CONTENTS

WELCOME 03

DEFINITIONS 04

THE COVER WE PROVIDE 06
• Pre-requirement for cover to apply 06
• When and where cover applies 06

BENEFITS – PERSONAL ACCIDENT 07
• SECTION 1. Injury 07
• SECTION 2. Disfigurement or Scarring of the Face or Body from Burns 08
• SECTION 3. Dental Injury 08
• SECTION 4. Broken Bones 09
• SECTION 5. Primary Dislocation 10
• SECTION 6. Physiotherapy following Broken Bones or Primary Dislocation 10
• SECTION 7. Hospital Confinement 10
• SECTION 8. Convalescence 11
• SECTION 9. Coma 11
• SECTION 10. Rehabilitation Benefit 11
• SECTION 11. Urgent Expenses following Death 11

WHAT WE DO NOT COVER 12
• Dual Insurance 12

PAYING YOUR PREMIUMS 13

ENDING OR CHANGING YOUR COVER 13
• Your right to cancel this Policy in the first 14 days 13
• If You want to cancel after the first 14 days 13
• If We want to cancel 13
• When cover automatically ends 14
• The time cover will end 14
• What happens to the premiums when cover ends? 14
• If We want to make changes to the Policy or premium 14
• What happens if You use Your policy for other purposes? 14

MAKING A CLAIM 15
• How to claim 15
• Paying claims 15
• Interest 15
• Accidental death 15
• Quadriplegia, Paraplegia, Permanent Total Disablement, Permanent Partial Disablement; Disfigurement or Scarring of the Face or Body from Burns; Dental Injury; Broken Bones; Primary Dislocation; Physiotherapy, Hospital Confinement (Accidents only); Convalescence; Coma and Rehabilitation 15
• Hospital Confinement resulting from an Accident 15
• Your commitment to your Policy 15
• Hijack 15
• Dishonest claims 16
• Other Taxes or Costs 16

DATA PROTECTION 16
• The information You provide 16

COMPLAINTS PROCEDURES 17

FINANCIAL OMBUDSMAN SERVICE 18

FINANCIAL SERVICES COMPENSATION SCHEME 18
Thank You for choosing Helping Hand Personal Accident Insurance, which is underwritten by ACE European Group Limited.

The Policy, consisting of this Policy Document, the Policy Summary, the Confirmation of Cover Document, the Policy Schedule and the information provided by You, is a contract between You and Us.

In return for payment of the Premium, We agree to insure You in the manner and to the extent provided, and subject to the Policy Terms, Conditions and Exclusions. The information You gave Us either over the telephone and/or contained in Your Confirmation of Cover Document is part of Your contract with Us. The Confirmation of Cover Document shows the cover You have chosen and the maximum We will pay for each benefit. This booklet and the Confirmation of Cover Document must be read together.

Please check these carefully to be sure the cover meets Your needs. If You have any questions please contact Us on 0345 045 0132. If Your needs change, or if any information You gave Us changes, please tell Us because We may need to change the Policy. We will update the Policy and send You a new Confirmation of Cover Document each time We agree a change with You.

You and We have agreed that:
• this Policy shall be governed and construed in accordance with the Law of England and Wales and the English Courts alone shall have jurisdiction in any dispute. All communication of and in connection with this Policy shall be in the English language.
• it is not intended for any third party to have the right to enforce the terms of this contract. You and We can rescind or vary the terms of this contract without the consent of any third party to this contract, who might seek to assert that they have rights under the Contracts (Rights of Third Parties) Act 1999.

You must ensure that all of the information provided to Us in the Application Form, on the Declaration, by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a claim may not be paid. You acknowledge that We have offered the Policy and calculated the premium using the information, which You have provided and that any change to the responses above may result in a change in the terms and conditions of the Policy and/or a change in the premium.

One of Our authorised representatives must sign the Policy Schedule for Your cover to be valid.

Andrew Kendrick
President
ACE European Group Limited
Throughout the Policy, there are words and phrases, which have special meaning. These are listed here.

**£**
United Kingdom Pounds Sterling

**Accident and Accidental**
A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

**Air Sports**
Air Sports including but not limited to: ballooning; bungee-jumping; gliding; hang-gliding; micro lighting; parachuting; paragliding; or parascending.

**Benefit Amount**
The maximum amount we can pay based on the level of cover the Person Insured has at the time of the Accident as shown in the Policy Schedule.

