

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

## **Important Documents**

Please keep this document, which contains your policy wording and policy summary in a safe place. You may need to refer to it at a later date.

This policy summary does not contain the full terms and conditions of the Free Personal Accident Plan. These can be found in the policy document.

**Who are the Insurers?** This policy is underwritten and administered by Covea Insurance plc.

**Contact address:** If you want to make a claim, need help or clarification on your cover, need to notify us of a change in circumstances or wish to complain then our contact details are : Personal Accident Plan Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX. Telephone: 0330 134 8359\*.

### Can I take out this policy?

We will accept you for this policy if you are over 18 years of age and less than 75 years of age and living and present in the UK. Please note, you can only be covered under one of our Personal Accident Plans at any one time (please see clause 6.5 of your policy document for details).

### What can I claim for under the Free Personal Accident Plan?

In the event of an accident causing:	Maximum
Accidental death	£25,000
Permanent Total Disability	£25,000
Permanent loss of use of four limbs	£125,000
Permanent loss of use of three limbs	£100,000
Permanent loss of sight in both eyes	£50,000
Permanent loss of use of two limbs	£75,000
Permanent loss of sight in one eye	£25,000
Permanent loss of use of one limb	£37,500
Permanent loss of speech	£50,000
Permanent loss of hearing in both ears	£50,000
Permanent loss of hearing on one ear	£10,000
Burns	£10,000
<b>Permanent loss of use of:</b>	
A shoulder, elbow, hip, knee, wrist or ankle	£7,500
Thumb or forefinger	£7,500
Any other finger or big toe	£2,500
Any other toe	£500
<b>Hospitalisation</b>	
Hospitalisation (maximum 100 days and after a minimum of 24 hours).	£50 per day

For further information on the meaning of the above injuries please refer to the section of your policy document entitled "Definitions".

### Are there any limitations on the benefits?

The maximum total benefit which we will pay for all claims during the life of the plan is £50,000 except where there is a claim for the permanent loss of two or more limbs (please see section 6 of your policy document for details).

### Are there any assessment periods for permanent total disability?

The assessment of a claim for permanent total disability may be delayed for 12 months from the date of the claim to allow an independent doctor time to assess the claim. Please see clause 5.3 of your policy document for full details.

What am I NOT covered for under the Free Personal Accident Plan? Benefits are not payable for accidental death or permanent total disability resulting from:

- **War risks;**
- **Terrorism;**
- Being on a naval, military or air force duty, service or operations;
- flying (except as a fare paying passenger with a licensed common carrier);
- The manufacture or use of explosives;
- Exposure to exceptional danger (except in an attempt to save human life);
- Riding on a motorcycle, moped or scooter as a driver or passenger;
- Scuba diving;
- Rock climbing or mountaineering of any type;
- Pot-holing or parachuting;
- Competing in any race other than on foot or whilst swimming;
- 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; or

If you have an accident and it is made worse because you already have a sickness or condition we may reduce your overall benefit amount following an assessment by a doctor. Please see clauses 6.4 and 7.1 of your policy document for full details.

### How long does my Free Personal Accident Plan run for?

Your policy will end automatically on the date shown in the schedule on your email or earlier as provided for in clause 8 of your policy document.

### Cancellation Rights

You have the right to cancel your policy at any time. You can cancel by calling us on 0330 134 8359\* or writing to us at the above address.

### How to claim?

If you wish to make a claim please write to us at the contact address above or telephone us on 0330 134 8359\*.

### How to complain?

If you wish to complain please contact us as detailed below. Write to: Personal Accident Plan Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling Kent ME19 4JX or 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 at 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)

### Financial Services Compensation Scheme

If we are unable to meet our liabilities, 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)

### What you pay

The Free Personal Accident Plan is completely free of charge to you.

### Demands and needs?

The Free Personal Accident Plan meets the demands and needs of customers who are over 18 and under 75 years of age and living and present in the UK who wish to ensure that a cash sum is available

if they are permanently disabled or die because of an accident. We are not making a personal recommendation based on your individual circumstances that the policy is suitable for your needs. You should read the policy summary and policy document carefully to ensure that it meets your needs. You should periodically review your level of cover to ensure that it remains adequate for your needs.

