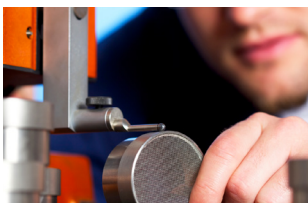


# Your Protection Insurance

## Personal Injury Product

Personal Injury Product  
because an accident can  
happen to anyone.



Policy booklet  
February 2017

**CO**  
vea Insurance



## Important Documents

Please keep this document and enclosed schedule in a safe place. You may need to refer to it at a later date.

## Contact Us . . .

If you:-

- want to make a claim
- need help or clarification on your cover
- need to notify us of a change in circumstance
- wish to complain

please call: **0330 134 8504** - Calls may be recorded and monitored for training and quality purposes.



## Personal Injury Product

The following pages contain the details of **your** policy and the contractual terms of **your** cover. These policy details are legally binding between **you** and the **insurer**.

The words listed on pages 3 and 4 of this booklet have special meanings when they appear in this policy in bold text. It is very important that **you** refer to these special meanings when **you** read the policy as they will help **you** understand the cover. **We** have tried to make these meanings as understandable as possible. If there is anything that **you** do not understand from these meanings or if there is, at any time, anything else in this policy on which **you** would like to have more information, then please contact **our** helpline on 0330 134 8504.

The policy is underwritten and administered by Covea Insurance plc.

# Welcome...


to your Protection Insurance  
from Covéa Insurance

## Thank you for choosing our Personal Injury Product.

With our Personal Injury Product you benefit from worldwide protection, 24 hours a day. Your policy could help meet your existing financial commitments, and any other additional expenses you might incur if you are injured in an accident.

Please keep this document in a safe place and take time to complete the important policy details below in case you ever need to contact us. We also urge you to read this document carefully to ensure you are aware of the full details of the cover provided. If there is anything you are not clear about, please call our helpline on 0330 134 8504.

Once again thank you for choosing our Personal Injury Product.



Signed on behalf of the Insurer  
James Reader  
Chief Executive Officer, Covea Insurance plc

## Policy Details

Please write your policy details in the spaces below; you'll find them on the policy schedule you received with this document. Then, keep your policy schedule and policy together in a safe place, so you'll always know where to find them in the event that you need to contact us.

Policy No:

Policy Start Date:

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## Personal Injury Product

# Definitions

The words listed below have the following special meanings when they appear in this policy in bold text with or without an initial capital letter:

### accident/accidental

means a sudden and unforeseen event which happens by chance after the **start date** and results in **bodily injury**.

### anterior cruciate ligament injury

means a complete tear of the Anterior Cruciate Ligament whereby the ligament has been split into two pieces and the knee joint is unstable which is caused by an **accident**

### bodily injury

means physical injury resulting from external violent and visible means. It does not include any sickness, disease, bacterial or viral infection (unless this is a direct result of an **accidental bodily injury**) naturally occurring condition or degenerative process.

### child

means **your** dependent child, stepchild or legally adopted child up to the age of 18 (or 23 years of age if in full time education). It does not include a foster child. “**Children**” has a corresponding meaning. There is no limit to the number of children **you** can cover under this policy.

### children cover

means when this policy includes **your child** or **children** but not a **partner**.

### dislocation

means the displacement from their normal position of bones meeting at a joint requiring local or general anaesthetic or traction, which is caused by an **accident**.

### doctor

means a legally qualified medical practitioner. It does not include **you**, someone living in **your** household, a member of **your** immediate family or **your partner**.

### end date

means the date when the policy ends. **You** can find details in section 7 of this policy.

### fracture

means a breach in the continuity of the bone caused by an **accident** which is identified by an x-ray (or in the case of a fracture which is unable to be x-rayed, by confirmation from a **doctor**).

### hospital

means a lawfully registered establishment providing medical and surgical treatment and 24-hour a day nursing care by registered nurses for ill or injured people. It does not include a convalescent, self-care or rest home, or a department in a **hospital** which has the role of a convalescent or nursing home.

### hospitalisation

means staying in a **hospital** for a continuous period of at least 24 hours to receive treatment or care on the advice of a **doctor** because of an **accident**.

### internal injuries

means internal injuries resulting in open abdominal or **thoracic surgery** (excluding hernias).

### individual cover

means the cover provided to **you** as an individual under this policy.

### insurer

means Covea Insurance plc.

## Personal Injury Product

# Definitions

Accident Plan Dept  
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### partner

means **your** legally married spouse, or **your** registered civil partner under the Civil Partnership Act 2004, or a person who is living permanently with **you** as **your** partner in the same household and who must have lived with **you** for at least six months immediately before the **start date**.