**Benefit Period**
The maximum, but not necessarily consecutive period for which benefit is payable as shown in the Policy Schedule.

**Bodily Injury**
Injury to a Person Insured which happens while the Policy is in force and which:
• is caused only by an Accident; and
• on its own leads to
  i) Permanent Disability; death; disfigurement or scarring of the Face or Body from Burns, Hospital Confinement, Convalescence or Coma within 24 months of the Accident; or
  ii) Broken Bones, Primary Dislocation or Physiotherapy within 3 months of the Accident; or
  iii) dental injury which becomes apparent within 7 days of the Accident and results in a claim covered under this Policy.

**Child/Children**
Your or Your Partner’s children, stepchildren, and legally adopted children and children for whom You or Your Partner are the Parent or Legal Guardian. To be covered by this Policy, the child/children must:
• not be married; and
• financially depend on You or Your Partner; and
• be over 3 months and under 18 years old; or be under 23 years old if still in Full Time Education.

**Commencement Date**
The day, month and year shown in the Policy Schedule for the cover to start.

**Due To**
Directly or indirectly caused by, arising from or in connection with.

**Effective Date**
The day, month and year shown in the Policy Schedule for any change in cover to start.

**Effective Time**
When and where the insurance provided by this policy applies as specified in the Schedule of Benefits.

**Full Time Education**
A programme of learning provided by a recognised educational body, which leads to qualification by examination or assessment which is either:
• full time study; or
• a mixture of study and work experience as long as at least two thirds of the total time for the course is spent on study.

**Hemiplegia**
Complete paralysis of one side of the body.

**Hijack**
Unlawful seizure or taking control of an aircraft or conveyance in which a Person Insured is travelling as a passenger.

**Loss of Hearing**
Total and irrecoverable deafness confirmed by audiometer and sound threshold tests.
Loss of Limb
With reference to:
• an arm – amputation or complete and permanent loss of use – at or above the wrist joint;
• a leg – amputation or complete and permanent loss of use – at or above the ankle (talo-tibia joint).

Loss of Sight in Both Eyes
Permanent blindness resulting in the Person Insured’s name being added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist.

Loss of Sight in One Eye
Permanent blindness in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 60 feet away can only be seen from 3 feet away or less.

Loss of Speech
Permanent and total loss of speech.

Paraplegia
Complete paralysis of the lower half of the body including both legs

Parent or Legal Guardian
A parent with parental responsibility, or a legal guardian, both being in accordance with the Children Act 1989 and any statutory amendment modification or re-enactment of it.

Partner
• Your spouse; or
• Your civil partner, registered pursuant to the Civil Partnership Act; or
• someone of either sex with whom You have been living for at least three months as though they were Your spouse or civil partner.

Period of Insurance
When premiums are paid monthly
From:
00.01 on the Commencement Date shown on the Policy Schedule for one calendar month and each subsequent calendar month for which We accept a premium.
To:
• Midnight on the last day of the last calendar month for which We have accepted a premium; or
• Until cover automatically ends or You or We cancel this Policy.

When premiums are paid annually
From:
00.01 on the Commencement Date shown in the Policy Schedule for one calendar year; and each subsequent calendar year for which We shall accept a premium.
To:
• Midnight on the last day of the last calendar year for which We have accepted a premium; or
• Until cover automatically ends or You or We cancel this Policy.
All dates refer to local standard time at Your address as shown in the Policy Schedule.

Permanent Disability
Disability which has lasted for at least 12 months and from which We believe, based on medical evidence, the Person Insured will never recover.

Permanent Partial Disablement
Any Permanent Disability other than Quadriplegia, Paraplegia or Permanent Total Disablement, that is not otherwise excluded.

Permanent Total Disablement
In respect of a Person Insured who is in gainful employment:
A Permanent Disability which stops the Person Insured from carrying out gainful employment for which the Person Insured is fitted by way of training, education or experience; or
In respect of a Person Insured who is 65 years of age or over and is retired from employment:
A Permanent Disability which stops the Person Insured from performing, without
assistance from another person, at least two of the following activities of daily living: eating, getting in or out of bed, dressing, toileting or walking.

**Permanently Resident**
Resident in the first instance for at least 3 months and thereafter for 40 weeks on average each year.

