



# **EVERYTHING YOU NEED TO KNOW ABOUT YOUR ACCIDENT PLAN**

## **Important Documents**

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

# Welcome

Thank you for choosing our Accident Plan.

With our Accident Plan you benefit from worldwide protection, 24 hours a day. You can rest assured that your policy could help meet your existing financial commitments, and any other additional expenses you might incur if you were seriously 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 8359\*.

Once again thank you for choosing our Accident Plan.

Signed on behalf of the Insurer



J 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:

**Customer Service number:** 0330 134 8359\*

\* Calls may be recorded and monitored for training and quality purposes.

# Contents

## Policy Wording

1. Are you eligible for cover?	3
2. What happens if you change your mind?	3
3. Words with special meanings	4
4. What you have to pay	5
5. The benefits you get	5
6. Maximum benefits and restrictions on benefits	6
7. What you are not covered for	7
8. When your protection ends	7
9. Can Covéa Insurance cancel or change the terms of my policy?	8
10. Changes in circumstance	8
11. What happens if any person (including you) covered under this policy leaves the United Kingdom?	8
12. Legal	9
13. Making a claim	9
14. Making a complaint	10

# Policy Wording

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 Covea Insurance plc.

The words in bold text in clause 3, "Policy Conditions" of **your** policy have special meanings. 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 8359\*.

The policy is underwritten and administered by Covea Insurance plc.

## 1. Are you eligible for cover?

**IMPORTANT:** 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 this policy **you** must on the **start date** be:

1. living and present in the **United Kingdom**; and
2. over 18 years of age and under 75 years of age.

If **you** have a **partner** and **you** want them to also be covered under this policy, then that **partner** must on the **start date** be:

1. living permanently with **you** in the same household in the **United Kingdom**; and
2. over 18 years of age and under 75 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 a **child/children** and **you** want them to also be covered under this policy, then that **child** is eligible for cover if he or she is:

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

**Please note:** **You** can only be covered under one of **our** accident plans at any one time – see clause 6.5 for details.

If there is anything **you** are not clear about, please call **our** helpline on 0330 134 8359\*

## 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** documents, if this is later. After the initial 14 day period if at any time **you** wish to cancel **your** policy, **you** may either write to **us**, or call **our** helpline. 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 **us** at Accident Plan Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX or call **our** helpline on 0330 134 8359\*

\* Calls may be recorded and monitored for training and quality purposes.

# Policy Conditions

## 3. Words with special meanings

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.
- “**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 of an **accidental** bodily injury), naturally occurring condition or degenerative process (a condition which becomes progressively worse).
- “**Child**” means **your** natural, legally adopted or step child up to the age of 18. 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.
- “**Disability**” means a state of incapacity resulting solely from 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 clause 8 of this policy.
- “**Fare paying passenger**” means travelling with a valid ticket in a plane, ship, train or bus that is a licensed common carrier.
- “**Insurer**” means Covea Insurance plc.
- “**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**.
- “**Permanent total disability**” means total and permanent disability caused by an **accident** which medical evidence confirms will last for the rest of a person’s life and which permanently stops him or her from doing any paid job for remuneration or profit which his or her experience, education or training reasonably qualifies him or her to do.
- “**Start date**” is the date stated in the schedule.
- “**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 and Your**” means the person named in the schedule as the insured.

## 4. What you have to pay

### 4.1 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**.

### 4.2 Escalation benefit

**Your** premium will increase by 5% of **your** starting amount on each anniversary of **your** policy. **Your** benefits (including those for any partner or child included in the cover under this policy) will also increase by 5% of the starting amount shown in the table of benefits.

A revised schedule letter will be issued confirming **your** new cover and premium.

## 5. The benefits you get

### 5.1 Who will benefits be paid to?

All benefits will be paid to **you**. In the event of **your accidental death** benefits will be paid to **your** legal personal representative.

### 5.2 The standard benefit

If any person covered under this policy has an **accident** before the **end date** that results in **Permanent Total Disability** or **accidental death** 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 **accident** for which the benefit is being paid. 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 amount which **we** will pay for an **accident** occurring during the first year of **your** policy is shown in the table of benefits.

A revised table of benefits will be sent to **you** on each anniversary of **your** policy.

In the event of an accident causing:		Level 1		Level 2	
		Adult	Child	Adult	Child
1	Permanent total disability	£30,000	£3,000	£60,000	£6,000
2	Accidental Death	£30,000	£3,000	£60,000	£6,000

In certain circumstances the amount we will pay may be restricted or limited. Please see clause 5.3 “Permanent total disability” and clause 6 “Maximum benefits and restrictions on benefits”. Certain accidents are not covered, please see clause 7 “What you are not covered for”.