#### Other important information

- 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 Financial Conduct Authority and Prudential Regulation Authority registration number 202277.
- We propose to choose English law as the law applicable to this contract unless we agree another law before the start date, *please see clause 12 of the policy*. The policy terms and conditions and other information we are required to supply will be supplied in

English. We will communicate with you in English for the duration of the policy unless we agree otherwise.

- We are able to provide upon request audiotapes, large print or Braille documentation. Please advise us either in writing or by telephone via the contact details shown above if you require any of these services so that we can communicate with you in an appropriate manner. If you have speech or hearing difficulties and have a text phone available you can call 18001 (0330 134 8359).

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

## 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?

It is important that **you** check 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. be over 18 years of age and under 75 years of age.

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 at any time from the **start date** or the date **you** receive **your** policy documents if this is later. If **you** wish to cancel **your** policy, **you** may either write to **us** at Personal 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\*.

## Policy Conditions

### 3. 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** 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 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.
- "**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.
- "**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 shown in the schedule or earlier as detailed in clause 8.
- "**Fare paying passenger**" means travelling with a valid ticket in a plane, ship, train or bus that is a licensed common carrier.
- "**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/hospitalised**" 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**.
- "**Loss of hearing or speech**" means total, permanent and irrecoverable loss of hearing/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 by physical separation of the affected limb at or above the wrist, 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 cause 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**.
- "**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.
- "**Permanent total disability**" means total and permanent disability caused by an **accident** (other than **loss of sight, loss of speech, loss of hearing, loss of limb, loss of shoulder, elbow, hip, knee, thumb, wrist, ankle, finger or toe**) 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.

- **“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.
- **“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 and your”** means the person named in the schedule as the insured.

#### 4. What you have to pay

This policy is free for its duration and it will end automatically 3 months after the **start date**.

#### 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 **you** have an **accident** covered under this policy after the **start date** and before the **end date** then **you** will be entitled to the appropriate benefit stated in the table of benefits below.

**In certain circumstances the amount we will pay may be restricted or limited. Please see clause 5.3 “Permanent total disability”. Certain accidents are not covered, please see clause 7 “Exclusions”.**

In the event of an accident causing:	Maximum
1. Accidental death	£25,000
2. Permanent Total Disability	£25,000
3. Permanent loss of use of four limbs	£125,000
4. Permanent loss of use of three limbs	£100,000
5. Permanent loss of sight in both eyes	£50,000
6. Permanent loss of use of two limbs	£75,000
7. Permanent loss of sight in one eye	£25,000
8. Permanent loss of use of one limb	£37,500
9. Permanent loss of speech	£50,000
10. Permanent loss of hearing in both ears	£50,000
11. Permanent loss of hearing on one ear	£10,000
12. Burns	£10,000
<b>13. Permanent loss of use of:</b>	
A shoulder, elbow, hip, knee, wrist or ankle	£7,500
Thumb or forefinger	£7,500
Any other finger or big toe	£2,500
Any other toe	£500
<b>Hospitalisation</b>	
14. Hospitalisation (maximum 100 days and after a minimum of 24 hours).	£50 per day

#### 5.3 Permanent total disability

If **you** are claiming for **permanent total disability**, assessment of eligibility for the benefit (and any benefit arising) will be delayed for 12 months from the date **your** 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.

#### 5.4 Hospitalisation

The daily benefit rate shown in the table of benefits shown in clause 5.2:

- 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 days in **hospital** for each **accident**.

#### 6. Maximum benefits and restrictions on benefits

##### 6.1 Maximum benefits

The maximum total benefit which **we** will pay for all claims during the life of this policy is a sum equal to the **permanent loss of speech** benefit (Benefit 9) as detailed in the table of benefits. When this limit has been reached, **we** will not pay any further benefit under this Personal Accident Plan and the policy will end (see clause 8).

This limit does not apply to a claim for **permanent loss of use of four limbs** (Benefit 3). In that case, provided the maximum benefits limit referred to in this paragraph 6.1 has not been reached, the maximum benefit **we** will pay for all claims under this policy is a sum equal to Benefit 3.

This limit does not apply to a claim for **permanent loss of use of three limbs** (Benefit 4). In that case, provided the maximum benefits limit referred to in this paragraph 6.1 has not been reached, the maximum benefit **we** will pay for all claims under this policy is a sum equal to Benefit 4.