**Person Insured**
*You, Your Partner* and *Children*

**Plan**
The Personal Accident Plan.

**Quadriplegia**
Complete paralysis of all four limbs.

**Qualified Medical Practitioner**
A doctor or specialist, registered or licensed to practise medicine under the laws of the country in which they practise who is neither:
- a *Person Insured*, or
- a relative of such *Person Insured* unless approved by *Us*.

**War**
Armed conflict between nations, invasion, act of foreign enemy, civil war, and military or usurped power.

**We, Our, Us**
ACE European Group Limited.

**You, Your**
The person named in the Policy Schedule who has taken out the Policy.

PLEASE NOTE that Specific Definitions relevant to the individual sections of this Policy are located and contained in the appropriate section.

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**THE COVER**

**WE PROVIDE**

**Pre-requisite for Cover to Apply**

The *Person Insured*:
- must be *Permanently Resident* in England, Scotland, Wales, Northern Ireland, the Channel Islands or the Isle of Man; and
- must be aged 18 or over (but under the age of 70) at the *Commencement Date*; and
- must not be serving full time in the armed forces of any country or international organisation;
- The insurance in respect of *Children* will be 50% of the *Benefit Amounts* stated in the Schedule apart from *Accidental Death* which is a fixed benefit of £10,000.

**When and where cover applies**
*(the Effective Time)*
The cover applies 24 hours a day anywhere in the world.
SECTION 1. Injury

If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured, We will pay the appropriate amounts under Items A, B, C, D, E, F or G below:

A. Quadriplegia
   Where Bodily Injury results in Quadriplegia, We will pay the Benefit Amount.

B. Paraplegia
   Where Bodily Injury results in Paraplegia, We will pay the Benefit Amount.

C. Hemiplegia
   Where Bodily Injury results in Hemiplegia, We will pay the Benefit Amount.

D. Permanent Total Disablement
   Where Bodily Injury results in Permanent Total Disablement, We will pay the Benefit Amount.

E. Permanent Partial Disablement
   Where Bodily Injury results in Permanent Partial Disablement, We will pay a percentage of the Benefit Amount specified below relative to the degree of disability.
   i) Loss of Sight in Both Eyes or Loss of Limb (one or more) 100%
   ii) Loss of Sight in One Eye 50%
   iii) Permanent total Loss of Speech or Loss of Hearing in both ears 100%
   iv) Loss of Hearing in one ear 20%
   v) Permanent total loss of use of:
      • the back or spine below the neck with no damage to the spinal cord 40%
      • the neck or cervical spine with no damage to the spinal cord 30%
   vi) Permanent total loss of use of shoulder, elbow or wrist 25%
   vii) Permanent total loss of use of hip, knee or ankle 20%
   viii) Permanent total loss of, or permanent total loss of use of, of:
      • one thumb 20%
      • one forefinger 15%
      • any other finger 10%
      • one big toe 15%
      • any other toe 4%

NOTES:
   a) the total amount payable shall not exceed 100% of the Benefit Amount for each Person Insured in respect of any one Accident.
   b) if benefit is payable for Loss of Limb then benefit for parts of that limb cannot also be claimed.

F. Accidental death
   Where Bodily Injury results in Accidental death We will pay the Benefit Amount as specified in the Policy Schedule of Benefits. The Benefit Amount for Accidental death is limited to £10,000 in respect of Children.

G. Double disaster benefit
   Where Bodily Injury results in the Accidental death of both You and Your Partner (provided Your Partner is also a Person Insured) We will pay double the appropriate Accidental death Benefit Amount specified in the Policy Schedule of Benefits in respect of each Person Insured. The Benefit Amount for the double disaster benefit will be paid where appropriate instead of the Benefit Amount for Accidental death.

Specific Conditions applicable to this section of the policy:

1. A Benefit Amount shall not be payable under more than one of Items A, B, C, D, E or F for one Person Insured in respect of any one Accident.

2. If the Person Insured was already disabled before the Accident or already had a condition which is gradually getting worse, We may reduce Our payment. Any reduced payment will be based on Our medical assessment of the difference between:
   i) the Permanent Disability after the
Accident; and
ii) the extent to which the Permanent Disability is affected by the disability or condition before the Accident.

3. If during a Period of Insurance a Person Insured disappears during the Effective Time and after a period of time it is reasonable for the Police or registration authorities to believe that such Person Insured has died as a result of Bodily Injury, the death Benefit Amount shall become payable subject to a signed undertaking given by the Person Insured’s legal representatives that if the Person Insured is subsequently found to be alive such death Benefit Amount shall be refunded to Us.