### 5.3 Permanent total disability

If **you** are claiming for **permanent total disability** (Benefit 1), assessment of eligibility for the benefit (and any benefit arising) will be delayed for 12 months from the date **you** claim is received by **us** so that an independent **doctor** of **our** choice can assess **your** claim. However if it is shown by medical evidence that the **disability** is total and permanent, then **we** may at **our** discretion pay a benefit before the end of the 12 months.

## 6. Maximum benefits and restrictions on benefits

### 6.1 Maximum benefits

**6.1.1** If **you** have individual cover and have not chosen to include a **partner** or a **child** under **your** policy:

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 appropriate table of benefits.

When this limit has been reached, **we** will not pay any further benefit and the policy will end (see clause 8).

**6.1.2** If **you** have chosen to include a **partner** and/or your **child/children** under **your** policy:

The maximum total benefit which **we** will pay for all claims during the life of this policy is a sum equal to twice the **permanent total disability** benefit (Benefit 1). When this limit has been reached, **we** will not pay any further benefit, and the policy will end (see clause 8).

**6.1.3** 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 **permanent total disability** benefit (Benefit 1). When this limit has been reached, **we** will not pay any further benefit in respect of that person, and cover under this policy will end for that person. Subject to clause 6.1.1 and 6.1.2, cover will however continue for any other person covered under the policy who has not yet reached this maximum limit.

### 6.2 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.

### 6.3 Can I have more than one Accident Plan?

At any one time, **you** can only have one accident plan underwritten by Covea Insurance plc. **You** can however have other accident policies with other insurance companies at the same time.

## 7. What you are not covered for

7.1 We will not pay benefit for any **accident** that is directly or indirectly caused by the following:

- War risks;
- Terrorism;
- Flying except as a **fare paying passenger**;
- 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.

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** or **accidental death** occurring 12 or more months after the **accident**.

## 8. When your protection ends

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

- **you** die (this will not prevent a claim for **accidental death** being made);
- **you** reach 75 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 clause 9;
- **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 clause 6.1.1 or 6.1.2 (whichever is applicable).

8.2 If **you** have chosen to include **your partner** to **your** policy **your partner** will cease to be covered as soon as one of the following happens:

- **your partner** reaches 75 years of age;
- he or she 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 clause 6.1.3.

8.3 If **you** have chosen to include **your child** to **your policy**, that **child** will cease to be covered as soon as one of the following happens:

- he or she reaches 18 years of age;
- he or she 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 clause 6.1.3.



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

**9.1** 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.

**9.2** 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.

## 10. Changes in circumstance

If **your** circumstances change, for example **you** move house, 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 8359\* and **we** will amend **your** policy.

## 11. 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** that person has been outside the **United Kingdom** for more than 12 weeks in total in the preceding 52 week period. Cover in respect of that person will cease on the last day of the twelfth week.

If **you** 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 in **our** discretion 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.

## 12. Legal

### Transfer

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

### False and misleading information

Any fraudulent, false or misleading statements made by **you** either in **your** application form or in relation to any other matter affecting **your** policy or when **you** are making a claim may result in **your** policy becoming invalid and **you** losing all **your** entitlement to benefits.

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.

### 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

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

### The Disability Discrimination Act 1995

If you have speech or hearing difficulties and have a text phone available you can call 18001 (0330 134 8359\*). If you require audiotapes, large print or Braille documentation please call 0330 134 8359\*.

## 13. Making a claim

Any person covered under this policy who has an **accident**, and wishes to make a claim must be put under the care of a **doctor** as soon as possible.

If **you** wish to make a claim under this policy, please ask for a claim form 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 8359\*.

The claim form must be filled in and sent to **us** at the above 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. As often as **we** reasonably require, the person making the claim must agree to medical examination at **our** expense in connection with any claim.

## 14. Making a complaint

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

Should **you** wish to complain or to obtain a copy of **our** complaints handling procedures, 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 8359\*

If **you** remain dissatisfied with the investigation of **your** complaint **you** have the right to then refer it to the Financial Ombudsman Service.

Telephone: 0800 023 4567 or 0300 123 9 123

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Web: [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.

\* Calls may be recorded and monitored for training and quality purposes.

Covea Insurance plc is a public limited company incorporated in England and Wales, registered number 613259. Its registered office is at Norman Place, Reading RG1 8DA. It is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority registration number 202277.

Be Wiser Insurance Services Ltd is a private company limited by shares incorporated in England and Wales, registered number 6097813. Its registered office is at Barrett House, Savoy Close, Andover, Hants SP10 2HZ. It is authorised and regulated with respect to Non-Investment Insurance contracts by the Financial Conduct Authority and is held on the FCA register, number 465471.