

# Helping Hand

Your policy document

CHUBB®

Personal accident insurance

If you need information  
in large print please call  
us on 0345 841 0056 for  
details.

## Contact information

### Customer Services

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T 0345 045 0132  
E [cust.servuk@chubb.com](mailto:cust.servuk@chubb.com)

### Claims

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T 0345 045 0132  
E [claims@chubb.com](mailto:claims@chubb.com)

### Complaints

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T 0800 519 8026  
F 01293 597376  
E [customerrelations@chubb.com](mailto:customerrelations@chubb.com)

Calls may be recorded for training and  
quality purposes.

### Insurer

Chubb European Group Limited registered in  
England & Wales number 1112892. Main business:  
General Insurance Registered office: 100 Leadenhall  
Street, London, EC3A 3BP. Authorised by the  
Prudential Regulation Authority and regulated by  
the Financial Conduct Authority and the Prudential  
Regulation Authority.



# Insurance agreement

Thank you for choosing this Policy which is underwritten by Chubb European Group Limited.

The Policy pays benefits, in accordance with this Policy wording, in the event that **You** suffer injuries following an **Accident**. The Policy does not cover illness or sickness unless they are the direct result of **Accidental Bodily Injury**, and does not cover any psychological impacts either.

**You** (as specified in the **Policy Schedule**) and Chubb agree that **You** shall pay the premium as agreed. The **Policy Schedule** and this Policy document constitute the full terms and conditions of the insurance with **Us**. **You** acknowledge that **We** have offered this Policy and calculated the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided by **You** may result in a change in the terms and conditions of the Policy and/or a change in the premium.

**You** should check over the Policy wording and **Policy Schedule** carefully to ensure they are correct and meet **Your** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a claim. **You** should keep these documents in a safe place. The **You** must tell **Us** if either **Your** insurance needs or any of the information **You** have given **Us** changes. A change in circumstances may affect Policy cover, even if **You** does not think a change is significant, and **We** may need to change this Policy. **We** will update the policy and issue a new **Policy Schedule** each time a change is agreed.



Andrew Kendrick  
Regional President, Europe  
Chubb

# Important notes

## Eligibility

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To be covered under this Policy, **You** must:

- be permanently resident in the United Kingdom; and
- be registered with a general medical practitioner in the United Kingdom; and
- be under the age of 75 at the **Commencement Date** (note: the Policy's maximum age limit is 75, meaning that cover will end when you reach 75); and
- not be a full time member of the armed forces of any nation or international authority.

## Sections of the Policy that are insured

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Only the sections of cover that are shown in the **Policy Schedule** as “insured” are applicable to this Policy - please read the **Policy Schedule** carefully to ensure you understand the cover that is in place.

## Benefit Amounts for Children

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The insurance in respect of **Children** will be 50% of the **Benefit Amounts** stated in the **Policy Schedule** apart from **Accidental** Death which is a fixed amount of £10,000.

## Policy Definitions

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Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 19 to 24 in this Policy document.

## The cover

### Important

Only the sections of cover below that are shown in the policy schedule as “insured” are applicable to this policy - please read the policy schedule and policy summary carefully to ensure you understand the cover that is in place.

The type of cover and **Benefit Amount** will be shown in **Your Policy Schedule**. The cover applies during the **Effective Time** anywhere in the world.

The **Benefit Amounts** payable under this Policy will not take into account any emotional or psychological effects.

### SECTION 1. Serious Injury

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury**, **We** will pay the appropriate amounts under Items A, B, C, D, E or F below.

#### A. **Accidental death**

Where **Bodily Injury** results in **Accidental death** **We** will pay either:-

- the **Benefit Amount** stated in the **Policy Schedule**; or
- double the **Benefit Amount** stated in the **Policy Schedule** if both **You** and **Your Partner** die as a result of **Bodily Injury** in the same **Accident**.

These **Benefit Amounts** will only become payable on production of the final death certificate.

#### B. **Permanent Total Disablement**

Where **Bodily Injury** results in **Permanent Total Disablement**, **We** will pay the **Benefit Amount** stated in the **Policy Schedule**.