SECTION 2. Disfigurement or Scarring of the Face or Body from Burns

If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured resulting in disfigurement or scarring of their:

a) Face of at least one square centimetre or two centimetres in length from Burns the minimum Benefit Amount specified in the Policy Schedule of Benefits will be payable. Disfigurement or scarring covering an area of the Face greater than the minimum will be assessed in relation to:
   i) the specified minimum Benefit Amount; and
   ii) the maximum Benefit Amount as specified in the Policy Schedule of Benefits for disfigurement or scarring covering the whole area of the Face.

b) Body of at least 4.5% of the total body surface area from Burns the appropriate Benefit Amount specified in the Policy Schedule of Benefits will be payable.

The Benefit Amount payable will not take into account any psychological effects.

Specific Definitions applicable to this section of the policy:

Body
The head (excluding the Face) neck, trunk, legs and arms.

Burns
Full thickness, third degree burns resulting in a permanent scar.

Face
The area bordered by the natural hairline surrounding the forehead, the front of the ears and the lower jaw.

SECTION 3. Dental Injury

If during a Period of Insurance an Accident occurs to a Person Insured during the Effective Time and external oral impact results in dental injury (including loss or damage to any prostheses e.g. dentures while in the mouth), We will pay up to the Benefit Amount specified in the Policy Schedule of Benefits, for the treatment necessarily provided by a qualified dentist or Qualified Medical Practitioner within 12 months from the date of the Accident.

Specific Definition applicable to Dental Injury

Foodstuff
Food or drink, including any foreign body in such food and drink.

Specific Exclusions applicable to Dental Injury

We will not pay for the treatment of a dental injury which is:
1. caused by the Person Insured’s participation in playing rugby (other than rugby played as a school sport) or taking part in boxing, in either case without wearing equipment that should reasonably be worn for protection against dental injury;
2. caused by any Foodstuff while the Person Insured was consuming it;
3. not apparent within seven days of the Accident which caused the dental injury;
4. the result of ordinary deterioration, deliberate damage or wear and tear; or
5. not claimed for within 30 days of the Accident which caused the dental injury.

• We will only pay for any bridgework, crown or denture replaced which is a similar type or quality to that lost or damaged by the dental injury.
• We will not pay for the fitting or re-fitting of implants or any subsequent loss of or damage to implants once fitted.

Specific Conditions applicable Dental Injury
The Person Insured is responsible for the first £10 of the cost of any denture repair and the first £15 of any call-out fee.

SECTION 4. Broken Bones
If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured resulting in Broken Bones We will pay the Benefit Amount specified in the Policy Schedule of Benefits Due To one Accident. In the event of multiple Fractures to a bone as a result of one Accident the Benefit Amount will apply only once to each bone Fractured. We will consider a Colles’ Fracture or a Pott’s Fracture to be a single Fracture of a bone.

Specific Definitions applicable to Broken Bones

Broken Bones
The Fracture of one or more of the bones listed below:

a) Grade I:
   • lower leg (fibula);
   • hand (metacarpals);
   • foot (metatarsals);
   • Coccyx;
   • single rib; and
   • nose.

b) Grade II:
   • vertebra other than vertebral body;
   • lower leg (tibia);
   • lower jaw;
   • breastbone (sternum);
   • two or more ribs;
   • collar bone (clavicle);
   • shoulder blade (scapula);
   • kneecap (patella);
   • ankle (tarsals);
   • upper arm (humerus);
   • lower arm (radius and ulna); and
   • wrist (carpals).

c) Grade III:
   • upper leg (femur);

• vertebral body (not Coccyx);
• Pelvis; and
• Skull (including facial bones).

Coccyx
Four fused vertebrae at the bottom of the spine.

Colles’ Fracture
A Fracture of the wrist involving a break of the distal end of both radius and ulna.

Fracture/Fractured
A break in the continuity of the bone.

Osteoporosis
The thinning of the bone out of proportion to age.

Pathological Fracture
Any Fracture in an area where pre-existing disease has caused weakening of the bone.

Pelvis
All pelvic bones excluding the Sacrum.

Pott’s Fracture
A Fracture of the ankle (talo-tibial joint) involving both a Fracture of the lower end of the fibula and a Fracture of the lower end of the tibia.

