Derby North member of parliament, asking him to take his argument to the government. The reaction was positive; Laxton

was reported as saying that the idea of bringing in legislation was something that was 'worth looking at'. He was happy to sit down with Willis and discuss the issue. But that was before Christmas, and now Laxton is less supportive of Willis's call. "I won't be doing anything with regard to this," Laxton told *ITJ*. "At the end of the day, it is up to people to take out their own insurance. I won't be taking this any further in the [House of] Commons." Laxton holds this view despite recognising the problem of holidaymakers travelling abroad without insurance cover, citing another case brought to his attention involving a family who had taken their seriously ill father to Cyprus: "He travelled against medical advice and the family did not take out any insurance. The father died out there, and the family wanted the British Consulate to fly his body home at UK taxpayers' expense. The majority of people are sensible about insurance, but a lot don't think about the situations they might find themselves in. To bring in legislation on something that people either sensibly choose to insure against or not is mission impossible." With the Laxton route now closed, would Willis have more luck pressing his case with the travel insurance industry itself? What are its views on the need for compulsory travel insurance? Malcolm Tarling, spokesperson for the Association

a primary concern with any compulsory insurance is the need for enforcement

of British Insurers, said a primary concern with any compulsory insurance is the need for enforcement: "How do you enforce it? You would have to check that people had

insurance before they left – if you look at other compulsory insurances, such as motor insurance, there is still a sizeable amount of people who drive around without it. It would have to be policed. Then what happens if someone does travel without insurance and gets holed up in a hospital somewhere? Who is going to pay to get the person back? There will be pressure on the UK government to do so.”

The result, fears Tarling, would be an increase in the cost of insurance for customers: “More people should be covering themselves, but the answer is to encourage and persuade them to do so, not make it compulsory. There is no great appetite within the industry and government for this.”

Fiona McDonald, head of underwriting at Europ Assistance, agreed that making travel insurance compulsory would be unreasonable to deprive an individual of the choice to self-insure: “In the UK, the only class of personal insurance that’s compulsory is third-party liability motor insurance. This is for the very good reason that a car is a dangerous weapon. Do we really class travel in the same way? If household insurance is not compulsory, why should travel insurance be? The individual is entitled to make choices about the degree of risk they incur. Do we really want to live in a nanny state in which decisions on risk are taken out of our hands?”

There would also be a host of administrative and practical questions to answer, McDonald claimed: “Should all travellers be covered regardless of where they go, how long and what they plan to do? Will younger healthier people be paying extra to allow terminally ill people one last trip abroad? Would a responsible family traveller be willing to pay more to cover a reckless youngster on a gap year who will lose his hand whilst shark feeding? Who makes these decisions and how do they decide? Would this cover be paid through a tax or a premium and set by government or insurers? Would everyone have to carry a certificate with them when they left the country and, if so, who would check? This could slow down exit processes at ports and airports and increase travel costs. It would be a logistical and bureaucratic nightmare.”

But Chris Price, head of Direct Line Travel Insurance, had a different take on the issue: “Travellers often don’t fully understand the implications of not having travel insurance. Despite government attempts, there remains confusion as to what is and isn’t covered by the EHIC [and] taxpayers’ money is being used to fund the problems of those who should have insured.”

Price states that most insurers

have many letters in their case files from people writing in to ask for financial help, their lives torn apart through not having been insured. He continued: “Making travel insurance compulsory is a sensible move for travellers and the government alike. Additionally, policies are likely to become more consistent in cover and even cheaper as insurers benefit from improved take up.”

Travel insurance is also not compulsory in the US, but Jim Krampen, co-founder, principal and executive officer at US insurer Seven Corners, favours its introduction. He also believes it would reduce premiums: “Insurance utilises the law of large numbers. Premiums would decrease because anti-selection would be removed from

premiums would decrease because anti-selection would be removed from the underwriting formula

the underwriting formula and the critical premium mass would stabilise and be more manageable. Competition would increase and force the market to reduce premiums and add benefits and services above any minimum mandates. This would provide more choice for customers.”

However, he adds that the only way it would be introduced as law in the US is if it was ‘one-way’. This would see the US follow the recent footsteps of 15 Schengen visa countries, Malaysia and Dubai who have instituted compulsory visitor medical insurance as a requirement of entry.

Krampen explained: “The current political climate and Americans’ attitudes, specifically those with the means to travel abroad, would most likely derail any potential legislation requiring compulsory insurance for outbound travel. However, a portion of the increase in healthcare delivery cost in the US is due to foreign visitors with limited or no medical coverage who utilise healthcare services and leave without paying. The US should weigh the potential of bad debt healthcare cost savings with the bureaucratic cost to implement such a programme. It would include a minimum mandate to cover emergency room and inpatient medical expenses. This would include the stabilisation of a foreign patient for a pre-existing condition.”

Pari Morse, of US broker Columbine Consulting Services, agreed: “At a minimum, all travellers should be covered with a travel medical insurance policy that would provide at least US\$1 million in coverage for medical expenses and emergency medical evacuation. Governments should enforce this by requiring the travel suppliers to show proof of coverage. It could be made part of the travel arrangements of each client at the time of booking.” Morse added that there is already a growing trend for travel companies to require travel insurance for their clients: “They are doing this to protect their business from chargebacks due to client cancellation. This is advantageous to insurers because a larger number of insureds reduces the overall risk and allows them to reduce premiums while still increasing profit.”

UK consumer campaign charity Which? has been vocal about a number of problems in the insurance offered by travel agents and tour operators, including the failure to advise



on policy excess and terrorism cover. Indeed, since 1 January this year, these policies have come under the regulation of the UK’s financial watchdog, the Financial Services Authority, to meet such concerns. “It is already pretty hard to book a holiday without the terms and conditions requiring proof of travel insurance,” said Dan Moore, senior researcher at Which? “But we don’t believe that travel insurance should be made compulsory. Travel insurance is very much down to your own personal circumstances, such as pre-existing medical conditions, or if you are swimming in shark cages or bungee jumping on your trip. We say to people be sure to get the coverage which is suitable for your requirements. If travel insurance was compulsory it is possible that people

will just look and try to get the cheapest cover they can. This would be disadvantageous to anyone who then had to make a claim and found out that they were not covered.”

Moore argued that even making some areas compulsory such as travel medical insurance would not be easy: “What elements should be made compulsory and which shouldn’t? There will be different issues wherever you go. Our message to customers is that if they are unclear about anything included in their policy, they should speak to the policy provider and get advice on what should be covered. They should tell them where they are going and if they are planning to do anything out of the ordinary, even if that includes just jumping on a moped.” ■

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at the end of the day, it is up to people to take out their own insurance

Discrimination: the new regime

New and proposed anti-discrimination laws could affect the way UK travel insurers write business. But Katie Tucker from Pinsent Masons LLP asks whether insurers really are being ageist and sexist in the way they assess risk and to what extent differential treatment can still be justified

