

# Your Protection Insurance

## Personal Accident Product

Personal Accident Product  
because an accident can  
happen to anyone.



Policy booklet  
December 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 Accident 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 **us**.

The words listed on pages 3 to 5 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 Accident Product.

With our Personal Accident 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 Accident Product.

Signed on behalf of Covea Insurance plc



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:

# Contents

<b>Definitions</b> .....	3
<b>Making a Claim</b> .....	6
<b>Policy Cover</b>	
Are you eligible for cover? .....	7
What happens if you change your mind? .....	7
What you have to pay .....	7
The benefits you get .....	8
Maximum benefits and restrictions on benefits .....	10
What you are not covered for .....	11
When your protection ends .....	12
Can Covêa Insurance cancel or change the terms of my policy? .....	12
Change in circumstances .....	13
What happens if any person covered under this policy leaves the United Kingdom? .....	13
Legal .....	13
Making a complaint .....	15



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** or **accidental death**.

### accidental death

means death that occurs by way of an **accident** solely as a result of **bodily injury** and independently of any other cause.

### 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**.

### benefit table

means the table of benefits in Section 4.5.

### bodily injury

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

### burns

means third degree burns caused by an **accident** which involve damage or destruction of the skin to its full depth and damage to the tissue beneath, affecting more than 15 % of the body.

### 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.

### family cover

means when this policy includes **you**, **your partner** and **your child** or **children**.

### fare paying passenger

means travelling with a valid ticket in a plane, ship, train or bus that is a licenced common carrier.

### 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

# Definitions

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.

## loss of hearing or speech

means total, permanent and irrecoverable loss of hearing or speech caused by an **accident**.

## loss of sight

means total, permanent and irrecoverable loss of sight caused by an **accident**.

## loss of use of limb(s)

means total, permanent and irrecoverable loss of use or loss by physical separation of the affected limb at or above the wrist or ankle caused by an **accident**.

## loss of use of a shoulder, elbow, wrist, hip, knee or ankle

means total, permanent and irrecoverable loss of movement of the affected joint caused by an **accident**.

## loss of use of a thumb, finger or toe

means total, permanent and irrecoverable loss of use or loss by physical separation of the entire thumb, finger or toe caused by an **accident**.

## paraplegia

means total permanent and irrecoverable paralysis of the lower body including the legs caused by an **accident**.

## 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** but not **your child** or **children**.

## start date

is the date stated in the schedule.

## terrorism

means any act or acts, including (but not limited to):

- (i) the use of threat of force and/or violence; and
- (ii) harm or damage to life or to property (or the threat of such harm or damage), harm or damage by nuclear and/or chemical and/or biological and/or radiological means;

caused or occasioned by any person(s), or group(s) or persons, or so claimed, in whole or in part, for political, religious, ideological or similar purposes.

# Definitions

## 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.

## war risks

means any **bodily injury** whatsoever resulting directly or indirectly from or in connection with any of the following, regardless of any other contributing cause or event: war, invasion, act of foreign enemy, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

## we, us, our

means Covea Insurance plc.

## you, your

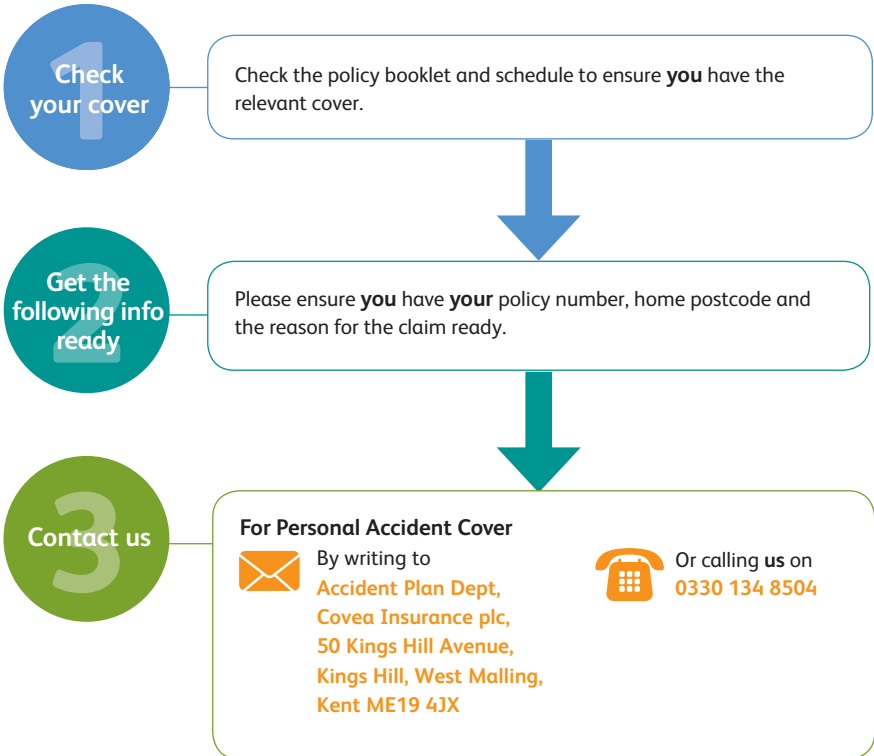
means the person named in the schedule as the insured.