Sacrum
The five fused bones at the base of the vertebral body.

Skull
All skull and facial bones excluding nasal bones or teeth.

Specific Exclusions applicable to Broken Bones:

We will not be liable for payment of any benefit for Bodily Injury resulting in Broken Bones Due To:

• Fractures to bones of the fingers or toes;
• Pathological Fractures; or
• Osteoporosis or bone disease which was diagnosed prior to the Commencement Date.
SECTION 5. Primary Dislocation
If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured resulting in a Primary Dislocation We will pay the Benefit Amount specified in the Policy Schedule of Benefits. The Benefit Amount is the maximum We will pay for all Primary Dislocations Due To one Accident.

Specific Definition applicable to Primary Dislocation
Primary Dislocation
The dislocation for the first time of a body part listed below requiring surgery under anaesthesia:
• hip;
• shoulder;
• kneecap.

Specific Exclusions applicable to Primary Dislocation
We will not be liable for payment of any benefit for Bodily Injury resulting in Primary Dislocation Due To:
• Osteoporosis or bone disease which was diagnosed prior to the Commencement Date; or
• secondary or subsequent dislocations of the hip, shoulder or kneecap.

SECTION 6. Physiotherapy following Broken Bones or Primary Dislocation
If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured resulting in a valid claim being paid under Section 4. Broken Bones or Section 5. Primary Dislocation of this Policy, We will pay up to the Benefit Amount specified in the Policy Schedule of Benefits for Physiotherapy received within 12 months of the Accident.

Specific Definition applicable to Physiotherapy following Broken Bones or Primary Dislocation Physiotherapy
Out patient treatment received on the advice of a Qualified Medical Practitioner and given by a physiotherapist who is state registered (SRP) and a Member of the Chartered Society of Physiotherapy (MCSP).

SECTION 7. Hospital Confinement (Accidents only)
If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured resulting in Hospital Confinement of at least 24 hours We will pay the Benefit Amount appropriate to the period of Hospital Confinement specified in the Policy Schedule of Benefits.

Specific Definitions applicable to Hospital Confinement (Accidents only)
Confinement admission to a Hospital as an In-Patient on the advice of, and under the regular care and attendance of a Qualified Medical Practitioner.

Hospital
An establishment which:
• exists primarily for the diagnosis, medical care and treatment of sick or injured people on an In-Patient basis under the supervision of Qualified Medical Practitioner(s) one or more of whom is available for consultation at all times;
• provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
• provides full-time nursing service by and under the supervision of nursing staff.
• hospital shall not include a special unit in a hospital or a place existing primarily:
  - for the treatment of psychiatric disease or sub-normality;
  - for the care of the aged, drug addicts or alcoholics;
  - as a health hydro or nature cure clinic, a nursing or convalescent home, extended care facility, rest home or hospice.

In-Patient
A Person Insured whose Hospital Confinement is as a resident bed patient, for whom a clinical case record has been opened and whose Confinement is necessary for the medical care, diagnosis and treatment of Bodily Injury covered by this Policy and not merely for any form of nursing, Convalescence, rehabilitation, rest or extended-care.
SECTION 8. Convalescence
If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured resulting in Hospital Confinement for a period of at least three consecutive days and when subsequently discharged, the Person Insured is advised by a Qualified Medical Practitioner to undergo a period of Convalescence. We will pay the Benefit Amount specified in the Policy Schedule of Benefits for each Accident as follows:
• the lower Benefit Amount following a period of three, four, five or six consecutive days in Hospital; or
• the higher Benefit Amount following a period of at least seven consecutive days in Hospital.

Specific Definitions applicable to Convalescence

Convalescence
A Person Insured’s necessary convalescence, under the regular care and advice of a Qualified Medical Practitioner, provided a Person Insured remains unable to carry out their normal activities.

SECTION 9. Coma
If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured resulting in the Person Insured falling into a Coma lasting the length of the Deferment Period, We will pay the Benefit Amount specified in the Policy Schedule of Benefits for each full week during which the Person Insured remains in a Coma up to the maximum Benefit Period.

Specific Definitions applicable to Coma

Benefit Period
The maximum consecutive period for which the Coma benefit is payable in respect of any Person Insured. The Benefit Period commences at the end of the Deferment Period.

Coma
A continuous unarousable unconscious state.