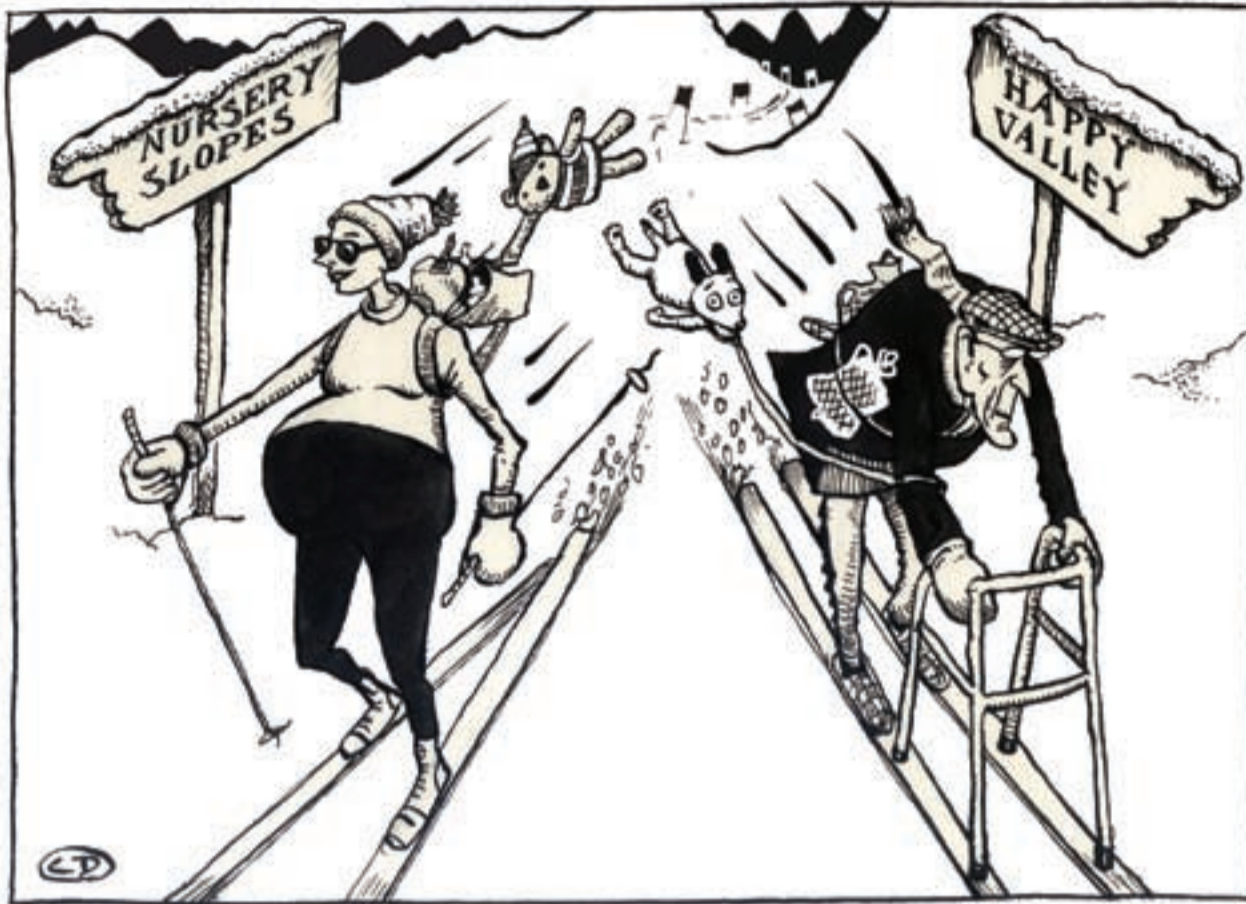
Sex discrimination

Prior to the introduction of the Gender Directive, the UK already prohibited insurers from discriminating on the grounds of gender under the Sex Discrimination Act 1975. Under the Act, UK insurers are deemed to discriminate directly against a person if they treat them differently on the grounds of their gender. This might include refusing to provide cover, charging different premiums or providing different policy benefits. Indirect discrimination – where there appears to be equal treatment (because requirements or conditions apply equally to men and women), but that treatment adversely affects more women than men (or vice versa) – is also prohibited, unless it can be justified as a proportionate means of achieving a legitimate aim. However, recognising that risks vary between the sexes, the Act provided an exemption to this general prohibition for insurers so that differential treatment would not be unlawful if it was based on actuarial or other data. The Gender Directive follows a similar pattern to the Act. It is unlawful to discriminate on the grounds of a person's gender when providing insurance services, subject to a specific exemption for insurers. But it differs from the Act in two key respects: the exemption, while alike, is more stringent, and there is an absolute prohibition on less favourable treatment of women for reasons of pregnancy and maternity. To implement these changes, the Act has been amended by the Sex Discrimination Act 1975 (Amendment) Regulations 2008, which came

it is now explicitly unlawful to treat a woman less favourably on the grounds of her pregnancy or maternity

into force on 6 April 2008. All insurance contracts entered into on or after that date must comply with the revised position. The pregnancy and maternity provisions were deferred and came into force on 22 December 2008.

It is not easy for insurers to apply the revised Act to their policies and procedures. This is new legislation, amending relatively untested existing legislation, and the wording is ambiguous in places. Ultimately, it will be for the English court to determine the correct interpretation. This is further complicated because the UK legislation derives from EC law, and therefore any interpretation of it should take into account the



purpose of the Gender Directive.

Insurers may therefore want to take a cautious approach in assessing the Act and deciding how to apply it. They may also want to take into account that the discrimination burden of proof rules make it easier for a claimant to show an insurer has unlawfully discriminated against them and that equality bodies, such as the Equality and Human Rights Commission, may back an individual making a claim. The Commission has the power to assist complainants and could take on test cases in order to clarify the law.

The insurer exemption

Under the revised Act, UK insurers may continue to use gender as a factor in assessing a risk if they not only have relevant and accurate actuarial and statistical data to base this upon, but also compile and publish the data in accordance with guidance issued by the Treasury.

Any differences in treatment must also be proportionate, so there is a close relationship between the underlying data and the assessment of risks reflected in premium and benefits. While the Treasury guidance envisages some tolerance around the degree to which differential treatment may be held to be proportionate, proportionality is likely to be a difficult requirement for insurers to get right; particularly given it is a subjective concept.

The Treasury guidance sets out fairly prescriptive provisions regarding how the data should be published, including minimum requirements for content and form, who vouches for the data and how regularly it must be reviewed and updated. In most cases, published data will be in the form of a table or chart, which illustrates the differences in risk between men and women. It is likely to be aggregated and simplified to ensure it can be easily understood by consumers and avoids releasing information that is price sensitive or may facilitate anti-competitive practices. It does not need to be the detailed underwriting data relied upon by the insurer, although this should underlie the published data and

that the published data is unlikely to present a direct correlation with the premiums charged or the benefits obtained in individual cases.

Consequently, while the published data may demonstrate the case for differing treatment, it seems unlikely that the average policyholder will understand from it the effect their gender has on the premium and benefits offered to them and whether these are proportionate to the underlying data.

Pregnancy and maternity

The most controversial provision from the UK insurer's point of view is the prohibition on discrimination for reasons of pregnancy and maternity. Under the Act it is now explicitly unlawful to treat a woman less favourably on the grounds of her pregnancy or maternity. The Gender Directive does not define 'maternity', so the UK government has adopted a period of 26 weeks from the day on which the woman gives birth. After the maternity period, women can still pursue a claim for discrimination on the grounds of gender in the normal way.

This is an area that is likely to have a major impact on travel insurers. Travel policies often exclude benefits (such as cover for cancellation, curtailment and medical expenses) after a specified number of weeks of pregnancy or exclude cover for medical complications related to previous pregnancies.

Or, where such exclusions do not apply, load the premium to cover the risk.

Such policies and procedures need to be carefully considered to determine whether they are lawful: is the woman being treated less favourably and, if so, is the treatment because of her pregnancy or maternity? Does this mean insurers will be required to pay for medical costs arising from childbirth abroad? Is there a risk that women travel in order to obtain the benefit of such cover?

When carrying out this exercise, it is worth bearing in mind that the purpose of the pregnancy and maternity provisions in the Gender Directive are to ensure the costs of pregnancy or maternity do not fall solely on one gender. As commented earlier, the purpose of the Gender Directive should be taken into account in interpreting the Act.

be used in underwriting the risk.

One of the main rationales for requiring that data is published seems to be transparency. Customers should be able to understand the relationship between their gender and the premiums and benefits offered to them. Specifically, the Treasury guidance requires the published data to be in plain English and intelligible to someone who is not an insurance expert.

But, in reality, is this aim achieved? Actuarial techniques are complex and insurers will take other factors affecting the customer's risk assessment into account. And, as the published data will be simplified and may represent an industry average, it is unlikely to reflect variations in an individual insurer's own data. The guidance even recognises

many insurers do not have sufficient data to show the statistical effect of age on claims experience





There is an exemption to this ban, which applies where there could be a risk to a pregnant woman's health or safety. This was introduced to address the aviation industry's concerns that airlines' policies of refusing to carry late-term pregnant women for health and safety reasons would breach the Act. It is unlikely insurers could rely on the exemption, but it may provide travel insurers some comfort as it should limit the activities carried out by pregnant women and therefore the risks associated with them. It is also unlikely that the insurance exemption can be relied upon. The Act specifically prevents the exemption applying if differences in treatment result from costs related to pregnancy or maternity. It is difficult to see how varying premium and benefits to cover the increased risk of a claim would not be related to cost.

Age discrimination

The European Commission has recently adopted a proposal for a Directive aimed at protecting against discrimination outside the workplace. This includes a prohibition of discrimination on the grounds of age in the provision of insurance services. At the same time, the UK government has proposed a similar prohibition under the Single Equality Bill. Accordingly, it could become unlawful to refuse to provide travel insurance to certain age groups or provide differential premium or benefits due to a person's age. It is likely, though, that insurers will have the benefit of an exemption along similar lines to that under the Gender Directive. The draft Directive states that, in the provision of insurance services, Member States may permit proportional differences in treatment where the

indirect discrimination ... is also prohibited unless it can be justified as a proportionate means of achieving a legitimate aim

use of age is a key factor in the assessment of risk based on relevant and accurate actuarial or statistical data. And the UK government has said the Bill will not prevent 'actuarially justified age-based treatment'. Both proposals are at a relatively early stage and, until the wording is determined, it is difficult to judge their impact. However, the industry has already expressed concerns that, if it is introduced, insurers will be forced to withdraw certain products, thereby reducing competition and increasing prices. The Institute of Actuaries has said that many insurers do not have sufficient data to show the statistical effect of age on claims experience – either because they do not insure certain age groups or, due to the lack of demand, they rarely do. To illustrate this, they highlight that travel insurers are likely to have plentiful statistics on 40-year-olds taking skiing holidays, but very little, if any, data on 80-year-olds taking skiing holidays. Given that there are specific insurance products that target and specialise in certain age groups, some insurers have suggested that a more proportionate response to ensure accessibility would be to concentrate on signposting those products, rather than imposing mandatory universal access to all products.

In general, though, insurers will be able to underwrite risks much as they previously have done. Their position is also likely to be protected where age is used as a risk factor. Please note that it is not certain that this position will remain in relation to gender discrimination, as the UK government is required to review its decision to allow the insurer exemption at the end of 2012. Problems arise where an insurer does not hold the necessary data in order to justify differential treatment and comply with the exemption. In order to lawfully provide their products, insurers may be required to move away from assessing risks based on assumptions related to applicants' gender or age and focus more on the risk the individual poses. While this approach arguably represents a fairer way of providing insurance and will result in benefits for some customers, ultimately it could result in detriment for others. If insurers carry out detailed individual assessments, they will probably need to dedicate greater resources to the underwriting process, thereby increasing costs, which are likely to be passed on to all policyholders. ■

A change in approach?

The Gender Directive has required two key changes in the approach taken by UK insurers. First, the revised insurance exemption must be complied with in order to use gender as a factor when underwriting the risk. Second, insurers cannot directly discriminate against a woman on the grounds of her pregnancy or maternity, even if this is actuarially justified.



