



Personal Accident Policy

Table of Benefits

		Benefit Level		
		Silver	Gold	Platinum
1)	Accidental death	£12,500	£25,000	£50,000
Permanent Disabilities:				
2)	Quadriplegia	£125,000	£250,000	£500,000
3)	Paraplegia	£62,500	£125,000	£250,000
4)	Permanent Total Disablement	£50,000	£100,000	£200,000
5)	Loss of:			
	a) two or more limbs	£50,000	£100,000	£200,000
	b) one limb	£25,000	£50,000	£100,000
6)	Loss of sight:			
	a) in both eyes	£50,000	£100,000	£200,000
	b) in one eye	£25,000	£50,000	£100,000
7)	Loss of hearing:			
	a) in both ears	£12,500	£25,000	£50,000
	b) in one ear	£5,000	£10,000	£20,000
8)	Loss of use of use on an entire shoulder, elbow, hip, knee, wrist or ankle	£5,000	£10,000	£20,000
9)	Loss of:			
	a) one entire thumb	£3,750	£7,500	£15,000
	b) one entire forefinger	£3,750	£7,500	£15,000
	c) any other entire finger or one big toe	£3,750	£7,500	£15,000
	d) any other entire toe	£500	£1,000	£2,000
10)	Permanent disability not otherwise provided for, under benefits 2-9 above up to:	£50,000	£100,000	£200,000
11)	Hospitalisation (payable for up to 26 weeks following an accident)	£25 per day	£50 per day	£100 per day

Introduction

This document sets out the terms of **your** Personal Accident cover, please read it carefully. It tells **you** what is covered and what is not, what to do if **you** want to make a claim and who to call if **you** need help.

You should familiarise yourself with the cover provided by this policy and all the terms, conditions and exclusions that apply. **You** should read the policy in conjunction with **your schedule**.

Policy

This policy, together with the **schedule**, the application and any endorsements, is evidence of the contract between the **policyholder** and **us**. **We** agree to provide the insurance cover described in this policy provided the premium is paid when due and **we** agree to accept it.

Scope of Insurance

If an **insured person** has an **accident** after the **effective date** and suffers **bodily injury** which solely and independently of any other cause and within 24 months of the date of the **accident**, causes death, disability or **hospitalisation** (specifically mentioned in the Table of Benefits), **we** will pay the amount shown in the Table of Benefits.

Definitions

We use words in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words are shown below and each time one of them is used in the policy and **schedule**, it is shown in bold type.

Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

Bodily injury

Identifiable physical injury to an **insured person's** body which is caused directly and solely by an **accident**, is not intentionally self-inflicted and does not result from sickness or disease.

Child

A person who is under 23 years of age.

Day

A period of 24 hours in a row.

Effective date

The start date of the policy shown on the **schedule**, or the date on which an **insured person** was added to a policy.

Hospital

An institution which has accommodation for in-patients and facilities for diagnosis, surgery and treatment. It does not include a long-term nursing home, a rehabilitation centre, an old people's or convalescence home or an extended-care facility.

Hospitalisation

Admission to a hospital as an in-patient and for at least 24 hours in a row.

Insured person

The person or persons shown on the **schedule**.

Loss

Permanent, total and irrecoverable loss of use or the permanent and total loss by physical severance, resulting in separation.

Loss of hearing

Total and permanent loss of hearing.

Loss of sight

Physical **loss** of one or both eyes or the **loss** of a substantial part of the sight of one or both eyes. A substantial part means that the degree of sight remaining after the **accident** is 3/60 or less on the Snellen scale after correction with spectacles or contact lenses. (At 3/60 on the Snellen scale a person can see at 3 feet something that a person who has not suffered loss of sight should be able to see at 60 feet).

Motorcycle

A two wheeled motor driven vehicle.

Paraplegia

The permanent and total paralysis of both lower limbs, bladder and rectum.

Permanent Total Disablement

The inability of an **insured person** to continue in their usual occupation with the **policyholder** which in all probability will continue for the rest of their life.

Policyholder

The person that has paid for this policy and is shown on the **schedule**.

Quadriplegia

The permanent and total paralysis of both upper limbs and both lower limbs.

Schedule

The document showing details of the cover and which should be read with this policy.

United Kingdom

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

War

Military action, either between nations or resulting from civil war or revolution.

We, us or our

Chartis Insurance UK Limited.

You, your or yourself

An **insured person**.

What We Don't Cover

No benefit for **bodily injury** will be payable:

- a) if the **accident** occurs in a country where a state of **war** exists (declared or not) if the **accident** was the direct consequence of the **war**;
- b) if **bodily injury** is sustained while **you** are flying, unless **you** are a fare-paying passenger;
- c) if **you** take a drug or drugs other than according to the manufacturer's instructions or as prescribed by a registered medical practitioner;
- d) if **you** take a drug or drugs for the treatment of drug addiction;
- e) if **your bodily injury** is sustained whilst directly involved in an unlawful act;
- f) if **you** deliberately or recklessly expose yourself to danger;
- g) if the **accident** results in a diagnosis of fibromyalgia, myalgic encephalomyelitis, chronic fatigue syndrome, post-traumatic stress disorder or any mental or nervous disorder;
- h) if the **accident** occurs whilst driving, or in charge of, a vehicle and **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the **accident** occurs;
- i) if **bodily injury** is contributed to by **you** participating in, practicing or training for a sport as a professional.