Deferment Period
A period at the beginning of a period of a Coma during which benefits are not payable.

SECTION 10. Rehabilitation Benefit
If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured resulting in a valid claim being paid under this Policy for Loss of Sight in Both Eyes, Loss of Hearing in both ears or Loss of one or more Limbs under Section E. Permanent Partial Disablement, We will pay the additional Benefit Amount specified in the Policy Schedule of Benefits for Rehabilitation Expenses.

Specific Definition applicable to Rehabilitation Benefit

Rehabilitation Expenses
Reasonable cost incurred for:
• beneficial medical or therapeutic intervention and counselling services;
• support to the Person Insured throughout their recovery to help minimise the effects of their injury;
• advice on achieving a return to employment;
• retraining for suitable employment.

SECTION 11. Urgent expenses following death
If during a Period of Insurance an Accident occurs during the Effective Time and causes Bodily Injury to a Person Insured resulting in their death and an interim death certificate is issued, We will pay the the Benefit Amount specified in the Policy Schedule of Benefits to cater for expenses which need urgent/ immediate payment whilst the administration of the Person Insured’s estate is being arranged. These expenses are payable in addition to any Benefit Amount for death which will become payable on production of the final death certificate.
**WHAT WE DO NOT COVER**

**We** will not be liable for payment of any benefit for **Bodily Injury**, loss or expense **Due To:**

- any illness or disease not directly resulting from **Bodily Injury**;
- **War** or any act of **War**;
- suicide, attempted suicide or deliberate self-inflicted injury by the **Person Insured** regardless of the state of their mental health;
- the **Person Insured** being a full time member of the armed forces of any nation or international authority or a member of any reserve forces called out for active service;
- the **Person Insured** engaging in any form of **Air Sports** or taking part in air travel, unless travelling as a fare-paying passenger in an aircraft which is provided and operated by an airline or air charter company which must be licensed for this;
- illegal acts of the **Person Insured**;
- repetitive stress (strain) injury or syndrome or any gradually operating cause;
- post traumatic stress disorder or related syndromes or any psychological or psychiatric condition;
- Human Immunodeficiency Virus (HIV) or other forms of the virus, Acquired Immune Deficiency Syndrome (AIDS) and AIDS-Related Complex (ARC) other than if contracted as a result of a blood transfusion given by a **Qualified Medical Practitioner**;
- bacterial or viral infection except bacterial infection that is the direct result of an **Accidental Bodily Injury**.

**PLEASE NOTE** that Specific Exclusions relevant to the individual sections of this Policy are located and contained in the appropriate section.

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**Dual insurance**

A **Person Insured** must not be covered under more than one Policy issued under this **Plan**. If anyone is named as a **Person Insured** under more than one of these Policies:

- **We** will consider that person to be insured under the Policy which provides the highest benefits; or
- if the benefits are the same **We** will consider that person to be insured under the Policy which was issued first.

In any case, **We** will refund the premium paid for that person under the Policy which is not giving cover and issue an amended Policy Schedule showing the correct details.

Other than as provided above, **We** will pay a **Benefit Amount** under this Policy in addition to any other insurance **Benefit Amount** to which the **Person Insured** may be entitled.
The amounts **You** must pay, and when, are shown in the Policy Schedule. If **You** do not start paying the premiums, this Policy will not provide any cover.

Premiums are payable by direct debit through a bank or building society or charged to **Your** credit/charge/debit card when due.

For each premium accepted by **Us**, **We** will provide cover until the next premium is due.

Where premium is paid monthly the first premium may include the first two monthly premiums, one relating to the first month of cover following the From date stated in the Schedule, the other relating to the forthcoming and second month of cover.

All subsequent premiums will be collected in advance.

If **You** stop paying premium all cover under this Policy will automatically end from the date the next premium is due.

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**PAYING YOUR PREMIUMS**

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**ENDING OR CHANGING YOUR COVER**

**Your right to cancel this Policy in the first 14 days**

If, for any reason, **You** are not satisfied with this Policy, **You** may, within 14 days of receipt, telephone **Us** on 0345 045 0132 or email **Us** at cust.servuk@acegroup.com and **We** will cancel it. If this happens **We** will refund any premiums **You** have paid. However, if **You** have made a claim in this period **We** reserve the right to charge **You** a premium commensurate with the cover that has been in force up to the date of **Your** cancellation.