Katie Tucker is a solicitor in the Insurance and Reinsurance team at Pinsent Masons LLP.



it could become unlawful to refuse to provide travel insurance to certain age groups

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WIHURI AVIATION

Caution: Child onboard

Following the death of a French schoolgirl on an educational trip to Egypt in February, insurance for school trips is back in the spotlight. Stewart Farr takes a look at what insurance products are on offer to teachers and pupils

In recent years, there has been no shortage of news stories about injuries or fatalities incurred on school trips, whether educational visits or more physical 'adventure style' excursions. School expeditions vary in scope and objective and often involve hazardous or dangerous activities with large amounts of valuable equipment. There is also the possibility, albeit vague, of kidnapping or abduction of pupils, even instances of assault and murder.

A child travelling alone, without the supervision of parent or guardian, also poses similar insurance cover problems. Not least, forgetfulness and a lack of life experience and foresight can quickly and easily result in lost baggage or tickets and missed connections. In some respects, it is not surprising that many travel insurers are unwilling to provide cover for the under-18s unless there is an accompanying adult covered by the same policy, in which case the dependent child is often insured for free.

Even so, it is surprising, given the ever-increasing pace of youthful independence, that there are relatively few child-only travel insurance policies on the market; although, in the UK, Direct Line and Tesco's family travel insurance policies, for example, include cover as standard for children travelling independently. US-based InsureMyTrip.com reports that it doesn't list any policies that are specifically geared for children travelling alone, but notes there are many different plans that would work for school trips and independent child travellers. It just depends on the type of coverage required.

A browse on the Internet, though, does show several policies on offer that have been specifically designed to cover the risks associated with school trips. For example, Endsleigh Insurance, in the UK,

offers school group insurance that includes cover for both the group leader(s) and the children together, as well as extended liability cover for group leaders in respect of claims arising out of their employment. Towergate Risk Solutions also offers a tailored policy that includes cover for all hazardous activities, offers no excess on personal belongings claims and no need to notify the police in order to make a claim, making life a bit simpler for what is probably already a fairly stressed out teacher! The same policy will also cover support staff if they are necessary.

Widely travelled

Some parents or educators may want to purchase a medical evacuation policy for the child student so that he/she can be returned home in the event of injury or illness during their travels. Depending on the plan chosen, the child could be evacuated to the parent's hospital of choice, to the hospital of choice nearest home, or to the nearest appropriate facility – thus providing peace of mind should a medical emergency blight the trip.

However, most medical evacuation plans provide no medical treatment coverage. If the likes of doctor visits, emergency hospital stays or surgery whilst travelling are required, then a travel medical plan makes more sense, covering as it does both emergency evacuation and medical treatment. There are no peculiar underwriting rules for medical evacuation or treatment plans, although some have reduced accidental death and dismemberment benefits for children.

Another consideration is trip cancellation or interruption, useful if something happens to a sibling or family member and the travelling child immediately needs to speed home. In this case, the policy of choice is likely to be a package plan that offers trip cancellation and interruption, travel delay, lost baggage, medical and emergency medical evacuation benefits. Such plans are the most comprehensive and may offer more coverage than is strictly necessary for the child travelling alone.

Other than the few plans on InsureMyTrip.com that require a child to be travelling with an adult, most of the insurance policies are available for the lone child traveller. All plans provide coverage for emergency medical evacuation and for 24-hour emergency assistance, two benefits that perhaps most appeal to the parents left behind.

In the recent case of the French schoolgirl who was killed in Cairo, the French Embassy and Consulate stepped in to help, thus negating the need for the travel insurer or assistance company to become involved. In the UK, *The Times* reported: "The teenagers were part of a group of 54 schoolchildren from Paris, aged from 13 to 17, who were paying a last-minute visit to the bazaar before heading home ... The French Embassy and consulate moved quickly to provide assistance to the teenagers. The group of youngsters from Levallois-Perret flew back from Cairo to Paris [the next morning] and were met at the airport by psychologists and officials from the Foreign Ministry."

According to Travel Guard, the first and foremost reason for purchasing travel insurance in the US is the need for protection against trip cancellation, followed by medical cover and lost baggage cover. Travellers are deemed to be travellers regardless of age and US travel insurance is constructed with



the specific traveller's needs in mind. Typically, the insurance purchased is a bundled per-trip travel plan, covering trip cancellation, interruption and delays, medical expense and evacuation, and lost, delayed or stolen baggage. A 2008 market survey carried out by the US Travel Insurance Association shows that such per-trip policies account for around 77 per cent of all travel insurance sales.

International cover

International Medical Group (IMG), parent company of iTravelInsured, says it has experienced consistent growth in the student market as more parents

become aware of the importance of travel insurance coverage for their children travelling internationally. It makes the point that US citizens have long assumed their domestic insurance coverage would also provide coverage overseas, but frequently this is not the case, proving in fact to be limited or non-existent. Even if the policy includes international coverage, currency and language differences can provide significant challenges for the domestic carrier. In a worst case scenario, say an emergency evacuation, domestic carriers are ill-equipped and, in many cases, unable to respond, believes IMG. If a child on a hiking trip falls off an overseas cliff, IMG not only co-ordinates

Of these child-related insurance claims, some 77 per cent were for medical expenses, followed by lost ski packs (six per cent) and hospital benefits (also six per cent). Fifty-three per cent of child claimants were in the 11 to 17 age group



law, insurance, health and safety, parental permission and so forth, can still be a stressful activity. Schools, whether insured through their local educational authority or independently, are mindful that insurance policies can vary from company to company in their provision of cover. The major areas that school trip organisers have to be aware of are personal injury (covering fatality as well as serious injury) and public liability (covering the school and its teachers in the event of a claim arising from injury or fatality). In 2008, the UK's Department for Children, Schools and Families circulated more advice on the overseeing of school trips, which included the introduction of the post of Education Visits Co-ordinator, and increased involvement from local education authorities.

The policy chosen by a school or other educational facility also needs to meet the requirements of the trip. Questions that will potentially be asked of insurers include: Is the personal effects cover high enough? What about insurance of unusual or dangerous activities? What happens if the trip has to be cancelled? What if a child becomes ill on the tour, but the trip must stick to its agenda and leave the ailing child behind? In the UK, the Department for Children, Schools and Families' publication *Five Steps to Risk Assessment* is a useful guide for formulating an accurate 'take' on the risk inherent in a school trip. Other than a fatality, a major risk, of course, is that of the missing child. Insurance underwriters haven't ignored this; in the aftermath of the abduction of Madeline McCann in 2007, InsureandGo, for example, announced the inclusion of free missing child cover as standard on all its policies. This applies to all children (up to the age of 18) who've been missing for more than 24 hours after an initial report to the police. Up to a maximum of £110,000 is paid out to cover the cost of accommodation, translators and any media publicity required to help locate the child. Yes, the odds are against the likelihood of a child being abducted, but it's worth noting in the UK alone that every year up to 400 children under the age of 14, and around 950 in the 14-to-17 age bracket, are reported missing to the Police National Missing Persons Bureau.

Adventure sports

More pertinent to child travel and school trips is the risk inherent in sporting activities. Outdoor adventure holidays have increased in popularity in recent years and many insurance policies now provide standard cover for a range of adventure sports previously considered out of bounds for the younger participant. School skiing trips are not uncommon, yet winter sports are noted for their high susceptibility to accidents, expensive medical treatment/evacuation and legal costs to determine who was at fault.

Sports are categorised by underwriters according to a scale of risk but even those considered least dangerous such as mountain biking, yachting, pony trekking and abseiling have contributed their fair share of young accident victims. Furthermore, the public's view of risk, particularly that of the younger members of society, is frequently at odds with that of underwriters, who in turn don't tread a uniform path. For instance, skiing is generally viewed by North American insurers as a non-dangerous sport and attracts a standard rating, whereas most European insurers exclude skiing and winter sports from standard travel cover, tending instead to offer a specialised insurance package for such activities. Given that statistics show that most accidents and injuries whilst travelling actually occur in hotels

the evacuation but also brings a close relative to the bedside of the insured casualty; its onsite medical staff will continue to monitor the insured's condition and provide case management services until the child is stabilised and able to travel home.

The online MyIMG provides a wealth of information and services for members and its International Provider Directory, also online, aids members in locating physicians and medical facilities in most countries around the world. The company offers several plans to comfort parents of international travelling youth, which include extensive medical benefits and emergency evacuation coverage, and a chaperone replacement rider (reimbursement of airfare up to \$3,000 for the expense of a round-trip air ticket for a replacement chaperone). Years of experience, says IMG, have given it a unique insight into the requirements of diverse travel groups and it can tailor insurance plans to meet the needs of specific school student groups.


This may be so, but for the teacher planning an educational visit or adventure-based school trip, navigating the various documents pertaining to local



The legal requirement that a school does an extensive risk assessment before leaving on a trip should serve as an incentive to travel insurers to take on this risk

rather than on the boating lake or ski slope, many physical pursuits once considered as too risky are now covered as standard in insurance policies. InsureandGo, for example, now includes 40 adventure sports and automatic winter sports cover in its annual travel policies. In a survey of 40,000 UK travel insurance claims, the company found that 12 per cent of these related to children aged under 17. Of these child-related insurance claims, some 77 per cent were for medical expenses, followed by lost ski packs (six per cent) and hospital benefits (also six per cent). Fifty-three per cent of child claimants were in the 11-to-17 age group, giving a fairly clear





indication that this is a group that definitely needs to be properly insured before leaving home turf. The legal requirement that a school does an extensive risk assessment before leaving on a trip should serve as an incentive to travel insurers to take on this risk, which has already been quantified for them; but as all insurers know, kids are a risky business and can often not be relied upon to do as they are told. Nor can they be wrapped in cotton wool, much as the insurer would like. But a full assessment of the risk associated with a trip, resulting in the right insurance policy, should mean no one need be left out in the cold. ■



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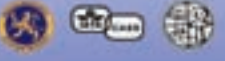





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Care in the community

The United Kingdom is the world's sixth most popular tourist destination, with 32.7 million visitors in 2006 alone. Inevitably, some of these foreign guests will become ill or require emergency treatment when in the UK, so Jane Collingwood asks: what standard of care can they expect, how do they go about receiving it, and how much will it cost them?

