

PERSONAL ACCIDENT INSURANCE

ACE HELPING HAND
POLICY DOCUMENT



insured.™

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WELCOME

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

DEFINITIONS

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 parasailing.

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.

**THE COVER
WE PROVIDE**

Pre-requirement 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.

BENEFITS - PERSONAL ACCIDENT

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: <ul style="list-style-type: none"> • the back or spine below the neck with no damage to the spinal cord • the neck or cervical spine with no damage to the spinal cord | 40% |
| 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: | |
| • 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.

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.

PAYING YOUR PREMIUMS

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.

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 ourselves 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

FINANCIAL OMBUDSMAN SERVICE

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.

FINANCIAL SERVICES COMPENSATION SCHEME

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

CONTACT DETAILS

ACE Customer Service

tel: 0345 045 0132

email: cust.servuk@acegroup.com

ACE Claims

tel: 0345 045 0132

email: claims@acegroup.com

ACE European Group Limited

200 Broomielaw

Glasgow

G1 4RU

Head Office:

ACE Building

100 Leadenhall Street

London

EC3A 3BP

ACE European Group Limited is registered in England and Wales

registered number 01112892,

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Street, London, EC3A 3BP.

Authorised by the Prudential

Regulation Authority and regulated

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and the Prudential Regulation

Authority, reference number

202803. This can be checked on

the Financial Services Register at

www.fca.org.uk/register or by

contacting the FCA on 0800

111 6768