### partner cover

means when this policy includes **your partner**.

### start date

is the date stated in the schedule.

### thoracic surgery

means a surgical operation on organs within the chest cavity.

### UK resident

means living permanently in the **United Kingdom** for at least 40 weeks in every 52 week period after the **start date**.

### United Kingdom

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

### we, us, our

means Covea Insurance plc.

### you, your

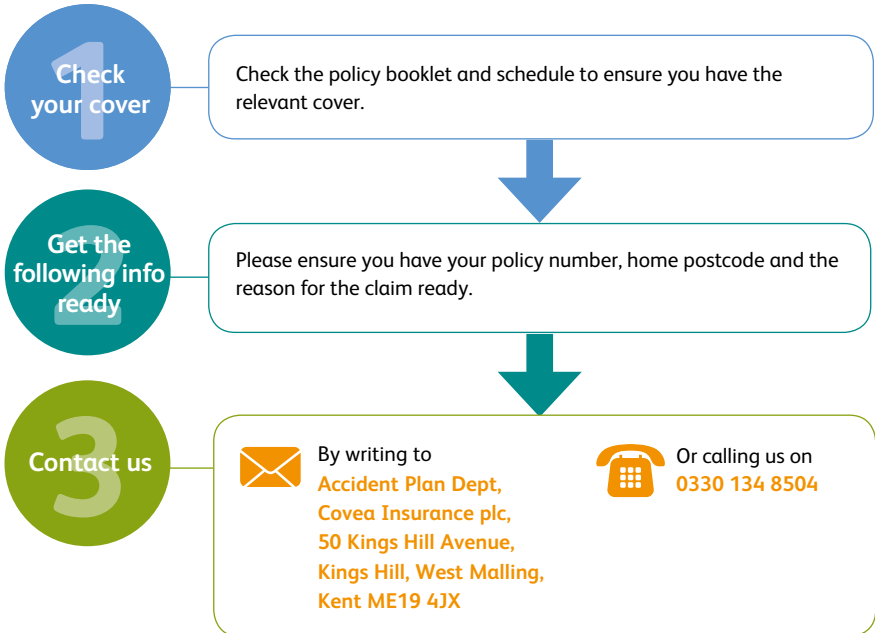
means the person named in the schedule as the insured.

# Making a Claim

To make a claim under this policy, **you** or **your** appointed representative should contact **us** for a claim form.

The claim form must be filled in and sent to **us** at the below address. All claims must be submitted within three calendar months from the date of the **accident** or as soon as reasonably possible after the **accident**. All information and evidence required by **us** to prove a claim must be on a claim form provided by **us**.

All certificates that **we** require must be provided at **your** expense.



# Personal Injury Product Policy Cover

## 1. Are you eligible for cover?

It is important that **you** are eligible for the cover **you** have under the policy and that **you** remain so for the duration of the policy. To be eligible for cover under this policy, **you** must on the **start date** be:

1. living and present in the **United Kingdom**; and
2. over 18 and under 60 years of age.

If **you** have chosen **individual cover** and **partner cover**, **you** must on the **start date** meet the requirements above. In addition, **your partner** must on the **start date** be:

1. living permanently with **you** in the same household in the **United Kingdom**; and
2. over 18 and under 60 years of age.

Unless **your partner** is legally married to **you**, or is **your** registered civil **partner** under the Civil Partnership Act 2004, **your partner** must have lived with **you** for at least six consecutive months immediately before the **start date**.

If **you** have chosen **individual cover** and **children cover** or **family cover**, **you** and **your partner** (if applicable) must meet the requirements above. **Your child** is eligible for cover if he or she is:

1. under the age of 18 years (or 23 years of age if in full time education); and
2. living permanently with you and/or their other parent in the **United Kingdom** (including any children at boarding school, college or university who normally live with **you** outside term time).

**Please note:** **You** can only be covered under one of **our** Personal Injury Products at any one time – see section 5.5 for details.

## 2. What happens if you change your mind?

**You** have the right to cancel **your** policy for a period of 14 days from the **start date** or the date **you** receive **your** policy documents, if this is later. If **you** cancel in this period **you** will receive a full refund of any premium **you** have paid and **your** policy will be deemed to have been cancelled from the **start date** and **you** will not be entitled to make any claim under it.

After the initial 14 day period, if **you** wish to cancel **your** policy, **you** may either write to **us** or call as explained below. If **you** simply stop paying any further premium when premiums are due **your** policy will end. Any premiums paid after the initial 14 day period are non-refundable.

If you wish to cancel **your** policy **you** may either write to Accident Plan Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX or call **our** helpline on 0330 134 8504.