#### C. **Permanent Partial Disablement**

Where **Bodily Injury** results in **Permanent Partial Disablement**, **We** will pay a percentage of the **Benefit Amount** stated in the **Policy Schedule**, as detailed in the Scale below based on the degree of disability:

## Permanent Partial Disablement Scale

i. <b>Loss of Sight in Both Eyes</b> or <b>Loss of Limb</b> (one or more)	100%
ii. <b>Loss of Sight in One Eye</b>	50%
iii. Permanent total <b>Loss of Speech</b> or <b>Loss of Hearing</b> in both ears	100%
iv. <b>Loss of Hearing</b> in one ear	20%
v. Permanent total loss of use of: <ul style="list-style-type: none"> <li>• the back or spine below the neck with no damage to the spinal cord</li> <li>• the neck or cervical spine with no damage to the spinal cord</li> </ul>	40%
	30%
vi. Permanent total loss of or loss of use of shoulder, elbow or wrist	25%
vii. Permanent total loss of or loss of use of hip, knee or ankle	20%
viii. Permanent total loss of, or permanent total loss of use, of: <ul style="list-style-type: none"> <li>• one thumb</li> <li>• one forefinger</li> <li>• any other finger</li> <li>• one big toe</li> <li>• any other toe</li> </ul>	20%
	15%
	10%
	15%
	4%
ix. <b>Loss of Smell</b>	10%
x. <b>Loss of Taste</b>	10%
xi. To ensure <b>You</b> are provided with a payment for a <b>Permanent Disability</b> that is not listed above, <b>We</b> will assess medical evidence to calculate the degree of disablement relative to this scale. No account shall be taken of <b>Your</b> occupation. For example if <b>Bodily Injury</b> results in the loss of 25% of the sight in one of <b>Your</b> eyes, <b>We</b> will pay <b>You</b> 25% of the <b>Benefit Amount</b> for item (ii) in this Scale.	

### D. **Quadriplegia**

Where **Bodily Injury** results in **Quadriplegia**, **We** will pay the **Benefit Amount** stated in the **Policy Schedule**.

### E. **Paraplegia**

Where **Bodily Injury** results in **Paraplegia**, **We** will pay the **Benefit Amount** stated in the **Policy Schedule**.

### F. **Hemiplegia**

Where **Bodily Injury** results in **Hemiplegia**, **We** will pay the **Benefit Amount** stated in the **Policy Schedule**.

## Specific Information for SECTION 1 - Injury

1. A **Benefit Amount** shall not be payable under more than one of Items A, B, C, D, E or F for **You** in respect of any one **Accident**.
2. The total amount payable shall not exceed 100% of the **Benefit Amount** stated in the **Policy Schedule** for **You** in respect of any one **Accident**.
3. If benefit is payable for **Loss of Limb** then benefit for parts of that limb cannot also be claimed.
4. If **You** were already disabled before the **Accident** or already had a condition which was gradually getting worse, **We** will assess medical evidence of the difference between **Your Permanent Disability** before and after the **Accident**, and may reduce **Our** payment proportionately.
5. If **You** disappear and it is reasonable for the Police or registration

authorities to believe that **You** have died as a result of **Bodily Injury**, **We** will pay the death **Benefit Amount**. **Our** payment will be subject to a signed undertaking given by **Your** legal representatives that if **You** are later found to be alive, the death **Benefit Amount** shall be refunded to **Us**.

## **SECTION 2. Disfigurement of the face or body from burns**

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If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in disfigurement or scarring of **Your**:

- a. **Face** of at least 1 square centimetre or 2 centimetres in length, **We** will pay a **Benefit Amount** that is proportionate to the extent of disfigurement or scarring between the Minimum Benefit and Maximum Benefit stated in the **Policy Schedule**.
- b. **Body** of at least 4.5% of the total **Body** surface area from **Burns**, **We** will pay the appropriate **Benefit Amount** stated in the **Policy Schedule**.

## **SECTION 3. Dental Injury**

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If during a **Period of Insurance** an **Accident** occurs to **You** and 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** stated in the **Policy Schedule**, for the treatment necessarily

provided by a qualified dentist or **Doctor** within 12 months from the date of the **Accident**.