# 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.





### 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 70 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 70 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 Accident Products at any one time – see section 5.7 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

#### 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**.

# Personal Accident Product

## Policy Cover

### 4. The benefits you get

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

All benefits will be paid to **you**, except in the event of **your accidental death** when benefits will be paid to your legal personal representative.

#### 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 **benefit table**.

The amount of benefit that **you** will receive will depend on the level of cover **you** have chosen, and on the effect of the **bodily injury** caused by the **accident**. The level of cover **you** have chosen is shown in **your** 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 **benefit table**.

#### 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 appropriate **child** benefit shown in the **benefit table**.

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 **benefit table** (Benefit 12):

- 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 13) 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**.

# Personal Accident Product

## Policy Cover

### 4.5 Benefit table

Benefit		Level 1		Level 2		Level 3	
		Adult	Child	Adult	Child	Adult	Child
1	<b>Permanent Total Disability</b>	£50,000	£5,000	£100,000	£10,000	£150,000	£15,000
2	<b>Quadriplegia</b>	£100,000	£10,000	£200,000	£20,000	£300,000	£30,000
3	<b>Paraplegia</b>	£50,000	£5,000	£100,000	£10,000	£150,000	£15,000
4	Permanent loss of sight in both eyes	£25,000	£2,500	£50,000	£5,000	£75,000	£7,500
5	Permanent loss of use of two limbs	£25,000	£2,500	£50,000	£5,000	£75,000	£7,500
6	Permanent loss of sight in one eye	£12,500	£1,250	£25,000	£2,500	£37,500	£3,750
7	Permanent loss of use of one limbs	£12,500	£1,250	£25,000	£2,500	£37,500	£3,750
8	Permanent loss of speech	£12,500	£1,250	£25,000	£2,500	£37,500	£3,750
9	Permanent loss of hearing in both ears	£12,500	£1,250	£25,000	£2,500	£37,500	£3,750
10	Permanent loss of hearing in one ear	£5,000	£500	£10,000	£1,000	£15,000	£1,500
	Permanent loss of use of:						
11.1	A shoulder, elbow, hip, knee, thumb, wrist or ankle	£5,000	£500	£10,000	£1,000	£15,000	£1,500
11.2	Any finger or big toe	£2,500	£250	£5,000	£500	£7,500	£750
11.3	Any other toe	£500	£50	£1,000	£100	£1,500	£150
	Hospitalisation:						
12	Hospitalisation (Maximum 45 days and after a minimum 24 hours)	£50	£5	£100	£10	£150	£15
13	Extended hospitalisation (for stays longer than 14 days)	£500	£50	£1,000	£100	£1,500	£150
<b>Accidental Death:</b>							
14	<b>Accidental Death</b>	£50,000	£5,000	£100,000	£10,000	£150,000	£15,000
<b>Burns:</b>							
15	<b>Burns</b>	£1,250	£125	£2,500	£250	£3,750	£375
<b>A Major Fracture* of:</b>							
16.1	Upper leg; vertebral body; Pelvis; Skull.	£1,000	£500	£2,000	£1,000	£3,000	£1,500
16.2	Vertebra other than vertebral body; lower leg; lower jaw; breastbone; shoulder blade; kneecap; upper arm; lower arm.	£500	£250	£1,000	£500	£1,500	£750
16.3	Lower leg; hand (metacarpals); foot (metatarsals); clavicle; coccyx; wrist (carpals) & Colles' fracture ankle (tarsals) & Pott's fracture.	£250	£125	£500	£250	£750	£375
<b>Dislocation** of:</b>							
17.1	Spine; back; hip.	£1,000	£500	£2,000	£1,000	£3,000	£1,500
17.2	Knee; ankle; shoulder or collar bone; elbow; wrist.	£500	£250	£1,000	£500	£1,500	£750
17.3	Any other joint	£250	£125	£500	£250	£750	£375
<b>Other injuries:</b>							
18	<b>Anterior Cruciate Ligament Injury</b>	£250	£125	£500	£250	£750	£375
19	<b>Internal injuries</b> resulting in open abdominal	£250	£125	£500	£250	£750	£375