### 3. What you have to pay

#### 3.1 Your premium

Your monthly premium is shown in your schedule and is payable monthly by Direct Debit.

The premium includes insurance premium tax at the current rate. If there is a future change in the rate of insurance premium tax we will automatically adjust the premium you pay and this will show on the next annual statement that we send you.

### 4. The benefits you get

#### 4.1 Who will benefits be paid to?

All benefits will be paid to you.

#### 4.2 The benefits

If any person covered under this policy has an **accident** after the **start date** and before the **end date** that results in a **bodily injury** covered under this policy then you will be entitled to the appropriate benefit stated in the table of benefits.

The amount of benefit that you will receive will depend on the level of cover you have, and on the effect of the **bodily injury** caused by the **accident**. The initial level of cover you have is shown in your initial schedule; any subsequent updates to your level of cover will be confirmed by us sending you a new updated schedule. The effects of **bodily injury** covered under this policy are those shown in the following table of benefits.

#### 4.3 The benefit for a Child

If you have **children cover** or **family cover** the benefit payable for an **accident** happening to **your child** will be 50% of the appropriate benefit shown in the table of benefits below.

# Personal Injury Product Policy Cover

## Benefits Due:

In the event of an accident causing:-		Level 1	Level 2	Level 3
1	A Fracture of one of the bones listed below:			
i)	Grade III			
	Upper leg (femur)	£1,000	£2,000	£3,000
	Vertebral body (not Coccyx)	£1,000	£2,000	£3,000
	Pelvis	£1,000	£2,000	£3,000
	Skull	£1,000	£2,000	£3,000
ii)	Grade II			
	Vertebra other than vertebral body	£500	£1,000	£1,500
	Lower leg (tibia)	£500	£1,000	£1,500
	Lower leg (fibula)	£500	£1,000	£1,500
	Lower jaw	£500	£1,000	£1,500
	Breastbone (sternum)	£500	£1,000	£1,500
	Shoulder blade (scapula)	£500	£1,000	£1,500
	Kneecap (patella)	£500	£1,000	£1,500
	Upper arm (humerus)	£500	£1,000	£1,500
	Lower arm (radius and ulna)	£500	£1,000	£1,500
iii)	Grade I			
	Clavicle (collar bone)	£250	£500	£750
	Wrist (carpals) & Colles' Fracture	£250	£500	£750
	Ankle (tarsals) & Pott's Fracture	£250	£500	£750
	Hand (metacarpals)*	£250	£500	£750
	Foot (metatarsals)*	£250	£500	£750
	Coccyx	£250	£500	£750
	Rib(s)	£250	£500	£750
	Nose	£250	£500	£750
2	A Dislocation*** of one of the bones below:			
i)	Grade III			
	Spine or hip	£1,000	£2,000	£3,000
ii)	Grade II			
	Knee, ankle, wrist, elbow or collar-bone	£500	£1,000	£1,500
iii)	Grade I			
	Shoulder, jaw, finger, thumb or toe	£250	£500	£750
3	Anterior Cruciate Ligament Injury	£500	£1,000	£1,500
4	Internal injuries resulting in open abdominal or thoracic surgery (excluding hernias)	£500	£1,000	£1,500
5	Hospitalisation**			
i)	Daily up to 45 days	£25	£50	£75
ii)	One off lump sum (paid after 14 days)	£250	£500	£750

\* Excludes all fingers and toes

\*\* Excludes the first 24 hours and up to a maximum of 45 days in hospital

\*\*\* Dislocations must be treated under local or general anaesthetic or traction

# Personal Injury Product Policy Cover

Accident Plan Dept  
0330 134 8504

In certain circumstances the amount **we** will pay may be restricted or limited. Please see section 5 “Maximum benefits and restrictions on benefits”. Certain accidents are not covered, please see section 6 “What you are not covered for”.

## 4.4 Hospitalisation

The daily benefit rate shown in the table of benefits (Benefit 5 (i)):

- is for each complete 24 hour period in **hospital**;
- excludes the first 24 hours in **hospital** for any one **accident**;
- is subject to a maximum of 45 daily benefits payments for each **accident**.

A single lump sum payment benefit (Benefit 5(ii)) will be made in addition to the daily **hospitalisation** benefit after 14 continuous days in **hospital**. Only one lump sum payment will be paid for the same **accident**.

## 5. Maximum benefits and restrictions on benefits

### 5.1 Maximum benefits

**5.1.1 If you have individual cover** alone: The maximum total benefit which **we** will pay for all claims during the life of this policy is £20,000 for Level 1 cover, £40,000 for Level 2 cover and £60,000 for level 3 cover.