## **Specific Exclusions for SECTION 3 - Dental Injury**

NOTE: General Exclusions also apply - see page 11 of this Policy

1. **You** are responsible for the first £10 of the cost of any denture repair and the first £15 of any call-out fee.
2. **We** will not pay for the treatment of a dental injury which is:
  - a. caused by **Your** participation in playing rugby (other than rugby played as a school sport) or taking part in boxing, unless **You** were wearing equipment that should reasonably be worn for protection against dental injury.
  - b. caused by any **Foodstuff** while **You** were consuming it.
  - c. not apparent within one week of the **Accident** which caused the dental injury.
  - d. the result of ordinary deterioration, or wear and tear.
3. **We** will only pay for any bridgework, crown, denture, or implant replaced which is a similar type or quality to that lost or damaged by the dental injury.

## **SECTION 4. Broken Bones**

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If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in **Broken Bones**, **We** will



pay the **Benefit Amount** stated in the **Policy Schedule**. In the event of multiple **Fractures** to a bone as a result of the same **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 Exclusions for SECTION 4 - Broken Bones**

NOTE: General Exclusions also apply - see page 11 of this Policy

**We** will not pay any benefit for **Bodily Injury** resulting solely in **Broken Bones** in the fingers or toes.

#### **SECTION 5. Dislocation**

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If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in a **Dislocation** **We** will pay the **Benefit Amount** stated in the **Policy Schedule**. The **Benefit Amount** is the maximum **We** will pay for all Dislocations due to one **Accident**.

#### **Specific Exclusions for SECTION 5 - Dislocation**

NOTE: General Exclusions also apply - see page 11 of this Policy

**We** will not pay for **Dislocation** of the hip, shoulder or kneecap if the joint has been previously dislocated.

#### **SECTION 6. Physiotherapy following Broken Bones or Dislocation**

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**We** will reimburse **You** up to the **Benefit Amount** stated in the **Policy Schedule** for the costs **You** have had to pay for **Physiotherapy** received within 12 months of the **Accident** which resulted in a valid claim being paid under SECTION 4 - **Broken Bones**, or SECTION 5 - **Dislocation** of this Policy.

#### **SECTION 7. Hospital Confinement (Accidents only)**

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If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in at least 1 overnight **Hospital Stay**, **We** will pay the **Benefit Amount** stated in the **Policy Schedule**.

#### **SECTION 8. Recovery (Accidents only)**

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If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in **Hospital Stay** of at least 3 consecutive nights and when subsequently discharged, **You** are advised by a **Doctor** to undergo a period of **Recovery** **We** will pay the **Benefit Amount** stated in the **Policy Schedule** for each **Accident**.

## **SECTION 9. Coma**

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If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in **You** falling into a **Coma** lasting beyond the length of the **Waiting Period**, **We** will pay the **Benefit Amount** stated in the **Policy Schedule** for each full day beyond the **Waiting Period** during which **You** remain in a **Coma** up to the maximum **Benefit Period**.

## **SECTION 10. Rehabilitation and retraining benefit**

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If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in a valid claim being paid under this Policy for:-

- a. **Permanent Total Disablement**, or
- b. **Loss of Sight in Both Eyes**, or
- c. **Loss of Hearing** in both ears, or
- d. **Loss of Limb**, or
- e. any other **Permanent Partial Disablement** which results in a **Benefit Amount** equivalent to 100% of the amount for **Permanent Partial Disablement** stated in the **Policy Schedule**

**We** will pay up to the **Benefit Amount** stated in the **Policy Schedule** for **Rehabilitation Expenses**.

## **SECTION 11. Urgent expenses following death**

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If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in **Your** death and an interim death certificate is issued, **We** will pay up to the **Benefit Amount** stated in the **Policy Schedule** to cater for expenses which need urgent/immediate payment whilst the administration of **Your** estate is being arranged. These expenses are payable in addition to any **Benefit Amount** for death payable under Section 1 - Serious Injury of this Policy.

## **SECTION 12. Accident medical expenses**

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**We** will pay **You** for **Accident Medical Expenses** incurred in the United Kingdom up to the maximum **Benefit Amounts** shown in the **Policy Schedule**.

## General Exclusions

These General Exclusions apply to all sections of this Policy, and are in addition to the Specific Exclusions listed under Section 3 (Dental Injury), 4 (Broken Bones), and 5 (Dislocation) of this Policy.