\* Excludes all fingers and toes

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

# Personal Accident Product

## Policy Cover

### 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 a sum equal to the **permanent total disability** benefit (Benefit 1 in the **benefit table**) applicable to **your** chosen level of cover. When this limit has been reached, **we** will not pay any further benefit under this Personal Accident Product and the policy will end.

This limit does not apply to a claim for **quadriplegia** benefit (Benefit 2 in the **benefit table**). In that case, provided the maximum benefits limit referred to in this paragraph 5.1.1 have not been reached, the maximum benefit **we** will pay for all claims under this policy is a sum equal to Benefit 2. In the event of a claim by **you** under Benefit 2 any other sums paid to **you** or due to be paid to **you** under this policy before **your** claim will be deducted from the amount due to **you** under Benefit 2.

**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 a sum equal to twice the benefit for **permanent total disability** (Benefit 1). When this limit has been reached, **we** will not pay any further benefit under this cover, and the policy will end.

There is also a maximum limit on the amount of the benefit which **we** will pay for all claims under the policy in respect of each person covered under the policy. The maximum total benefit payable for each person is a sum equal to the benefit for **permanent total disability** (Benefit 1).

When this limit has been reached, **we** will not pay any further benefit under this policy and the policy will end.

These limits of cover do not apply to a claim for **quadriplegia** (Benefit 2). In that case provided the maximum benefits limit referred to within this paragraph have not been reached the maximum total benefits **we** will pay for all claims under this policy is a sum equal to twice Benefit 2. In the event of a claim under Benefit 2 any other sums paid or due to be paid in respect of the person suffering the **accident** under this policy before the claim will be deducted from the amount due under Benefit 2.

#### 5.2 Where death follows within 12 months of an accident

If **we** have paid an earlier benefit under Benefits 4-19 and the person who has suffered the **accident** then dies within 12 months as a result of the same **accident** **we** will reduce the sum **we** pay for **accidental death** by the amount of any earlier Personal Accident Product payment(s) for that **accident**.

#### 5.3 Where we have paid an earlier benefit or you are claiming for multiple benefits

Where **we** have made payment under Benefit 11, the amount payable under Benefit 1, 2, 3, 5 and 7 in respect of any subsequent **bodily injury** to the same limb will be reduced by the amount(s) already paid. If **you** have claimed benefit for **loss of use of limb(s)** (Benefit 2, 3, 5 and 7) then **we** will not pay benefit for loss of use of other parts of that limb (Benefit 11).

If **you** claim benefit for loss of use of more than one part of a limb (Benefit 11) then the total amount **we** will pay for all parts of one limb will not exceed the benefit payable for loss of use of the whole limb (Benefit 7).

# Personal Accident Product

## Policy Cover

Where **we** have made payment under Benefits 6-13, the amount payable under Benefits 1-5 in respect of any subsequent **bodily injury** will be reduced by the amount(s) already paid.

### 5.4 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 (in respect of Personal Accident Cover) by a proportionate amount taking any such pre-existing sickness, disease, condition or injury into account.

### 5.5 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**.

### 5.6 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. Single and multiple rib **fractures** suffered in one **accident** are paid the same benefit under this policy.