General limitations

Benefit limitations

1. If death results from **bodily injury** and occurs within 13 weeks of the date of an **accident**, **we** will pay the accidental death benefit only.
2. In the Table of Benefits:
 - a) **we** will pay only one of items 1-4, 5a) or 6a) to an **insured person** in respect of any one **accident** and the cover under this policy will stop in respect of that person from the date of payment;
 - b) **you** can claim under more than one of items 5b), 6b) and 7-9 inclusive for any one **accident** subject to a maximum payment of £50,000 for silver cover, £100,000 for gold cover and £200,000 for platinum cover;
 - c) **we** will not pay the benefits for items 8) or 9) as well as item 5);
 - d) benefits for a **child** are 10% of those shown except for the accidental death benefit which is £2,500 for silver cover, £5,000 for gold cover and £7,500 for platinum cover;

- e) item 11 is halved for persons aged over 65 at the date of the **accident**;
- f) the **permanent total disablement** benefit does not apply to **insured persons** aged 15 and under or 65 and over at the date of the **accident**;
- g) if **you** suffer **bodily injury** whilst on a **motorcycle** all benefits payable are reduced by one half;
- h) the maximum amount payable under this policy per **insured person** is £125,000 for silver cover, £250,000 for gold cover and £500,000 for platinum cover. In the case of a **child** the maximum amount payable is £12,500 for silver cover, £25,000 for gold cover and £50,000 for platinum cover.

Existing medical conditions

If **you** have an existing physical or medical condition and **you** have an **accident** and suffer **bodily injury**, **we** will ask an independent medical consultant to assess:

- a) whether **your** existing physical or medical condition has contributed to **your** post-**accident** disability; or
- b) whether the post-**accident** disability has made **your** existing physical or medical condition worse.

In either case, **we** will ask the consultant to assess the difference between **your** physical or medical condition before and after the **accident**. Any payment will be based on the difference, expressed as a percentage and applied to the appropriate benefit in the Table of Benefits.

Example of an existing medical condition

You were partially blind in **your** left eye and **you** then had an **accident** which left **you** totally blind in both eyes. **We** ask an independent Ophthalmic Surgeon to assess the difference between the amount of vision **you** had before and after the **accident**.

He assesses the pre-**accident** vision in **your** left eye at 50%, so **we** pay 50% for the loss of vision in that eye. The vision in **your** right eye was normal before the **accident**, so **we** pay 100% of the loss of eye.

Non-specified injuries

If **you** have an **accident**, suffer **bodily injury** and the resulting disability is not specifically mentioned in the Table of Benefits but nevertheless results in permanent disability, **we** may still be able to make a payment. In these circumstances, **we** will ask an independent medical consultant to examine **you** and assess the degree of **your** post-**accident** disability and relate it, in terms of severity, to the nearest of those permanent disabilities specifically mentioned in the Table of Benefits. Payment will then be based on that percentage of the nearest benefit in the Table of Benefits.

Residence outside the territory

Cover under this policy cannot continue if the **policyholder** or **you** reside outside the **United Kingdom** for more than 180 consecutive days. Please tell **us** as soon as this happens so **we** can stop collecting premiums. **Your** cover will be cancelled from the 181st day that the **policyholder** or **you** reside outside the **United Kingdom**.

Upper age limit

Cover under this policy will stop on the premium due date following **your** 75th birthday.

General Conditions

Cooling off period

If the cover does not meet the **policyholder's** requirements the **policyholder** may cancel this policy within 15 days of the first premium due date shown on the **schedule** or within 15 days of receiving the policy and **schedule**, whichever is the later. **We** will give the **policyholder** a full refund of any premiums paid as long as no claim has been made in that period. **We** will provide this refund within 30 days from the date **we** receive notice of cancellation from the **policyholder**.

Cancelling the policy after the cooling off period

The **policyholder** may cancel this policy by giving Chartis Direct 30 days notice in writing to 96 George Street, Croydon, CR9 1BU or by calling 020 8662 8100. Cover stops on the date **we** receive notification of cancellation. **We** may cancel this policy by giving the **policyholder** 30 days notice in writing to the **policyholder's** last known address.

Fraud or mis-statement

Any fraud, deliberate mis-statement or concealment when **you** make a claim will render the policy void. In this event, any benefit due under this policy will be forfeited, including any benefit that has previously been paid to **you**. No premiums will be returned.

Disappearance

If **you** disappear and, after a suitable amount of time, it is reasonable to believe that **you** have died as the result of an **accident**, then **we** will pay the accidental death benefit. If this belief is incorrect then the amount paid must be returned to **us**.