**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 **You** regardless of the state of **Your** mental health;
- **You** being a member of any reserve armed forces whilst called out for active service;
- **You** 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;
- **Your** illegal acts;
- repetitive stress (strain) injury or syndrome or any gradually operating cause;
- post-traumatic stress disorder or related syndromes or any psychological or psychiatric condition;
- bacterial or viral infection except where it is the direct result of **Accidental Bodily Injury**;
- **We** will not pay any claims which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or

other laws of the European Union, United Kingdom, or United States of America. **You** should contact **Our** Customer Services Team on 0345 841 0056 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America.

Applicable to US Persons only: Policy cover for a journey involving travel to/from/ through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any claim from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the claim. US Persons shall be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.

- **We** will not be liable to make any payment under this Policy where **You** do not meet the Eligibility Criteria detailed on page 5 of this Policy.

### **If You are covered under more than one policy**

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**We** do not allow an **Insured Person** to be covered on more than one Helping Hand Policy.

If **You** are named as an **Insured Person** under more than one Helping Hand Policy:

- **We** will consider **You** to be insured under the Policy which provides the highest benefits; or
- If the benefits are the same **We** will consider **You** 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 explained above, **We** will pay a **Benefit Amount** under this Policy in addition to any other insurance claim to which **You** may be entitled.

## Making a Claim

### **Telling Us about Your Claim**

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If anything happens that may result in a claim under this Policy, **You** must tell **Us** within 30 days of the **Accident**, or as soon as reasonably possible after that. If **You** cannot do this, a Personal Representative can do this for **You**.

Chubb  
Claims Department  
PO Box 682  
Winchester SO23 5AG

T 0345 841 0059  
F 01293 597323  
E [claims@chubb.com](mailto:claims@chubb.com)

**Claims Portal**  
[www.chubbclaims.co.uk](http://www.chubbclaims.co.uk)

**You** should notify any claim to **Us** as soon as is reasonably possible. If **You** delay notifying a claim to **Us** and the delay prejudices **Us** in investigating or assessing **Your** claim, this may impact the claim being paid at all, or the amount of the claim that is paid.

### **Information We may need about Your Claim**

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**You** shall at **Your** own expense provide **Us** with such certificates, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**, in order to action a relevant claim. **We** will need to be sent any medical certificates or other documents, which **We** ask for. **We** will not pay for these.

## **Fraudulent Claims**

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**We** will not pay dishonest claims. If **You** make a dishonest claim, **We** may cancel **Your** cover.

## **Co-operation in the Claim Process**

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After any **Accidental Bodily Injury**, **You** should obtain and follow the advice of a **Doctor**. **You** must agree to a medical examination if **We** ask for it. **We** will pay for this.

**You** may be required to meet with external third parties, approved by **Us**, to substantiate **Your** claim.

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

## **Paying Claims**

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If **You** have a claim, **We** will deal with it based on the cover details shown in the **Policy Schedule We** sent **You** which is in force at the time of the **Accident**.

All benefit payments on valid claims will be paid in **GBP** and will be paid into **Your** UK bank account.

For **Accidental** Death and Urgent Expenses following Death, **We** will pay the **Benefit Amount** to **Your** estate and the receipt given to **Us** by **Your** Personal Representative shall be a full discharge of liability by **Us** in respect of the claim for such **Benefit Amount**.

For all benefits excluding **Accidental** Death and Urgent Expenses following Death, **We** will pay the **Benefit Amount** or the assessed percentage to **You** and **Your** 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 **You** are under 18, **We** will pay the **Benefit Amount** to **Your Parent or Legal Guardian**, for **Your** benefit. The **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**.

# Policy Conditions

## Assignment

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Subject to the Policy Condition headed 'Paying Claims', the benefits under this Policy may not be assigned by **You**, and **We** shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported assignment or other dealing with or relating to this Policy.

## Bank Charges

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**We** shall not be liable for any charges applied by **Your** bank for any transactions made in relation to a claim.

## Cancellation

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### **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 of the policy documents, telephone **Us** on 0345 045 0132 or email **Us** at [cust.servuk@chubb.com](mailto:cust.servuk@chubb.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:

Chubb

The A&H Customer Service Department  
200 Broomielaw  
Glasgow  
G1 4RU  
E [cust.servuk@chubb.com](mailto:cust.servuk@chubb.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 only cancel **Your** Policy in this way if **We** cancel all Helping Hand policies.

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

- any change in an **Insured Person's** health or physical condition;
- the number of claims presented or the amount of benefit paid under this Policy.

## When Cover Automatically Ends

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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 **Your** 75th birthday; whichever happens first.