**5.1.2 If you have individual cover and partner cover, individual cover and children cover or family cover:**

The maximum total benefit which **we** will pay for all claims during the life of this policy is £40,000 for Level 1 cover, £80,000 for Level 2 cover and £120,000 for level 3 cover.

When the maximum limits have been reached, **we** will not pay any further benefit and the policy will end (see section 7).

### 5.2 Maximum benefits for fractures

The maximum number of **fracture** claims **we** will pay for each person insured under this policy during any one year period is 4.

### 5.3 Where the effects of the accident are made worse by sickness or disease

If the effects of an **accident** are made worse because the person affected already had a sickness, disease, naturally occurring condition or injury then **we** will ask a **doctor** to assess the effects that the sickness, disease, naturally occurring condition or injury has on the **bodily injury** and **we** will reduce **your** benefit by a proportionate amount taking any such pre-existing sickness, disease, condition or injury into account.

### 5.4 Multiple fractures to the same joint or bone

If you have any **accident** which results in more than one **fracture** to the same joint or bone **we** will only pay benefit for one of the **fractures**.

### 5.5 Can you have more than one Personal Injury Product?

**You** will only be eligible for insurance cover under one of **our** Personal Injury Products at any one time.

# Personal Injury Product Policy Cover

## 6. What you are not covered for

We will not pay benefits for an **accident** that is directly or indirectly the result of the following:

- Exposure to exceptional danger (except in an attempt to save human life);
- The illegal acts of the person who has suffered the **accident**;
- Self-inflicted injury whether of a sound mind or not;
- Being under the influence of or being affected by alcohol or drugs unless under the advice of a **doctor** for a condition other than alcohol or drug addiction;
- Radiation or contamination or the effects of radiation;
- Any sickness, disease, or degenerative process (a condition which becomes progressively worse).

In addition, we will not pay benefit for:

- An **accident** which occurs prior to the **start date** or after the cover ends;
- An **accident** which happens to an insured person who has been outside the **United Kingdom** for more than 12 weeks in the preceding 52 week period. This exclusion does not apply if we have agreed to provide this cover;
- Any **accidental bodily injury** occurring 12 or more months after the **accident**.

## 7. When your protection ends

**7.1** This policy ends automatically as soon as one of the following happens:

- **you** die;
- **you** reach 85 years of age;
- **you** do not pay a monthly premium when it is due;
- **you** cancel the policy;
- **we** cancel **your** policy as set out in section 8;

- **you** cease to be a **UK resident**;
- the date on which **we** pay benefits which together with any previous benefits equal the maximum benefit payment in accordance with section 5.

**7.2** If **you** have **partner cover**, **your partner** will cease to be covered as soon as one of the following happens:

- **your partner** dies;
- **your partner** reaches 85 years of age;
- **your partner** stops living permanently with **you** or ceases to be a **UK resident**;
- the date on which **we** pay benefits which together with any previous benefits equal the maximum benefit payment in accordance with section 5.

**7.3** If **you** have **children cover** or **family cover**, **your child** will cease to be covered as soon as one of the following happens:

- he or she reaches 18 years of age (or 23 years of age if in full time education);
- gets married or enters into a civil partnership;
- he or she stops living permanently with **you** or their other parent or ceases to be a **UK resident**;
- the date on which **we** pay benefits which together with any previous benefits equal the maximum benefit payment set out in section 5.

## 8. Can Covéa Insurance change the terms of my policy or cancel it?

**8.1** We may cancel **your** policy, where there is a valid reason for doing so, by giving **you** not less than 30 days written notice in advance to the latest address we have for **you** in order to give **you** the time or opportunity to arrange replacement cover

should **you** so wish. If **we** give **you** such notice **we** will explain the reason for **our** cancellation in **our** letter. Valid reasons may include but are not limited to:

- where **you** are required in accordance with the terms of this policy to co-operate with **us**, or send **us** information or documentation and **you** fail to do so in a way that affects **our** ability to process a claim, or **our** ability to defend **our** interests **we** will issue a cancellation letter and **we** will cancel **your** policy if **you** fail to co-operate with **us** or provide the required information or documentation by the end of the cancellation notice period; or
- where **we** reasonably suspect fraud.

**8.2 We** may change the terms and conditions of **your** policy, including the amount of **your** premium, by giving **you** not less than 30 days written notice in advance to **your** last known address. If **we** give **you** such notice **we** will explain the reason; for example:

- to respond to changes in the law or decisions of the Financial Ombudsman Service;
- to meet regulatory requirements;
- to reflect new industry guidance and codes of practice that raise levels of consumer protection;
- to respond to changes in interest rates, market rates or tax rates;
- to reflect other legitimate cost increases or reductions associated with continuing to provide **you** with the services and benefits under **your** policy.