Law and jurisdiction

This policy will be governed by the law that applies in the part of the **United Kingdom** where the **policyholder** normally lives, unless agreed to the contrary by the **policyholder** and **us** before the **effective date**.

Payment of benefit

The accidental death benefit will be paid to **your** legal representatives or executor and their receipt will discharge **our** liability under the policy. Any other benefit will be paid to the **insured person** who is the subject of the claim except in the case of a **child**, when it will be paid to the **policyholder**. Payment of any benefit is income tax free under current legislation but may be subject to inheritance tax or other taxation.

Policy alteration

We may change the terms and conditions, including the premium, of the policy as considered necessary to reflect any event outside **our** control that **we** expect to have an impact on future claims which **we** could not reasonably have foreseen when the assumptions were last reviewed, or in the event of any change in the law affecting this policy, for example a change in Insurance Premium Tax. Before **we** make any changes, we will give the **policyholder** 30 days notice in writing to the **policyholder's** last known address. Alternatively the **policyholder** can cancel the policy and stop paying premiums altogether.

Premium payment

The premium is payable monthly or annually, as shown in the **schedule**. If it is payable monthly, it is due on the first premium due date and subsequently on the 1st day of each month. Each premium paid purchases cover under the terms of this policy for the following calendar month in which it is due.

If the premium is payable annually, it is due on the first premium due date and on each anniversary of that date. Each premium paid purchases cover in the terms of this policy for the 12 calendar months following the due date.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

Claim procedure

A claim can be made under this policy by writing to the Manager, Claims Department, Chartis Direct, 96 George Street, Croydon CR9 1BU or by calling 020 8662 8101. **We** must be notified as soon as reasonably practicable after the **accident**, a claim form completed and returned it to **us**. The claim may be rejected if it is made so long after the **accident** happens that it makes it difficult or impossible for **us** to investigate the claim fully.

We may ask **you** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and **your** reasonable travelling expenses to attend, if these expenses are agreed by **us** in advance. If **you** fail to attend without reasonable cause, then **your** claim may be rejected.

We will ask for certificates and a reasonable amount of information in support of the claim at no expense to **us**. If **we** do not receive the information we need, the claim could be rejected. If any statement in support of the claim is misleading or is found to be incorrect, the claim will be rejected and the policy will be cancelled. Any amounts already paid must be repaid to **us**. **We** reserve the right to ask for a post-mortem examination which **we** will pay for.

If something goes wrong with our service

Complaints procedure

We are committed to providing **you** with a first class service at all times, however, **we** recognise that occasionally **you** may be unhappy with some aspect of this service. If **you** are not satisfied with the service **you** have received **you** should contact one of the following:

If **your** complaint is about a claim - Claims Manager, Chartis Direct, 96 George Street, Croydon, CR9 1BU, telephone 020 8662 8101 and quote **your** claim and policy number.

If **your** complaint is not about a claim - Customer Support Manager, Chartis Direct 96 George Street, Croydon, CR9 1BU, telephone 020 8662 8100 and quote **your** policy number.

We will acknowledge **your** complaint and keep **you** regularly informed about the progress of **your** complaint. For complaints relating to claims, it may take **us** a little longer to respond to **you**, especially if **we** need to consult with medical professionals, however **we** will let **you** know what information **we** are waiting for.

We will do **our** best to resolve the complaint quickly and will issue a final response letter to **you** addressing the issues raised. If we are not able to resolve **your** complaint to your satisfaction **you** may be entitled to refer any disagreement to the Financial Ombudsman Service (FOS) to review **your** case, without affecting **your** legal right to take action. The address is:

Financial Ombudsman Service
South Quay Plaza, 183 Marsh Wall, London E14 9SR
Telephone: 0845 080 1800
www.financial-ombudsman.org.uk

How to contact us

Chartis Direct
96 George Street, Croydon, Surrey CR9 1BU
Telephone: 020 8662 8100 - calls are recorded

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** are unable to meet **our** financial obligations.

Further information about compensation scheme arrangements is available from the FSCS website at www.fscs.org.uk, or by writing to:

Financial Services Compensation Scheme,
7th floor Lloyds Chambers,
Portsoken Street, London E1 8BN.

or by calling 020 7892 7300 or 0800 678 1100

Other information

This insurance is underwritten by Chartis Insurance UK Limited. Chartis Direct manages all aspects of customer service and claims on behalf of Chartis Insurance UK Limited. Chartis Direct is a trading name of UNAT DIRECT Insurance Management Limited.

UNAT DIRECT Insurance Management Limited and Chartis Insurance UK Limited are authorised by the Financial Services Authority. This can be confirmed with the Financial Services Authority on www.fsa.gov.uk/register or by calling 0845 606 1234.

Chartis Insurance UK Limited is also a member of the Association of British Insurers.

Chartis Insurance UK Limited is registered in England under number 1486260.

Registered office: The Chartis Building, 58 Fenchurch Street, London EC3M 4AB.

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