Cover for **Your Partner** will end:

- on the first premium due date

- following **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 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.

Cover will stop at midnight on the day this 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 Cover or Premium**

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**We** reserve the right to make changes, add to the Policy terms and/or to change the total amount payable for this insurance:-

- for legal, regulatory, or taxation reasons
- to reflect new industry guidance and/or codes of practice
- to reflect legitimate costs increases or reductions with providing this Policy.

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

If this happens, **We** will write to **You** with details of the changes at least 30 days before **We** make them. **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** instruction or from any later date **You** give **Us**.

### **Paying Premiums**

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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 **Policy 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.

### **Choice of Law**

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This Policy shall be governed by and construed in accordance with the laws of England and Wales and the English Courts alone shall have jurisdiction in any dispute. All communication in connection with this Policy shall be in English.

### **Compliance with Policy Requirements**

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**You** (and where relevant the **Your** representatives), shall comply with all applicable terms and conditions specified in this Policy. If **You** do not comply, **We** will only pay that part of any claim that **We** would have had to pay if **You** had complied in full.

### **Contracts (Rights of Third Parties) Act**

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The Contracts (Rights of Third Parties) Act 1999, or any amendment thereto shall not apply to this Policy. Only **You** and **Us** can enforce the terms of this Policy. No other party may benefit from this contract as of right. This Policy may be varied or cancelled without the consent of any third party.

### **Misrepresentation and Non-Disclosure**

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**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. You must ensure that all of the information You have provided to **Us** in the Application Form, 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 **We** have asked for and **You** have provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

### **Interest**

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No sum payable by **Us** under this Policy shall carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the claim. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.



## **Other Taxes and Costs**

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

## **Using Your Policy for Other Purposes**

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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.

## Complaints Procedures

**We** are dedicated to providing a high quality service and want to maintain this at all times. If **You** are not happy with **Our** service, please contact **Us**, quoting the Policy details, so **We** can deal with the complaint as soon as possible. **Our** contact details are:

The Customer Relations Manager  
Chubb  
PO Box 682  
Winchester  
SO23 5AG

T 0800 519 8026  
F 01293 597376  
E [customerrelations@chubb.com](mailto:customerrelations@chubb.com)

**You** can approach the Financial Ombudsman Service for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within 6 months of **Our** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

The Financial Ombudsman Service,  
Exchange Tower  
Harbour Exchange Square  
London  
E14 9SR

T 0800 023 4 567  
(Monday to Friday - 8am to 8pm,  
Saturday - 9am to 1pm) Calls are free  
from a UK landline or mobile.

T 0300 123 9 123  
Calls to this number are charged at the  
same rate as 01 or 02 numbers.

F 020 7964 1001  
E  
[complaint.info@financial-ombudsman.co.uk](mailto:complaint.info@financial-ombudsman.co.uk)  
[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Following this complaints procedure does not affect **Your** statutory rights relating to this Policy. For more information about statutory rights, **You** should contact the Citizens Advice Bureau.

# Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. The following definitions are applicable to this Policy as a whole.

## **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.

## **Accident Medical Expenses**

Reasonable expenses necessarily incurred by the **You** for:-

- medical, surgical or other remedial attention or treatment given or prescribed by a **Doctor**
- all **Hospital**, nursing home and ambulance costs for medical treatment caused by **Accidental Bodily Injury** which results in a valid claim under Section 1 Serious Injury of this Policy.

## **Air Sports**

Airborne leisure activities, for example:

- ballooning;
- bungee-jumping;
- gliding;
- hang-gliding;
- micro lighting;
- parachuting;
- paragliding; or
- parascending.

## **Benefit Amount**

The maximum amount **We** will pay based on the level of cover shown in the **Policy Schedule**.

## **Benefit Period**

The maximum consecutive period for which benefit is payable as shown in the **Policy Schedule**. The **Benefit Period** commences at the end of the **Waiting Period**.

## **Bodily Injury**

Injury to **You** which happens while the Policy is in force and which is caused only by an **Accident** and on its own:

- i. within 24 months of the **Accident** leads to **Permanent Disability**, death, disfigurement or scarring of the **Face** or **Body** from **Burns**, **Hospital Stay**, **Recovery** or **Coma**; or
  - ii. within 3 months of the **Accident** leads to **Broken Bones**, **Dislocation**, or **Physiotherapy**; or
  - iii. leads to dental injury which becomes apparent within 7 days of the **Accident**
- and results in a claim covered under this Policy.