### 5.7 Can you have more than one Personal Accident Product?

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

## 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:

- **War risks;**
- **Terrorism;**
- Being on naval, military or air force duty, service or operations;
- Flying except as a **fare paying passenger;**
- The manufacture or use of explosives;
- Exposure to exceptional danger (except in an attempt to save human life);
- The illegal acts of the person who has suffered the **accident;**
- Suicide or 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**.

# Personal Accident Product

## Policy Cover

### 7. When your protection ends

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

- **you** die;
- **you** reach 70 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 70 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.

# Personal Accident Product

## Policy Cover

### 9. Changes in circumstance

If **you** 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.

### 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.

If **you** (including any agent acting on **your** behalf) deliberately or recklessly provide inaccurate information **we** may cancel **your** **policy** and refuse to pay the benefit. In these circumstances **we** may not refund any **premiums** **you** have paid.

If **you** (including any agent acting on **your** behalf) carelessly provide inaccurate information, **we** shall be entitled to amend **your** **policy** to reflect the terms that **we** would have offered had the accurate information been provided during the application process.

#### 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 Privacy

Please visit [www.coveainsurance.co.uk/dataprotection](http://www.coveainsurance.co.uk/dataprotection) for further information about how and when **we** process **your** personal information under our full Privacy Policy.

# Personal Accident Product Policy Cover

## How We Use Your Information

The personal information, provided by **you** (or anyone acting on **your** behalf), is collected by or on **our** behalf and may be used by **us**, **our** employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling, research or for statistical purposes.

**We** may process your information for a number of different purposes. For each purpose **we** must have a legal ground for such processing. When the information that **we** process is classed as 'sensitive personal information', **we** must have a specific additional legal ground for such processing.

Generally, **we** will rely on the following legal grounds:

It is necessary for **us** to process your personal information to provide this **policy** and services related to it. **We** will rely on this for activities such as assessing **your** application, managing **your policy**, handling claims and providing other services to **you**.

**We** have an appropriate business need to process **your** personal information and such business need does not cause harm to **you**. **We** will rely on this for activities such as maintaining our business records and developing, improving our products and services.

**We** have a legal or regulatory obligation to use such personal information.

**We** need to use such personal information to establish, exercise or defend **our** legal rights.

**You** have provided **your** consent to **our** use of **your** personal information, including sensitive personal information.

## How we share your information

In order to sell, manage and provide **our** products and services, prevent fraud and comply with legal and regulatory requirements, **we** may need to share **your** information with the following types of third parties:

- Reinsurers, Regulators and Authorised/ Statutory Bodies
- Credit reference agencies
- Fraud prevention agencies
- Crime prevention agencies, including the police
- Suppliers carrying out a service on our behalf
- Other insurers, business partners and agents
- Other companies within the Covéa Insurance Group

## Marketing

**We** will not use **your** information or pass it on to any other person for the purposes of marketing further products or services to **you** unless **you** have consented to this.

## Fraud Prevention and Detection

In order to prevent or detect fraud and money laundering **we** may check **your** details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

**We** may also conduct credit reference checks in certain circumstances. **You** can find further details in our full Privacy Policy explaining how the information held by fraud prevention agencies may be used or in which circumstances **we** conduct credit reference checks and how these checks might affect **your** credit rating.



# Personal Accident Product

# Policy Cover

## Automated Decisions

We may use automated tools with decision making to assess **your** application for insurance and for claims handling processes. If **you** object to an automated decision, we may not be able to offer **you** an insurance quotation.

## How to Contact Us

Please contact **us** if you have any questions about **our** privacy policy or the information **we** hold about **you**:

The Data Protection Officer, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Ken ME19 4JX or email: [dataprotection@coveainsurance.co.uk](mailto:dataprotection@coveainsurance.co.uk)

## 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.

## 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 9 123

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

Personal Accident Product



0330 134 8504



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



Covêa Insurance  
50 Kings Hill Avenue,  
Kings Hill, West Malling,  
Kent ME19 4JX

Covea Insurance plc  
Registered office: Norman Place, Reading, Berkshire RG1 8DA  
Registered in England and Wales No. 613259  
Authorised by the Prudential Regulation Authority and regulated by the  
Financial Conduct Authority and the Prudential Regulation Authority No. 202277.

**CO**  
**vea** Insurance