## 9. Changes in circumstance

If **your** circumstances change (for example **you** move house) and **you** would like to amend who is covered under the policy, or advise **us** that any person covered under **your** policy no longer resides with **you** please contact **our** helpline on 0330 134 8504.

## 10. What happens if any person (including you) covered under this policy leaves the United Kingdom?

Benefit will not be paid for an **accident** which happens to a person (including **you**) covered under this policy if at the date of the **accident** the person has been outside the **United Kingdom** for more than 12 weeks in the preceding 52 week period. Cover in respect of that person will cease on the last day of the twelfth week.

If **you** do wish to extend cover to include such absences (including **your** own), then please write to **us** with full details before the person concerned leaves the **United Kingdom**. **We** will then decide whether **we** will extend cover to the person while they are abroad. If **we** do so decide, **we** will send **you** a written endorsement extending the cover under this policy. **You** will need to provide this endorsement to **us** if **you** have to make a claim relating to that period.

If **you** do not wish to extend cover please write to **us** to confirm that **you**, and/or the person concerned are no longer a **UK resident** and **we** will cancel **your** policy and/or that person's cover as the case may be.

# Personal Injury Product Policy Cover

## 11. Legal

### Transfer

**You** cannot transfer or sell the rights or benefits under this policy.

### False and misleading information

If **you** give false or inaccurate information and **we** suspect fraud, **we** will record this and the information will be available to other organisations that have access to the database(s). **We** can supply details of the databases **we** access or contribute to, on request.

**You** have a duty to make a fair presentation of the risks covered by this policy. If **you** do not comply with **your** duty to make a fair presentation of the risk, **your** policy may not be valid or the policy may not cover **you** fully or at all. Any fraudulent, false or misleading statements made by **you** when **you** are making a claim may result in **your** policy becoming invalid and **you** losing all **your** entitlement to benefits under this policy.

### Governing law

English law applies to this policy unless **you** have asked for another law and **we** agreed to this in writing before the **start date**. Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be in English.

### Data Protection Act 1998

**We** hold data in accordance with the Data Protection Act 1998. It may be necessary for **us** to pass data to other organisations that supply products or services associated with this policy. In order to verify information, or to prevent and detect fraud, **we** may share information **you** give **us** with other organisations and

public bodies, including the Police, accessing and updating various databases. The Data Protection Act 1998 gives **you** the right to a copy of **your** personal data held by **us** upon payment of a fee.

### The Financial Services Compensation Scheme (FSCS)

If **we** are unable to meet **our** liabilities under this policy, **you** may be entitled to compensation from the FSCS. Further information can be obtained from the Financial Services Compensation Scheme, 10<sup>th</sup> Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk) or telephoning them on 0800 678 700 or 020 7741 4100.

### Accessibility

In order to make **our** documentation accessible to all, **we** are able to provide upon request audiotapes, large print documentation and Braille documentation. Please advise **us** if **you** require any of these services to be provided so that **we** can communicate in an appropriate manner. If you have speech or hearing difficulties and have a textphone available **you** can call **us** on 18001 (0330 134 8504).

### Contracts (Rights of Third Parties) Act 1999

The **Insurer** and **you** do not intend any term of this policy to be enforceable by any third party pursuant to the Contracts (Rights of Third Parties) Act 1999.

# Personal Injury Product Policy Cover

Accident Plan Dept  
0330 134 8504

## 12. Making a complaint

It is always **our** aim to provide **you** with a very high standard of service.

If **you** wish to make a complaint that relates to **your** policy or the way in which it was sold to you please contact **us** either by telephone or by writing to:

Accident Plan Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX  
Telephone: 0330 134 8504

If **you** remain dissatisfied with the investigation of **your** complaint **you** have the right to then refer it to the Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR;  
Telephone: 0800 023 4567 or 0300 123 9123  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The Financial Ombudsman Service will normally only consider **your** complaint once **you** have been given a final response. Following these procedures will not affect **your** right to take legal action.

For further information about **your** legal rights, contact **your** local authority trading standards department or the Citizens Advice Bureau.



## Your Protection Insurance

Protection Product



0330 134 8504



[www.coveainsurance.co.uk](http://www.coveainsurance.co.uk)



Covêa Insurance  
50 Kings Hill Avenue,  
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Registered office: Norman Place, Reading, Berkshire RG1 8DA  
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Authorised by the Prudential Regulation Authority and regulated  
by the Financial Conduct Authority and the Prudential Regulation  
Authority No. 202277.

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