Tourists come to the UK from all over the world, particularly from other European countries, the US and Australia. When they require medical help, the public National Health Service (NHS) can be relied upon as their first port of call. It is a relatively high-quality service: in total, the UK spends 8.2 per cent of its gross domestic product on health, and is rated 18th in the world for overall health system performance – hospital quality, technology and medical care – by the World Health Organization. Visitors to the UK who need emergency treatment can call 999 for an ambulance and will be taken to the Accident and Emergency (A&E) department of a public hospital free of charge. The emergency treatment they receive on arrival is also free of charge. However, the patient or their insurers will be required to pay for any further care unless they are defined as 'ordinarily resident' in the UK or 'lawfully living in the UK for a settled purpose as part of the regular order of his or her life for the time being'.

The number of people falling into this category is rising: official figures show that 2.3 million migrants have moved to Britain since 1997. Foreign students studying in the UK for longer than six months are entitled to free healthcare, alongside most visiting Europeans. The European Health Insurance Card (EHIC), which replaced the E111 in 2005, gives anyone from the European Economic

Area and Switzerland access to emergency medical treatment in another member state free, or at a reduced cost. But it has some complex restrictions and eligibility requirements, a limited choice of treatment centre, and does not cover evacuation or repatriation back to the patient's home country, so in no way does it render travel insurance obsolete. Many other countries have reciprocal healthcare

agreements with the UK (see box 1). In return, eligible UK residents can receive free or reduced cost medical treatment whilst visiting these countries. Anyone not eligible for free healthcare in the UK is subject to the National Health Service (Charges to Overseas Visitors) Regulations 1989, and its recent amendments.

Meeting expectations?

Clinical operations manager at AXA Assistance Pippa Bray believes, "Foreign patients are generally treated very well here in the UK." She explained that assistance companies need medical reports and regular updates from hospitals, but the patient must give written consent for this confidential data to be released. "Data protection gets tighter all the time," she warned. Assistance companies in the country generally report that liaising with hospitals to determine whether or not charges will be made normally goes 'fairly smoothly'.

There have been a number of concerns raised over the use of private ambulance firms ... patients' safety is being put in jeopardy by the use of (such) unregulated agencies ... the practice [is] a 'desperate' response to a crisis in emergency care

Box 1.
The following countries have reciprocal or bilateral healthcare agreements with the UK:
 all EU states, Norway, Iceland and Liechtenstein, Bulgaria, Czech and Slovak Republics, Hungary, Malta, New Zealand, Russia, all states of the former Soviet Union (except Latvia, Lithuania and Estonia), Croatia, Bosnia, Macedonia, Montenegro, Serbia, Slovenia, and residents of Anguilla, Australia, Barbados, British Virgin Islands, Channel Islands, Falkland Islands, Isle of Man, Montserrat, St Helena, Turks and Caicos Islands.

professionalism of staff. Across the UK, there are a large number of medical and dental schools and centres offering training for nurses and other staff. The NHS draws on a wide range of resources – government agencies, professional organisations, educational bodies, charities, foundations and private companies. However, it is also frequently criticised for high bed occupancy rates, 'rationing' drugs that it judges too expensive, bowing to political pressure, forcing those who pay for private healthcare to 'pay twice' via taxation, lengthy waiting lists (despite recent efforts), and the so-called 'postcode lottery' of care standards. Persistent outbreaks of antibiotic-resistant superbugs such as Methicillin-Resistant

both NHS and private hospitals with good international reputations are being sought after and even actively marketing themselves to potential international patients

infections effectively. In response to the report, the Royal College of Surgeons blamed consistent overcrowding on NHS hospital wards for the 'uncontrollable spread of superbugs and other forms of infection'. Overall, however, the NHS delivers some aspects of healthcare very well. In the case of emergencies

for access by or ease of use by foreign nationals'. The reason for this, he believes, is its lack of experience and lack of systems for dealing with foreign patients. Anyone who has been a UK resident for three months, regardless of nationality, can theoretically register with a general practitioner (GP) surgery, but getting access can be a major hurdle and then the wait

but says Bray, "Public hospitals are very busy and sometimes do not charge due to administrative issues." This does vary from place to place, however. A central London hospital with an A&E department (e.g. Middlesex, St Mary's) will treat more foreign patients and so will be more familiar with the process of dealing with patients who speak a different language, and with assistance companies working on behalf of travel or medical insurers, than rural hospitals or those in other parts of the UK. The NHS is a high-standard health system supported by general tax revenues. Founded in 1948, it provides a comprehensive and free service to 60 million people, has annual spending levels in excess of £100 billion and a staff of 1.3 million. The NHS refers to the four healthcare systems of the UK – England, Northern Ireland, Wales and Scotland. There is no problem when a patient from one UK country needs treatment in another.

In England, the NHS is the responsibility of the Department of Health, overseen by a secretary of state for health, who reports to the Prime Minister. The department is responsible for the ten 'strategic' health authorities that supervise and monitor local NHS Trusts. The NHS has a range of trusts in any one area of the UK, responsible for different elements such as hospitals or mental health. The trusts' directors oversee local hospitals, most of which, but not all, have A&E departments.

The NHS is highly regarded for its universal coverage, comprehensive primary care, rigorous regulation and the high degree of skill and



Staphylococcus Aureus (MRSA) and Clostridium difficile (C.diff) in NHS hospitals also raise hygiene concerns, and have prompted a report by independent regulator the Healthcare Commission, which at the end of 2008 stated that 60 per cent of hospitals in England are failing to deal with superbug

relating to foreigners, it will normally cope and patients won't need to move to the private sector or to a different country in order to access better care. Nevertheless, Dr Charles Levinson, chief executive of the private Doctorcall Medical Services Group, feels that primary care through the NHS 'is not tailored

for an appointment can be slow. Furthermore, there is a risk of communication difficulties in treating foreign patients, but most assistance companies, some private hospitals, such as London's Portland Hospital and London Bridge Hospital, as well as larger NHS or public hospitals,



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such as Great Ormond Street Hospital for Children, make special provision for international patients. This can include anything from offering translators to interpret between patients, consultants and ward staff, to providing a range of menu, television and newspaper choices to cater to different nationalities and cultural sensitivities.

For drug prescriptions, there is a standard charge – currently £7.10 – but some residents can obtain free prescriptions: children, full-time students, the elderly, and those on state benefits. Visitors to the UK can obtain prescription and non-prescription drugs at pharmacies, recognisable by a green cross in the window. Pharmacists are highly trained professionals who can give medical advice but cannot distribute drugs without a doctor's prescription. Boots and Lloyds are major chains of UK pharmacies.

There are some health areas for which referral by an NHS GP is not necessary, such as physiotherapy, health screening, cosmetic surgery and dentistry. On the topic of dentists, it can be hard to find an NHS dental practice that accepts new patients; and the quality of the products and technology used may not be as high as those at private clinics. Optical treatment tends to be provided by high street opticians who are approached and paid directly. The NHS has a helpline, NHS Direct, for healthcare advice, as well as 90 walk-in centres located around England at which NHS nurses give advice, information and treatment for minor injuries and illnesses with no appointment needed. The centres are available to overseas visitors, but a charge may be made for some services.

The NHS has recently seen an increase in the number of Foundation Trusts – trusts that have gained a degree of independence from the Department of Health and their local NHS strategic health authority. Foundation Trusts give local communities more decision-making power, and are monitored by an independent regulator who then reports to central government. In January this



Data protection gets tighter all the time ... [but] ... liaising with hospitals to determine whether or not charges will be made normally goes 'fairly smoothly'

year, the English NHS published a constitution that outlines what staff and patients can expect, explaining

the purpose, principles and values of the NHS, patient rights and staff responsibilities.

Private vs public

Running in parallel to the NHS is a thriving private healthcare market. It is used by eight to 12 per cent of the population, often as a 'top-up' to NHS services, and is generally 'fast and responsive', according to Dr Charlie Easmon of London's private clinic, Number One Health.

There are approximately 250 private hospitals in the UK, mostly in larger cities. BMI Healthcare, Spire Healthcare and the Nuffield Hospital groups are

some of the leading operators around the country. Additionally, HCA Hospitals operates six private hospitals in London, including The Wellington Hospital, the UK's largest independent hospital, and London Bridge Hospital and The Princess Grace Hospital, which accept emergency patients.

The private sector is regulated by the Healthcare Commission, which was set up in 2004. In fact, any UK organisation that provides healthcare must register with the Healthcare Commission, which carries out inspections and ensures medical establishments meet government standards. It also provides performance ratings for every hospital in the country, accessible via its website.

Most of the staff working in the private sector will have some experience of working in the NHS, and many work in both. In fact, the government's health agenda increasingly relies on the private sector. Since April 2008, UK patients in England can choose where to receive non-urgent treatment from a range of NHS or sometimes private health units. About 3,500 patients every month have private treatment paid for by the NHS. As a result, the NHS reportedly spends £7.6 million in fees with private hospitals each year.

A number of NHS hospitals also have private units, including Hammersmith Hospitals NHS Trust and the Oxford Radcliffe Hospitals. The NHS is currently setting up Independent Sector Treatment Centres, which are contracted within the NHS and normally located in NHS hospitals.

Needless to say, when it comes to treating foreign nationals, the private sector in the UK is only used by self-pay patients or those with medical insurance. Regarding non-emergency care, Dr Levinson says, "Most overseas insurance companies we deal with will prefer us to refer into the private sector." The NHS, he commented, has 'issues with communication and lack of experience'.