**If You want to cancel after the first 14 days**

**You** can telephone **Us** on 0345 045 0132 and tell **Us** to cancel the Policy or write to **Us** at:

ACE European Group Limited
The A&H Customer Service Department
200 Broomielaw, Glasgow, G1 4RU
email: cust.servuk@acegroup.com

**We** will cancel it from the date **You** post **Your** cancellation instruction or any later date **You** give **Us**. There is no minimum duration on **Your** Policy.

**If we want to cancel**

If **We** want to cancel **Your** Policy, **We** will write to **You** at the latest address **We** have for **You**. **We** will then cancel the Policy 30 days after the date of **Our** letter.

**We** will not cancel **Your** Policy alone or cancel the insurance of a **Person Insured** solely because of:

- any change in a **Person Insured**’s health or physical condition;
- the number of claims presented or the amount of benefit paid under this Policy.
We may cancel Your Policy or revise the covers and benefits for like categories of Persons Insured, but We will do this only when We cancel or revise all Policies which We have issued under this Plan.

When cover automatically ends

All cover under Your Policy will end:
• if You stop paying premiums – from the date You owe Us a premium; or
• when You die; or
• on the first premium due date following attainment of Your 75th birthday whichever happens first.

Cover for Your Partner will end:
• on the first premium due date following attainment of Your Partner's 75th birthday; or
• when Your Partner dies;
• when Your cover ends whichever happens first.

Cover for Children will end:
• on the first premium due date following attainment of their 18th birthday or 23rd birthday if in Full Time Education; or
• when they get married; or
• when they stop being financially dependent on You or Your Partner; or
• when Your cover ends whichever happens first.

The time cover will end

Cover will stop at midnight on the day this cover ends.

What happens to the premiums when cover ends?

If You have paid a premium for any period after cover ends, We will refund it. If You owe any premiums up to the date cover ends, We will ask You to pay them.

If We want to make changes to the Policy or premium

We reserve the right to make changes or add to these Policy terms and to change the total amount payable:
• for legal, regulatory or taxation reasons; and/or
• to reflect new industry guidance and codes of practice; and/or
• to reflect legitimate costs increases or reductions associated with providing this Plan.

If changes become necessary, they will be applied to all Policies issued under this Plan. We will not make changes which apply only to Your Policy or to Persons Insured under Your Policy alone.

We will write to You with details at least 30 days before We make any changes. You will then have the option to continue with, or to cancel, the Policy. Should You request Us to cancel the Policy We will comply with Your request either from the date We receive Your letter or from any later date You give Us.

What happens if You use Your Policy for other purposes?

If You sell or transfer Your Policy, or use it as security for a loan or for any kind of business, We will not recognise this. At all times, Our contract will be with You and We will only deal with You and/or Your legal representatives.
MAKING A CLAIM

How to claim
If a claim needs to be made, We must be notified within 30 days of the Accident or as soon as possible after that. We will then ask for a claim form to be completed to register Your claim. If You cannot do this yourself, a Personal Representative can do this for You.

Our contact details are:
ACE European Group Limited
Claims Department
PO Box 4511
Dunstable
LU6 9QA

tel: 0345 045 0132
e-mail: claims@acegroup.com

We will need to be sent any medical certificates or other documents, which We ask for. We will not pay for these. The Person Insured must agree to a medical examination if We ask for it. We will pay for this.

We may insist on a post-mortem examination if the law allows Us to ask for one. We will pay for this.

The Person Insured may be required to meet with external agents, approved by Us, to substantiate their claim.

Paying claims
If a Person Insured has a claim, We will deal with it based on the cover details shown in the last Policy Schedule We sent You before the Accident.

Interest
No sum payable under this Policy shall carry interest unless payment has been unreasonably delayed following Our receipt of all the required information, documents or other evidence necessary to support the claim.

Accidental death
We will pay the Benefit Amount to the estate of the deceased Person Insured and the receipt given to Us by the Personal Representative shall be a full discharge of liability by Us in respect of the claim for such Benefit Amount.

Quadriplegia, Paraplegia, Permanent Total Disablement, Permanent Partial Disablement; Disfigurement or Scarring of the Face or Body from Burns; Dental Injury; Broken Bones; Primary Dislocation; Physiotherapy, Hospital Confinement (Accidents only); Convalescence; Coma and Rehabilitation
We will pay the Benefit Amount or the assessed percentage to the Person Insured and their receipt shall be a full discharge of all liability by Us in respect of the claim for such Benefit Amount or the assessed percentage.