This limit does not apply to a claim for **permanent loss of use of two limbs** (Benefit 6). In that case, provided the maximum benefits limit referred to in this paragraph 6.1 has not been reached, the maximum benefit **we** will pay for all claims under this policy is a sum equal to Benefit 6.

In the event of a claim by **you** under **permanent loss of use of four limbs, permanent loss of use of three limbs, permanent loss of use of two limbs**, 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 these benefits.

##### 6.2 Where death follows within 12 month of an accident

If **we** have paid an earlier benefit under Benefits 2, 7, 11-14 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 payment(s) for that **accident**.

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

Where **we** have made payment under Benefit 13, the amount payable under Benefit 2, 3, 4, 6, 8 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 3, 4, 6, 8) then we will not pay benefit for loss of use of other parts of that limb (Benefit 13).

If **you** claim benefit for loss of use of more than one part of a limb (Benefit 13) 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 8).

##### 6.4 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 by a proportionate amount taking any such pre-existing sickness, disease, condition or injury into account.

##### 6.5 Can I have more than one Personal Accident Plan?

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

## 7. Exclusions

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

- **War risks;**
- **Terrorism;**
- Being on a 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;
- Riding on a motorcycle, moped or scooter as a driver or passenger;
- Scuba diving;
- Rock climbing or mountaineering of any type;
- Pot-holing or parachuting;
- Competing in any race other than on foot or whilst swimming;
- Any sickness, disease, or degenerative process (condition which becomes progressively worse).

In addition, no benefit will be paid for any claim arising from:

- 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 extended cover;
- Any **accidental bodily injury** or **accidental death** occurring 12 or more months after the **accident**.

## 8. When your protection ends

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

- the policy reaches the **end date;**
- **you** die (this will not prevent a claim for **accidental death** being made);
- **you** reach 75 years of age;
- **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.

## 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** have evidence of fraud or serious non-disclosure or misrepresentation.

**9.2 We** may change the terms and conditions of **your** policy 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) and **you** would like to amend who is covered under **your** policy, or advise **us** that any person covered under **your** policy no longer resides with **you**, please contact **our** helpline on 0330 134 8359\*.

## 11.What happens if you leave the United Kingdom?

Benefit will not be paid for an **accident** which happens to **you** if at the date of the **accident** **you** have been outside the **United Kingdom** for more than 12 weeks in total in the preceding 52 week period. **Your** cover will cease on the last day of the twelfth week.

If **you** wish to extend cover to include such absences then please write to **us** with full details before **you** leave the **United Kingdom**. **We** will then decide in **our** discretion whether **we** will extend cover to **you** while **you** 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** are no longer a **UK resident** and **we** will cancel **your** policy.

## 12.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 respond honestly and with reasonable care to questions asked during the application process and when making a claim. If **you** do not take reasonable care, **your** policy may not be valid or the policy may not cover **you** fully or at all. Any fraudulent statement or deliberate or reckless misrepresentation 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.

### 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.

### Personal Information

The information **you** have given **us** will be held and used to manage **your** insurance **policy** and this will include both underwriting and claim handling. For this purpose **we** may disclose it to other interested third parties – for example, other insurers, regulatory authorities and agents who provide services on **our** behalf. 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. By accepting this **policy** **you** consent to **our** processing personal data including sensitive data about **you** and other persons who may be insured under the **policy**. **You** understand that all personal data **you** give to **us** must be accurate and that **you** have the specific consent of those other persons to disclose their personal data. In the case of personal data, with limited exceptions, **you** have the right to access and if necessary rectify information held about **you**.

### 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, by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk) or telephoning them on 0800 678 100 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 text phone available **you** can call 18001 (0330 134 8359\*).

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

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

### **13. Making a claim**

If **you** have an **accident** and **you** wish to make a claim **you** must be put under the care of a **doctor** as soon as possible.

If **you** or **your personal representative** wish to make a claim under this policy, please contact us for a claim form either by telephone or by writing to: Personal Accident Plan Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX. Telephone: 0330 134 8359\*.

**You** or **your personal representative** must complete the claim form and send 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**

The aim is always to provide **you** with a first class policy and service. However, there may be times when **you** feel that this level of policy and service has not been achieved.

Should **you** wish to complain please contact **us** either by telephone or by writing to: Personal 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 refer it to the Financial Ombudsman Service at 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. \*Calls may be recorded and monitored for training and quality purposes.