Is it worth foreign visitors paying to go private if they can afford it? On the one hand, NHS supporters would argue that although private hospitals may have lower infection rates, there is little difference in the cleaning systems they use, and most consultants work in both the public and private sectors, so expertise is the same. NHS hospitals are generally larger, though, have a significantly lower nurse-to-patient ratio, and aren't as uniformly equipped with modern technology and equipment as the private sector. Private hospitals also offer some medical services that are not available or have

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10 OF THE BEST

In March 2008, *The Independent* newspaper published a patients' guide to the ten best specialist hospitals in the UK, which it says are at the cutting edge of research and offer the highest standards of care for patients who require treatment in their specialist areas.

(All 10 are in or near London, but specialist institutions in other parts of the country are also given, where appropriate.)

1. Bones and joints:

Royal National Orthopaedic Hospital, northwest London.

This 220-bed hospital treats 10,000 patients a year and is where one-fifth of all orthopaedic surgeons in the UK are trained.

Alternatives: **Royal Orthopaedic Hospital, Birmingham; Nuffield, Oxford**

2. Brain:

National Hospital for Neurology and Neurosurgery, central London.

A 200-bed hospital, this establishment is a major international centre for treatment, training and research.

Alternative: **Walton Centre for Neurology and Neurosurgery, Fazakerley, Liverpool**. A research team from this centre recently won a large US grant to investigate the neurodevelopmental effects of anti-epileptic drugs.

3. Heart:

Royal Brompton & Harefield NHS Trust, London.

This is the largest heart and lung specialist centre in the UK, with 2,400 coronary angioplasties, 1,200 coronary bypasses and 2,000 respiratory failure treatments being carried out annually.

Alternative: **Papworth Hospital, Huntingdon**, where Britain's first successful heart transplant was carried out in 1979; **Cardiothoracic Centre, Liverpool**, established in 1991.

4. Cancer:

The Royal Marsden NHS Trust, London and Surrey.

This hospital is the largest comprehensive cancer centre in Europe, seeing over 40,000 patients from the UK and abroad each year. It was founded in 1851 as the first dedicated cancer hospital in the world, and currently has the highest income from private patients of any hospital in Britain.

Alternative: **The Christie Hospital, Manchester; Clatterbridge Centre for Oncology, near Liverpool**.

5. Ear, nose and throat:

Royal National Throat, Nose and Ear Hospital, London.

The UK's largest ear, nose and throat hospital is also Europe's centre for audiological research, with a quarter of its 60,000 patients being referred from other parts of the UK and abroad last year.

6. Bowel:

St Marks Hospital, Harrow, northwest London.

Founded in 1835, this has become Britain's leading national and international referral centre for diseases of the bowel. It is the only hospital in the UK and one of only 14 worldwide to be recognised as a centre of excellence by the World Organisation of Digestive Endoscopy.

Alternative: **Hope Hospital, Manchester**, also has a specialist bowel disease unit.

7. Liver:

King's College Hospital NHS Trust, London.

The liver unit at this hospital is the largest in the world, annually performing 200 liver transplants and admitting more than 200 patients with liver failure to its intensive care unit.

Alternatives: **Freedom Hospital, Newcastle upon Tyne; St James's University Hospital, Leeds; University Hospitals Leicester NHS Trust; Addenbrooke's Hospital, Cambridge; Derriford Hospital, Plymouth**.

8. Psychiatry:

The Maudsley Hospital, south London. This is the UK's largest mental-health training institute and a centre of excellence for the delivery of mental-health care.

9. Children:

Great Ormond Street Hospital NHS Trust, London.

Has the largest centre for research into childhood illness outside the US and is the largest centre for children's cancer in Europe. It specialises in treating children with a rare or complicated disorder and only accepts specialist referrals from other hospitals.

Alternative: **Alder Hey, Liverpool, Manchester and Sheffield**.

10. Eyes:

Moorfields Eye Hospital, London.

Founded in 1805, this eye hospital has become one of the largest in the world, carrying out 23,000 ophthalmic operations last year. Over half of all practising ophthalmologists in the UK have received training at this institution.



limited availability on the NHS, such as some fertility treatments, complementary therapies, and some cosmetic procedures; but they do not generally house intensive care units.

Care on demand

Private ambulance services are becoming more common in the UK, performing a number of roles including patient transport, with many NHS

Private hospitals also offer some medical services that are not available or have limited availability on the NHS ... but they do not generally house intensive care units

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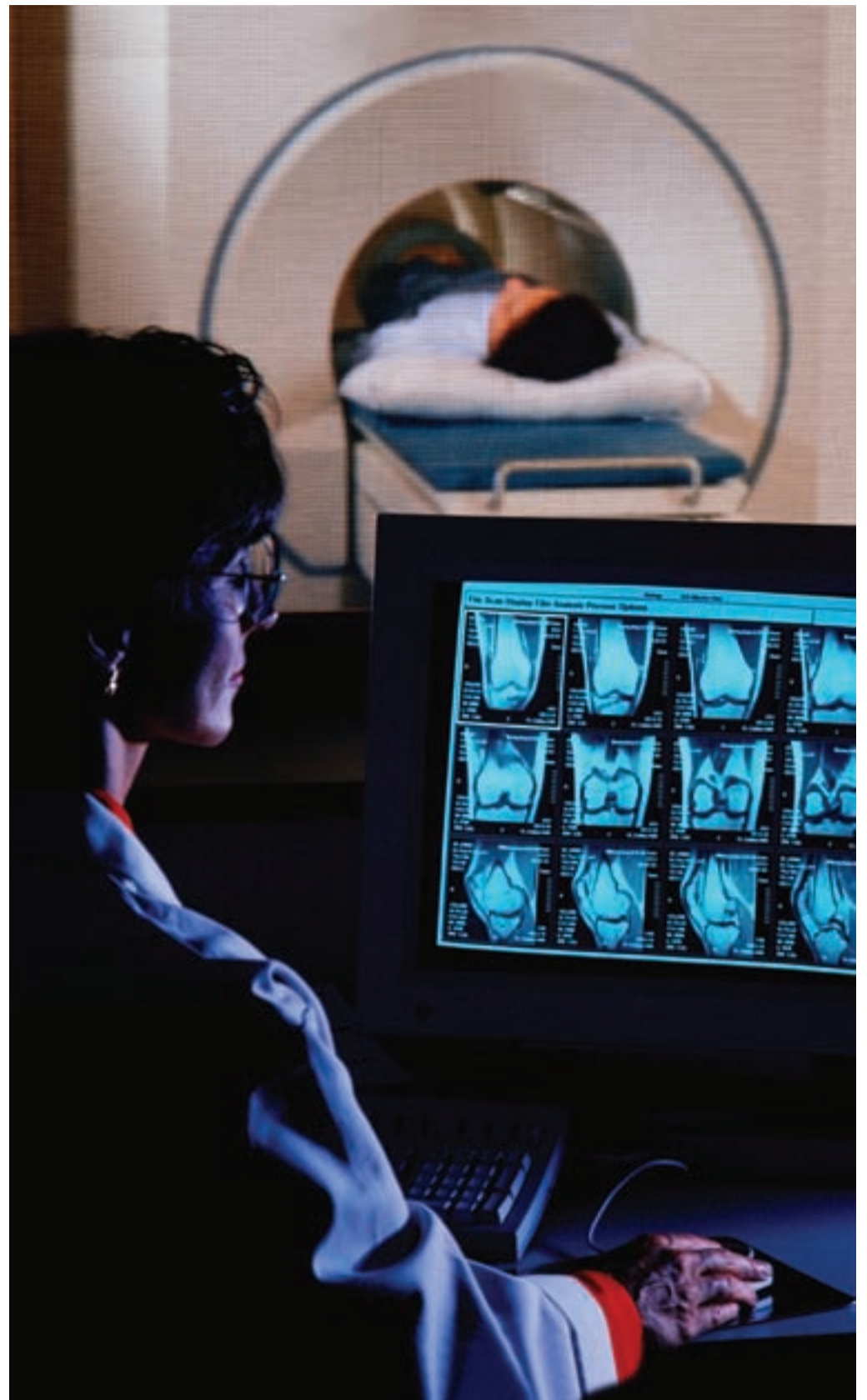


60 per cent of hospitals in England are failing to deal with superbug infections effectively

trusts and hospitals choosing to use a private company rather than NHS ambulances. On the whole, private companies are used when there is a shortage of NHS ambulances available, or when the private company is cheaper. There have been a number of concerns raised over the use of private ambulance firms, however. As was reported in an article in *The Telegraph* newspaper in February, the College of Emergency Medicine has warned that patients' safety is being put in jeopardy by the use of (such) unregulated agencies, which it says 'use inexperienced or inadequately-trained staff', while paramedics said the practice was a 'desperate' response to a crisis in emergency care.

Separately, aircraft and medics providing evacuation and repatriation are widely available in the UK to fly foreign patients home. Assistance companies operating in the UK (such as Europ Assistance, AXA Assistance, Mondial Assistance, International SOS, First Assist, Healix International, Worldwide Assistance, Medex and On-Call International) usually do not own their own aircraft, so there is quite a bit of overlap in the use of providers. Cega is the only UK assistance company to own its own fleet. Several global air ambulance firms also service the UK, and large commercial airlines such as British Airways, Delta, Continental and Virgin also offer medical evacuation from the UK.