If the Person Insured is under 18 We will pay the Benefit Amount to that minor if they are a Partner. If they are not a Partner We shall make the payment to the Parent or Legal Guardian of such minor, for the benefit of that minor. The Partner, Parent or Legal Guardian’s receipt shall be a full discharge of all liability by Us in respect of the claim for such Benefit Amount.

Your commitment to your Policy
The Persons Insured must keep to the terms of this Policy. If they do not, We may not accept a claim.

Hijack
If a Person Insured is the victim of a Hijack the insurance provided by this Policy shall continue for a period not exceeding twelve months from the date of Hijack until such time as the Person Insured has returned to their place of residence. The insurance will then continue upon payment of the appropriate premiums and subject to the other terms and conditions of this policy.
Dishonest claims
We will not pay for dishonest claims. If a Person Insured makes a dishonest claim, We may cancel the Policy immediately.

Other Taxes or Costs
We are required to notify You that other taxes or costs may exist which are not imposed or charged by Us.

**DATA PROTECTION**

The information You provide
We will use the information about You for the purpose of providing You with insurance services and, unless You have asked Us not to, additional products and services. We accept fully Our responsibility to protect the privacy of customers and the confidentiality and security of information entrusted to Us.

The information You provided when You took out Your Policy, together with other information, will be used by Us and Our group companies. It will be used for administration, customer service and claims handling. We may disclose information to Our service providers and agents for these purposes. It may also be used for the purpose of fraud prevention including passing details to other insurers and regulatory bodies.

Where You have provided information about another person in connection with the purchase and performance of this insurance Policy You confirm that they have appointed You to act for them, that they have consented to the processing of their personal data, including sensitive personal data and they have consented to the transfer of their information abroad. You also agree to receive on their behalf any data protection notices from Us.

Unless You have informed Us otherwise, We may contact You by mail, telephone, email or SMS to let You know about any goods services or promotions that may be of interest to You. If You ask Us, We will tell You what information We hold about You and provide it to You in accordance with applicable law. Any information which is found to be incorrect will be corrected promptly. We may monitor and/or record Your communication with Us either ourself or using reputable organisations selected by Us, to ensure consistent servicing levels and account operation. We will keep information about You only for so long as it is appropriate.
For questions on data protection please contact:

The Customer Services Manager
ACE Claims and Customer Service Centre
200 Broomielaw
Glasgow
G1 4RU

Tel: 0345 045 0132
email: cust.servuk@acegroup.com

**COMPLAINTS PROCEDURES**

We are dedicated to providing a high quality service and want to maintain this at all times. If You are not satisfied with this service, please contact Us immediately, quoting Your Policy details, so that Your complaint can be dealt with as soon as possible. If You have a complaint about the sale of Your Policy or the Customer Service You have received please contact:

The Customer Relations Manager
ACE European Group Limited
PO Box 4509
Dunstable
LU5 9PY

Tel: 0345 045 0132
email: customerrelations@acegroup.com
In the unlikely event of Our being unable to meet Our liabilities, You may be entitled to compensation under the Financial Services Compensation Scheme. Their contact details are:

Financial Services Compensation Scheme
10th Floor, Beaufort House
15 St Botolph Street
London
EC3A 7QU

Tel: 0800 678 1100 or 020 7741 4100
Fax: 020 7741 4101
www.fscs.org.uk

We are a member of the Financial Ombudsman Service (FOS), who may be approached for assistance, if You are not satisfied following receipt of Our final response. A leaflet explaining its procedure is available on request.

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9GE

Tel: 0800 023 4567 or 0300 123 9123
Fax: 0207 964 1001
www.financial-ombudsman.org.uk

The existence of these complaints procedures does not reduce a Person Insured’s statutory rights relating to this Plan. For further information about statutory Rights a Person Insured should contact the Citizens Advice Bureau.
CONTACT DETAILS

ACE Customer Service
tel: 0345 045 0132
e-mail: cust.servuk@acegroup.com

ACE Claims
tel: 0345 045 0132
e-mail: claims@acegroup.com

ACE European Group Limited
200 Broomielaw
Glasgow
G1 4RU

Head Office:
ACE Building
100 Leadenhall Street
London
EC3A 3BP

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