## **Body**

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

## **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, but excluding the lower jaw).

**Burns**

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

**Child / Children**

**Your** children, step-children, and legally adopted children and children for whom **You** are the **Parent or Legal Guardian**. To be covered by this Policy, the child/children must be:

- not married; and
- financially dependent on **You**; and
- over 3 months and under 18 years old; or
- under 23 years old if still in **Full Time Education**.

**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.

**Coma**

A period of unconsciousness from which an **Insured Person** cannot be aroused even with the most painful stimuli, and assessed by a **Doctor** as scoring less than 9 on the Glasgow Coma Scale. (this scale is a well-established measurement used by medical professionals to assess a person's state of consciousness).

**Commencement Date**

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

**Dislocation**

The dislocation for the first time only of a body part listed below requiring surgery under anaesthesia:

- hip;
- shoulder;
- kneecap.

**Doctor**

A doctor or specialist registered or licensed to practice medicine under the laws of the country in which they practice who is neither:

- **You**, or
- one of **Your** relatives unless approved by **Us**.

**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 **Policy Schedule**.

**Face**

The area bordered by **Your** natural

hairline surrounding the forehead, the front of the ears and the lower jaw.

### **Foodstuff**

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

### **Fracture / Fractured**

A break in the continuity of the bone.

### **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.

### **GBP / £**

United Kingdom pounds sterling.

### **Hemiplegia**

Complete paralysis of one side of the **Body**.

### **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 **Doctor(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.

### **Hospital Stay**

Admission to a **Hospital** as an **In-Patient** on the advice of, and under the regular care and attendance of a **Doctor**.

### **In-Patient**

**Your Hospital Stay** as a resident bed patient, for which a clinical case record has been opened and which is necessary for the medical care, diagnosis and treatment of **Bodily Injury** covered by this Policy and not merely for any form of nursing, **Recovery**, rehabilitation, rest, or extended-care.

### **Insured Person**

Any person or category of persons shown in the Policy.

### **Loss of Hearing**

Permanent profound deafness, which means the quietest sound **You** can hear is louder than 90 decibels when tested by a qualified audiologist.

### **Loss of Limb**

With reference to:

- an arm - amputation or complete and permanent loss of all functional use - at or above the wrist joint;

- a leg - amputation or complete and permanent loss of all functional use - at or above the ankle (talo-tibia joint).

### **Loss of Sight in Both Eyes**

Permanent blindness, which based on medical evidence **You** will never recover from, and which results in **Your** name being added (on the authority of a qualified ophthalmic specialist) to the Register of Blind Persons maintained by the government.

### **Loss of Sight in One Eye**

Permanent blindness, which based on medical evidence **You** will never recover from, 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 Taste**

Complete and permanent total loss of taste as confirmed by a **Doctor**.

### **Loss of Speech**

Permanent and total loss of speech as confirmed by a **Doctor**.

### **Loss of Smell**

Complete and permanent total loss of smell as confirmed by a **Doctor**.

### **Osteoporosis**

The thinning of the bone out of proportion to age.

### **Paraplegia**

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

### **Parent or Legal Guardian**

A parent or a legal guardian 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 / Spouse**

#### **Your:**

- spouse; or
- civil partner registered pursuant to the Civil Partnership Act; or
- someone of either sex with whom **You** have been living as though they were **Your** spouse for at least 3 months.

### **Pathological Fracture**

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

### **Pelvis**

All pelvic bones excluding the sacrum (the sacrum is the five fused bones at the base of the vertebral body).

### **Period of Insurance**

*When premiums are paid monthly*  
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** 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.

### **Permanent Disability**

Any form of functional disability which has lasted for at least 12 months and from which, based on medical evidence, **You** 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**

*If **You** were in gainful employment at the date of the **Accident**:*

A **Permanent Disability** which stops **You** from carrying out gainful employment for which **You** are fitted by way of training, education or experience; or

*If **You** were not in gainful employment at the date of the **Accident**:*

A form of **Permanent Disability** calculated on a medical assessment by **Us** or an independent medical expert appointed by **Us**, which results in **Your** inability to perform, without assistance

from another person, at least 2 of the following activities of daily living:-

- eating
- getting in and out of bed
- dressing and undressing
- toileting
- walking 200 metres on level ground

### **Physiotherapy**

Physiotherapy Out-patient treatment received on the advice of a **Doctor** and given by a physiotherapist who is state registered (SRP) and a Member of the Chartered Society of Physiotherapy (MCSP).