But it's not all one-way traffic. Medical tourism to the UK is a growing industry, and is especially popular with patients from the US. Explains Treatment Abroad



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director Keith Pollard: "The UK is more expensive than Malaysia or Singapore but it's not double the cost, and is still way cheaper than the US." There are now many companies offering competitively priced services for international patients, typically including joint replacement, cardiac, dental and cosmetic surgeries. Most providers are accredited by groups such as the Trent International Accreditation Scheme, although both NHS and private hospitals with good international reputations are being sought after and even actively marketing themselves to potential international patients, as is the case, for example, with the Great Ormond Street Hospital for Children. As might be expected, a wide range of travel and medical insurance options are available to cover visitors to the UK, as well as those normally resident in the country. Major companies providing private medical insurance in the UK include PruHealth, Norwich Union Healthcare, Saga, Boots, AXA PPP Healthcare, Standard Life Healthcare and Bupa. There are many more providers operating in the UK, however, and most banks and building societies now also offer cover. In 2007, total net premiums for Accident & Health (i.e. Personal Accident and Private Medical Insurance) in the UK came to £4.6 billion. Claims came to £3.1 billion. In order to compete, UK private medical insurers are increasingly offering preventative medicine, general practitioner (GP) and nurse helplines, health screening, fitness and health

advice, and even discounts at health clubs and gyms. Furthermore, shrinking margins are currently driving change in the medical insurance market, according to the latest *Health & Care Cover – UK Market Report* by Laing & Buisson. Although there was a 4.4-per-cent rise in the number of people covered through corporate medical insurance schemes in 2006, sales of individual policies fell by 2.2 per cent. Insurers' profit as a percentage of gross written premiums also fell, from three per cent in 2005 to 2.3 per cent in 2006. These sales figures and tight margins have resulted in increased consolidation, and the medical insurance market is feeling the pinch of the faltering economic climate, concludes the report. ■

ITIJ AHWM RATING	
HEALTHCARE COST	★★★★☆
ACCESS TO EMERGENCY CARE	★★★★★
OVERALL QUALITY OF CARE	★★★★☆
EMS (AIR AMBULANCES)	★★★★☆

Please note:
These ratings are an overview of what ITIJ believes to be a fair reflection of the general standards in the country, and do not represent any one hospital or service. ITIJ recognises that some individual facilities and services would receive different ratings than others, and to those shown in our chart, should ratings of each be done separately.

Wellpoint moves East

US health insurer Wellpoint is selecting Chinese parents for a new joint venture in the country, according to the *Shanghai Securities News*, which as its source cited John Domeika, chief executive of WPML LLC, a joint venture among Wellpoint and three other US-based health insurance companies. WPML was set up in 2008 to provide medical administration and consultancy services to Chinese insurers. The newspaper further indicated that local health insurers are struggling to cope with higher operating costs coupled with a lack of mature, set rules governing the industry. In order to survive, claims the article, some insurers have started to sell investment-linked insurance policies, prompting the Chinese Insurance Regulatory Commission to order one firm, PICC Health Insurance Co. Ltd, to halt sales of certain life insurance policies due to real concerns about the company's ability to repay claims. In related news, Wellpoint has announced it is to eliminate around 1,500 positions, or around 3.5 per cent of its workforce, in order to reduce administrative costs. Wellpoint chief executive Angela Braly said in a statement: "With the current state of the economy, we made the difficult decision to adjust the size of our workforce as we continue to meet our members' needs while appropriately controlling operating expenses."



Expatriate launches dual cover

UK-based Expatriate Healthcare is offering a new product for expats that has been designed specifically for foreign residents in Spain, Cyprus, Portugal, Gibraltar and Andorra. Called the Primario Health

Insurance Plan, the product offers full medical cover for expats, not just in their adopted country of residence, but also back in their home nation. Unlike some other insurers, Expatriate Healthcare insures people up to the age of 70, and once accepted, expats are covered for life.

Lee Gerry, healthcare manager at the insurer, said of the new product: "Because we are totally dedicated

to expatriates, we are best placed to offer the right cover and service, at the right price – protecting them from the high cost of private medical care. Our Primario Health Insurance Plan is ideally suited to English-speaking expatriates who want the flexibility to move freely between Spain and the surrounding regions, or enjoy extended holidays back in the UK."



Recession puts pressure on insurers

Credit rating organisation AM Best has predicted that the combination of a recession, the potential for healthcare reform and possible changes to the reimbursement rates received for Medicare patients will challenge the health insurance industry in the US in a way that has not been seen for many years. AM Best's report on the issue continues: "Competition, too, remains intense as insurers navigate a commercial market with limited growth prospects amid consolidation of both plan offerings and employer groups. AM Best Co.'s negative outlook reflects the uncertain economic environment, which may result in declining enrolment and lower investment income for the industry."

Further predictions made by the company for the health insurance industry include the expectation that more requests will be seen for lower cost benefit alternatives

from employers trying to save some money, while some employers will pass on higher rates directly to employees. Worryingly, the report states in no uncertain terms: "AM Best expects the recession to affect employee benefits writers because of decreasing group sizes and fewer new sales opportunities due to layoffs, consolidation or business closings."

Profit margins in 2008 were significantly lower than in previous years, prompting some health insurers to start cost-cutting initiatives, such as making staff redundant, in order to offset the damage felt by lower enrolment and high administration costs. The ratings agency also stated: "Stricter pricing discipline is expected, particularly for non-public Blue Cross Blue Shield companies, as insurers focus on improving underwriting results, offsetting investment losses and lower investment income, and maintaining profitability."

InterGlobal partners with AXA China

Following detailed discussions over the last six months, InterGlobal has announced that it has signed a Memorandum of Agreement with AXA China, signalling 'the start of a new strategic marketing alliance'. A statement from InterGlobal says: "This partnership is part of [our] long-term strategy to provide local support in key expatriate markets.

The plans, tailored to suit the needs of expatriates in China, will continue to provide excellent service and benefits to both AXA China and existing clients. This exciting partnership will also provide services at a local level with worldwide support and ultimately peace of mind to our members."

Stephen Conway, healthcare director in China, added: "We are delighted to be teaming up with AXA China. Our experience in developing international private medical insurance plans, coupled with AXA China's local expertise, means we can continue to offer strong products to expats and corporations."



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Cypriot hopes for medical tourism

Speaking at the recent 2nd annual conference on medical tourism to Cyprus, Keith Pollard, managing director of health information website Treatment Abroad, spoke to an audience of Cypriot healthcare and tourism professionals about the current climate in health tourism and in particular in the Cypriot health tourism market.

Pollard, who also runs a website dedicated to providing information about medical tourism to Cyprus and other country-dedicated sites under the Treatment Abroad umbrella, spoke to delegates about the importance of being aware of the strengths and weaknesses of the current market and the strategies healthcare providers need to implement to capitalise on the opportunities available, overcome their shortcomings and offer a high standard of medical care and facilities that will help medical tourists choose Cyprus as a medical tourist destination.



Keith Pollard

The Cypriot government has been actively promoting Cyprus as a health tourism destination in the UK and expects this segment to grow over the next few years. Fifty three per cent of visitors to Cyprus come from the UK and it is already the third most popular destination for UK health tourists for cosmetic surgery; Cyprus is aiming to increase the numbers that are travelling to the island for medical treatment.

The government has also recently started talking to UK health insurance companies and is working with UK insurance consultants as part of its broader plan to support the private health sector and promote health tourism to Cyprus.

There is currently only one hospital in Cyprus with international accreditation, but increasing the number of accredited hospitals is another government priority

– in order to achieve this, the Cypriot Tourist board is working closely with the Minister of Health to help the private sector get the funds they need to help clinics and hospitals attain accreditation.

Pollard also emphasised the importance for individual clinics and hospitals to promote themselves

effectively and how they must stand out in what is becoming a crowded marketplace: "It is vital that Cypriot healthcare providers understand what they need to do to attract patients and to help patients choose Cyprus over other destinations".

Treatment Abroad's Medical Tourism Ratings and Reviews system lets medical tourists share and rate their experiences on the Treatment Abroad website and its Code of Practice for Medical Tourism, the first of its kind in the industry,

has been set up to encourage the adoption of best practice in medical tourism through the commitment of international healthcare providers to a voluntary code of practice.

Pollard added: "We know that the best way for Cypriot and other foreign healthcare providers to grow their businesses and reach potential patients in the UK is for them to understand the market, address weakness and capitalise on their strength by providing potential patients with the healthcare and services they want. This, alongside the Cypriot government's commitment to working with UK insurers and helping more hospitals achieve accreditation, means that this is a time of opportunity for Cypriot healthcare providers to raise their international profile and reach more medical tourists."

A fair deal

A new grassroots movement that aims to provide a unified voice for healthcare providers, patients, employers and caregivers across the US was launched recently, named FAIR. A statement from the organisation shows why it has been created: "Troubled by a historical pattern of inadequate reimbursement and lack of financial transparency by the nation's largest health insurers, FAIR will advocate for greater responsibility, transparency and fair financial treatment from America's health insurers – especially as political resolve builds to reform the nation's healthcare system. FAIR exists to impact the health reform debate, hold health insurers accountable for their behaviour and most of all improve the healthcare experience for patients who pay their premiums." Michael Chee, spokesman for the organisation, said that the end users of healthcare services needed 'a stronger voice' in the healthcare reform debate, as there are currently many obstacles in the way of such participation. He added: "Restrictions on provider choices, too many bureaucratic roadblocks to the care people need, and never-ending health insurance premium increases negatively impact equitable access to healthcare. Health insurers should be more publicly accountable – we need them to do more and talk less out of both sides of their mouth."



Medical tourism tie-up

Seven Corners, a US-based travel insurance underwriter, has recently announced a new partnership with medical tourism facilitator Healthbase Online Inc. Together, the companies have developed a custom-made benefits package that includes insurance against medical complications post-surgery.

Saroja Mohanasundaram, CEO of Healthbase, said: "We are the only medical travel facilitator to provide a custom insurance programme to our clients as a further commitment to providing high-quality medical travel services at an affordable cost. The insurance programme enhances our clients' satisfaction in the economic delivery of quality healthcare; whether they are seeking minor procedures like hernia surgery or major procedures like knee replacement or spinal surgeries."

The insurance plan offers Healthbase clients cover for the treatment of common surgical complications such as adverse reactions to anaesthesia, stroke, heart attack, deep vein thrombosis and infections that can occur during or after treatment. It gives patients first dollar coverage for medical complications, which further reduces follow-up care expenses for uninsured or under-insured patients.

Jim Krampen, executive officer of Seven Corners, added: "The cost of the insurance plan is a fraction of the overall cost of the treatment, which in and of itself, is significantly less than the expense of treatment in the US. The medical complication benefits we designed for Healthbase clients will provide peace of mind and cover the cost to treat medical complications abroad and when they return home."

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The 'Big Three' prepare for boom

Three of Thailand's biggest international hospitals are said to be readying themselves for a potential rise in the number of medical tourists by adding rooms and upgrading their medical facilities. Chatree Duangnet, chief executive of Bangkok Hospital Medical Centre, said the company has been preparing for a boom for the last two years through the addition of rooms at the organisation's hospitals in Pattaya, Amui and Koh Chang, and the renovation of the Bangkok Hospital Phuket. Part of the aim of the improvements is to garner accreditation from Joint Commission International (JCI) – four of the group's facilities are already accredited by JCI, while two others are

awaiting formal announcement of their accreditation status. Chatree is confident that US insured patients will soon be coming in their droves to Thailand for medical treatment, as: "Amid the economic crisis in the US, companies can't afford medical expenses for their employees and are seeking cheaper options. American insurance firms are [thus] studying the possibility of medical tourism in destinations that are cheaper than their country."

According to the chief executive of Piyavate Hospital, the company plans to spend Bt400 million (€1 = 46 THB) on expansion plans throughout 2009 in order to renovate the hospital, add two wards and train more employees. Tanatip Suppradit told *The Nation* that in 2008, between 20 and 25 per cent of the hospital's patients were foreigners, who contributed more than

50 per cent of the hospital's revenue for the year. He added: "Southern and Eastern African countries are interesting targets for us, as some patients in those areas have begun seeking medical treatment in Asian countries like India and Thailand." His plans for the future provision of medical tourism also include the opening of a medical centre in Oman. Meanwhile, CEO of Bumrungrad Mack Banner announced that the hospital would not be delaying its plans for expansion due to the economic situation, as in fact he sees the downturn as an opportunity to upgrade services while waiting for the influx in foreign patients he believes will come. The hospital's expansion plans include developing the remaining five floors of its international clinic, renovating all patient rooms, and increasing the number of beds to 600 from 554.

Expats sit tight

A survey by Zurich International Life (ZIL) insurance company has revealed that expatriates in the UAE and Bahrain are convinced that businesses across the region will remain solvent and pull through the difficulties thrown up by the worldwide financial malaise. The results of the survey show that over 50 per cent of those polled are still optimistic about their financial futures this year.

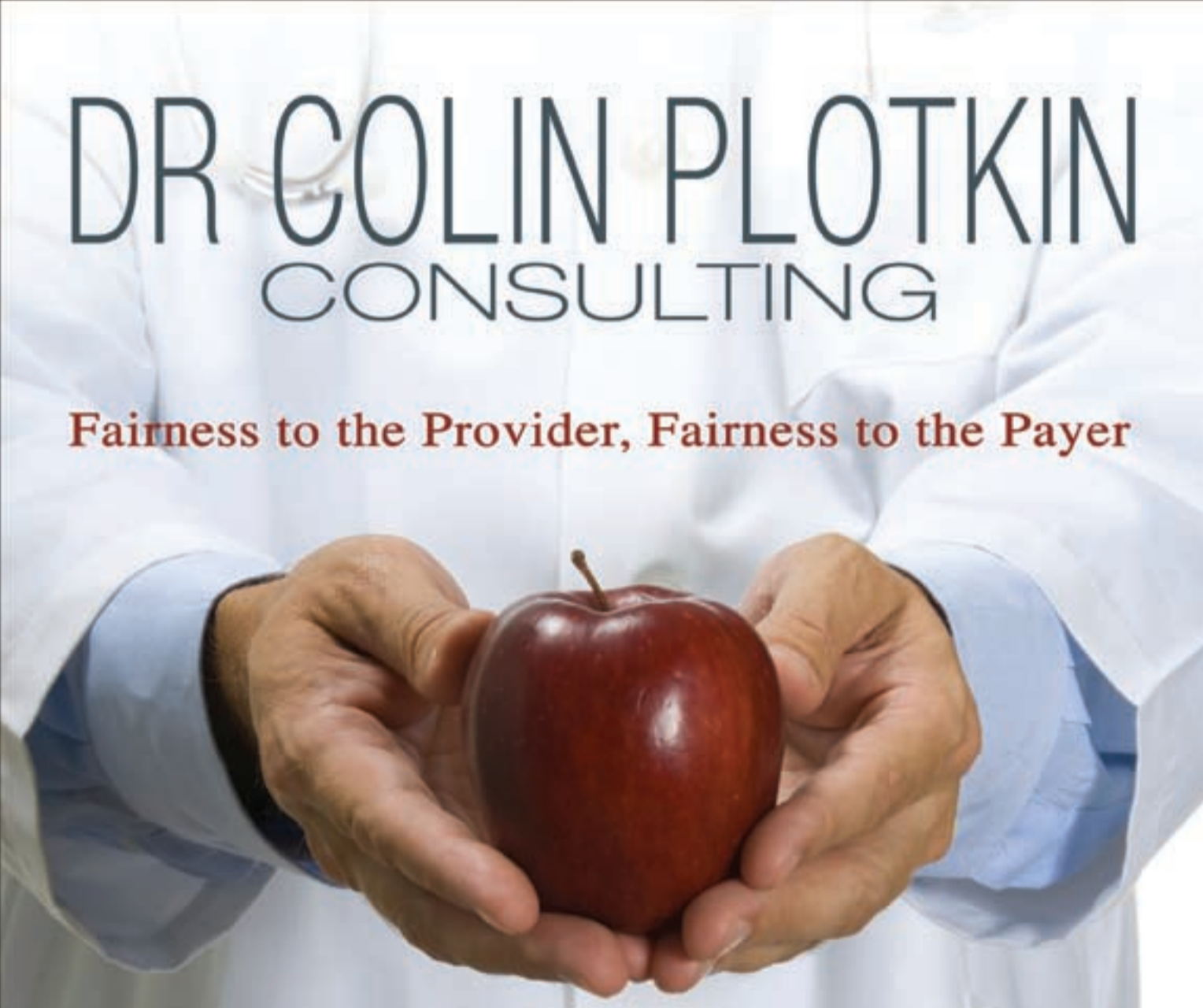
Although some other reports have noticed a number of expatriates in the region returning home as a result of the effect the credit crunch is having on the UAE's booming industrial, construction and finance sectors, 75 per cent of respondents to Zurich's question said they would 'sit out' the economic downturn. A mere one in four were not confident about their future in the region, although 35 per cent of those questioned admitted they were experiencing increased pressure at work.

Carlos Sabugueiro, CEO of ZIL Middle East and Africa, said: "The relative despondency across the world comes as no surprise, given recent events. But expats working in the Gulf have a stoical attitude, and whilst the survey indicates that they are spending less on their lifestyles, they still have a healthy appetite to plan for the future, showing confidence in the region." Some expats who took part in the survey did express some concern over the possibility of redundancy; but more were worried about day-to-day issues such as the cost of living in the UAE. The report also served to highlight differences between the UAE and Bahrain, with confidence higher in Bahrain as 62 per cent of respondents said they had not been directly affected by the credit crunch, compared to 59 per cent in the UAE. Sabugueiro added: "The jitters have set in about job security, practical issues and saving. Also, more people are concerned about getting professional financial advice, with around a fifth of expats now turning to professional sources."



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Medic'Air International 每递安国际 

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MEDICAL ESCORT ON COMMERCIAL AIRLINES (AFRICA)

AMREF Flying Doctor Service 


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MEDICAL SCREENING


Travel Screen 

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-  MEDICAL PROVIDER
-  MEDICAL SCREENING
-  RE-INSURANCE
-  TRAVEL AGENTS
-  WEB & DESIGN SERVICES

Grapevine

A fishy tale

The world's largest fish market in Tokyo, Japan, is to reverse a month-long ban on tourists at its famous early-morning fish auctions. Tsukiji market had accused tourists of ignoring strict hygiene rules as well as causing disruptions to the auctions through taking too many photographs using flash photography. One official was quoted as saying the reason the ban had been implemented was because tourists had been caught hugging, licking and even trying to ride the massive frozen tuna that arrives in the early morning to the market. From now on, although tourists are going to be allowed back in the market, guards will be present and will be handing out booklets with strict guidelines in them.



Mishap leaves skier exposed

An American skier injured his pride more than anything else when he was left hanging upside

down from a ski lift with his trousers around his knees. The skier, who has not been identified (to his immense relief), had boarded a high-speed lift in Vail's Blue Sky basin with a child, but, unfortunately for him, the fold down seat was not in the correct, lowered position. When he tried to sit on it, he slipped through the gap, and was only prevented from plummeting to the ground by his right ski, which became jammed in the lift as it continued its ascension. With his ski boot remaining stuck in its binding to the ski, it would appear his trousers then became caught in the chair and were pulled down (or up), along with his underwear, leaving the poor skier upside

down, exposed and somewhat red cheeked. Even more unfortunately for him, he was near one of the busiest runs in the resort, so plenty of tourists were nearby to whip out the cameras and capture the incident forever. He was stuck in his predicament for around 15 minutes before the lift operators were able to reverse the lift and pull him out.