### **Policy Schedule**

The document issued to **You** by **Us**, detailing **Your** cover and other important information.

### **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.

### **Quadriplegia**

Complete paralysis of all four limbs.

### **Recovery**

**Your** necessary recovery at home, under the regular care and advice of a **Doctor**, provided **You** remain unable to carry out **Your** normal activities.

### **Rehabilitation Expenses**

Reasonable cost incurred for:

- beneficial medical or therapeutic intervention and counselling services;
- support to **You** throughout **Your** recovery to help minimise the effects of **Your** injury;

- advice on achieving a return to employment;
- retraining for suitable employment.

**Skull**

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

**Waiting Period**

The period stated in the **Policy Schedule** at the beginning of a **Coma** during which benefits are not payable.

**War**

Armed conflict between nations, invasion, act of foreign enemy, civil war, or taking power by organised military force.

**We, Our, Us**

Chubb European Group Limited.

**You, Your**

The **Insured Person**.



## Prudential Regulation Authority and Financial Conduct Authority

Chubb European Group Limited, registered in England and Wales No. 1112892 with registered office at 100 Leadenhall Street, London, EC3A 3BP. Chubb European Group Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration number FRN Number 202803. Full details can be found on the Financial Services Register by visiting [www.register.fca.org.uk](http://www.register.fca.org.uk) or by contacting the FCA on 0800 111 6768 (Calls are free from a UK landline or mobile).

## Financial Services Compensation Scheme

Whilst only **You** and **Us** have legal rights under this Policy, in the unlikely event that **We** are unable to meet **Our** liabilities, **You** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Its contact details are:

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

T 0800 678 1100 or 020 7741 4100  
F 020 7741 4101  
E [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk)  
[www.fscs.org.uk](http://www.fscs.org.uk)

# Data Protection

## The Personal Information You provide

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Chubb European Group Limited (hereafter “**We, Us, Our, Chubb**”) is the data controller (as defined in the Data Protection Act 1998) and **We** accept fully **Our** responsibility to protect the privacy of customers and the confidentiality and security of Personal Information entrusted to **Us**.

In this notice, where **We** refer to Personal Information, this means any information that identifies an individual and includes any sensitive personal information (e.g. information about health or medical condition(s)).

Where **We** refer to ‘**You**’ or ‘**Your**’ Personal Information, this will include any information that identifies another person whose information **You** have provided to **Us** (as **We** will assume that they have appointed **You** to act for them). **You** agree to receive on their behalf any data protection notices from **Us**.

**We** will use **Your** Personal Information for the purpose of providing insurance services. By providing Personal Information, **You** consent that **Your** Personal Information, will be used by **Us, Our** group companies\*, **Our** reinsurers, **Our** service providers/ business partners, and **Our** agents for administration, customer service, claims handling, assistance

services, customer profiling, and for management and audit of **Our** business operations. **We** may also pass **Your** Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires **Us** to do so. **We** will not share **Your** Personal Information which is sensitive personal data (as defined in the Data Protection Act 1998) unless **We** have either specific consent from **You** or **Your** nominated personal representative or **We** are required to do so by law.

**We** may transfer **Your** Personal Information to countries outside the EEA which may not have the same level of data protection as in the UK, but if **We** do, **We** will ensure appropriate safeguards are put in place to protect **Your** Personal Information.

If **You** ask **Us, We** will tell **You** what Personal Information **We** hold about **You** and provide it to **You** in accordance with applicable law. **We** are permitted to charge a fee of £10 for this. Any Personal 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 regarding your Personal Information, please contact:

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

T 0345 841 0056  
E [cust.servuk@chubb.com](mailto:cust.servuk@chubb.com)

\* The Chubb Group of companies includes Chubb European Group Limited and ACE Europe Life Limited - insurance companies registered in the United Kingdom, and wholly owned subsidiaries of ultimate parent company Chubb Limited, a company registered in Switzerland and listed on the New York Stock Exchange.

# Chubb. Insured.<sup>SM</sup>

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