The new African safari

A former special forces officer from England is heading off on what seems to be a fairly dangerous type of African holiday: a safari by flying car. Neil Loughton is embarking on a 3,600-mile trip by land and air in his Parajet Skycar, which has a motor for propulsion and a parafoil for lift. It can either race on the ground at up to 108 mph or cruise at 3,000 feet.

The planned expedition takes in France, Spain, Morocco, Western Sahara and Mali, finishing in Timbuktu. Loughton plans to drive the car where there are roads and fly over the Straits of Gibraltar, the Atlas Mountains and parts of the Sahara Desert. A team of experienced adventurers are following the Skycar on the ground in all-terrain vehicles and on motorbikes.



DIARY DATES

- 12-13 April
- Middle East HR/Training Conference
Dubai, UAE
- 26-29 April
- LUCID Conference
Holiday Inn, Stratford on Avon, UK
www.lucidconference.org
- 26 April-2 May
- 18th International Congress on Ski Trauma and Skiing Safety
Riessersee Hotel, Germany
www.iss2009.com
- 4-5 May
- Middle East Brokers Summit
Dubai, UAE
- 14-15 May
- 10th Asian Conference on Bancassurance & Alternative Distribution Channels
India
- 19-20 May
- International Travel Insurance Conference
Randolph Hotel, Oxford, UK
www.itic.org.uk
- 21-22 May
- Waypoint AirMed and Rescue: Airshow, Conference & Exhibition
Oxford Airport, UK
www.airmedandrescue.com
- 25-27 May
- 3rd Asian Insurance CFO Summit
Hong Kong
- 1 June
- Insurance Day Summit
Hamilton, Bermuda
- 3-6 June
- America's Health Insurance Plans Conference
San Diego, CA, USA
- 7-10 June
- Insurance Accounting Systems Association Meeting
Orlando, FL, USA
- 7-10 June
- International Insurance Society Seminar
Amman, Jordan
- 15-16 June
- 5th Insurance Executives Summit on Technology
Singapore
- 16-17 June
- Association of Risk Managers in Industry & Commerce Annual Conference
Bournemouth, UK

The Claimers

illustrated by Chris Duggan, story by Ian Cameron

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TO BE CONTINUED...

Zurich appoints Parker

Zurich Financial Services Group has announced that Ian Parker is to take over the position of CEO of direct business for Europe General Insurance (EGI), with immediate effect. Having acted as interim head of the direct business in addition to his normal role as head of strategy for EGI over the last few months, Parker now succeeds Theo Bouts, who was appointed as chief operating officer for Zurich's Global Life segment in July 2008. In his newest role for the company, Parker is responsible for further evolving and implementing EGI's strategy and plan, which will enable the firm to capture and increase its share of direct business in Europe. He will continue to report to Annette Court, CEO of Europe General Insurance. Parker joined Zurich in February 2008 as head of strategy for EGI, coming from Royal Bank of Scotland Insurance, where he was managing a general insurance joint venture with the Bank of China in Beijing. Elsewhere in Zurich's operations, Rich Merski, a former AIG executive, is joining the insurer as head of federal affairs in the US. Most recently, Merski was managing Washington government affairs activities for AIG. In his new role, Merski will be based in Washington DC, and will be responsible for handling federal legislative and political affairs for Zurich and its US Farmers business. More than 100 AIG employees have joined Zurich since AIG's rescue, while many others have taken up positions at other insurers such as ACE, despite AIG offering retention bonuses. In the Middle East, meanwhile, Zurich has hired Saeed Mered as CEO of the Middle East region. In his role, Mered will oversee the firm's operations in the area from his base in Dubai and report to Geoff Riddell. Mered also joins Zurich from AIG, where he held various senior positions throughout his long tenure with the company.

Nordic manager chosen for Lloyd's

Erik Börjesson has been appointed as the first ever Lloyd's manager for the Nordic area. In his new role, Börjesson will be based in Stockholm and will assist Lloyd's syndicates and managing agents in building relationships with insurance buyers and intermediaries in the region, which includes Denmark, Norway and Sweden. In his career, Börjesson has spent 16 years as an insurance broker, 12 of which were with Willis in Stockholm and Gothenburg. Prior to joining Lloyd's, Börjesson was senior vice-president, head of risk management and specialties at Marsh in Sweden. Speaking about his appointment, Börjesson said:



Erik Börjesson

"I'm very proud to have been appointed to this exciting new position. I believe Lloyd's and its stakeholders have the potential to play an even more important role in the Nordic insurance market in the future." Although small by

some other countries' standards, the insurance market in the Nordic region is well developed and has grown strongly in the last few years, keeping in line with the development of the area's oil, gas and shipping industries. Jose Ribeiro, Lloyd's director of international markets, commented: "[Erik] has extensive experience of insurance solutions in industrial, major accounts and public sector business lines. His extensive network of contacts throughout the Nordic area will, I am sure, help to provide new and exciting opportunities for Lloyd's in this region."



Michel Tilmant

Tilmant steps down from ING

ING has announced that 'in view of the extraordinary developments over the past few months and given his personal condition, Michel Tilmant will step down from the executive board'. Although the step off the board was immediate, Tilmant will remain as an advisor to the company until August 2009. As a result, the Supervisory Board has appointed Jan Hommen, who was previously chairman of the supervisory board, as chief executive officer of ING Group, subject to his appointment as a member of the executive board by the annual general meeting of shareholders, which takes place in April. Until then, Hommen will be closely involved in the day-to-day operations of the company and work alongside the executive board, while Eric Boyer, member of the executive board since 2004, will be acting CEO. Hommen commented: "Michel has built a very good team around him and continuity of management is therefore secured. I am confident that we will continue to steer ING successfully through today's very challenging environment."

JLT expands team

JLT Benefit Solutions Ltd has expanded its flexible benefits team through the appointment of Sarah Lardner as a consultant in the South of England. Jon Bryant, regional director for benefits and communications at JLT, noted: "This new appointment demonstrates our continued success in the flex market. These are exciting times at JLT. With our new online benefit platform launching this year, we will continue to strengthen our position within the marketplace." Lardner joins JLT from Nationwide Building Society, where most recently she was rewards and incentives manager, designing and delivering bonus schemes to the firm's sales force. Speaking about her new role, Lardner said: "My focus at JLT will be identifying opportunities to ensure that JLT's clients can work their benefits to their and the employees' advantage, in terms of maximising spend whilst at the same time improving the products and growing the employees overall remuneration package."

Aplin chosen by Cunningham Lindsey

Cunningham Lindsey UK, a provider of claims management services to the insurance market, has appointed Christian Aplin as head of fraud investigation services. In his new role, Aplin will be responsible for overseeing the operational delivery of the firm's investigations services from its centre in Manchester, where 145 staff are solely dedicated to investigating suspicious claims. In addition, he will watch over the continued growth of the firm's fraud management consultancy product, which is aimed at helping insurers to develop and/or implement counter-fraud strategies to save clients money, protect reputational risk and ensure compliance with the Financial Services Authority. Speaking on the announcement of his new role, Aplin commented: "My aim is to enhance the

reputation of investigation services as a specialist provider of field investigation, conversation management, surveillance, training and consultancy services that delivers real value to all clients. I also want to broaden the range of investigation services on offer and position Cunningham Lindsey as the first choice provider for identifying and investigating fraudulent claims."



Christian Aplin

Change afoot at Willis

Willis Group Holdings has announced that Adam Garrard has been appointed CEO of Willis Continental Europe, while Bill Donovan has been named as his successor in the position of CEO for Willis Australasia. Both executives are reporting directly to Sarah Turvill, chairman of Willis International.

In his newest position at the company, Garrard is responsible for Willis's Continental European operations, covering all 25 offices in Germany, the Netherlands, Switzerland, Austria and the Nordic countries. Leaders in the firm's Iberian and Italian operations will report directly to Turvill as well. For the last three years, Garrard has led Willis Australia; before that, he was CEO of Willis Asia, where, according to the company, he was 'instrumental' in establishing the company's retail operations in China and India. Garrard joined Willis in 1994, and before moving to Asia in 2002, worked in Europe assisting Turvill, who was then CEO of Europe. Bill Donovan, meanwhile, joined Willis in 2005 as managing director for its New Zealand business and continued in that role when the Australia and New Zealand operations were merged in 2007. Prior to his time at Willis, Donovan was with Marsh for five years and Aon for 18 years. Turvill, in a bulletin from the company, noted Garrard's 'significant contribution to the organic growth and profitability of Australasia', and praised the two men's 'exceptional leadership skills in transforming our operations in Australia and New Zealand over the last two years'.

ME manager for InterGlobal

International private medical insurance (IPMI) provider InterGlobal has appointed Francois Keyser as its general manager in the Middle East. Keyser brings with him plenty of experience in the IPMI marketplace, having joined the RSA InterGlobal Healthcare Plan division in Singapore in 2006, achieving success there through 'excellent relationship marketing with brokers and agents'. Prior to joining InterGlobal, Keyser worked in South Africa, the UAE and Indonesia. In his new role, Keyser is responsible for increased productivity and expanding the company's presence in the Middle East. He succeeds David Axtell, who has presided over the Middle East since 2000 and is moving on to pursue other interests outside the IPMI arena. Stephen Hartigan, CEO of InterGlobal, said: "Francois will make a great contribution to our operations in the Middle East and will be able to continue to build and maintain strong relationships [there]."

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