

My personal  
accident cover...

## 1<sup>ST</sup> CENTRAL personal accident cover policy summary

This is a summary of **your** personal accident cover policy contract. It does not contain the full terms, conditions and exceptions of **your** policy, which can be found in the personal accident cover policy document that follows this summary. When reviewing **your** policy it should be read in conjunction with **your associated private car policy** and **certificate of motor Insurance**.

**Your** insurance contract is with Zenith Insurance plc. Zenith Insurance plc is regulated by the Gibraltar Financial Services Commission and subject to a limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in respect of underwriting business in the UK (No. 211787).

Significant features and benefits	Significant exclusions or limitations
<ul style="list-style-type: none"> <li>• If an <b>insured person</b> sustains <b>bodily injury</b> during the <b>effective time</b> and within the <b>geographical limits</b>, the <b>underwriters</b> agree to pay the <b>benefit</b> to the <b>insured person</b> provided that such <b>bodily injury</b> is sustained during the <b>period of cover</b> noted on the <b>certificate of motor Insurance</b>.</li> <li>• <b>Table of benefits:</b> <ol style="list-style-type: none"> <li>1. <b>Accidental death:</b> £60,000</li> <li>2. <b>Loss of limb or limbs:</b> £60,000</li> <li>3. <b>Loss of eye or eyes:</b> £60,000</li> <li>4. <b>Total loss of hearing:</b> £60,000</li> </ol> </li> <li>- <b>Loss of hearing in one ear: £6,250</b></li> <li>5. <b>Loss of speech:</b> £60,000</li> <li>6. <b>Permanent total disablement:</b> £60,000</li> <li>7. Total organic paralysis: £60,000</li> <li>8. Total loss of intellectual capacity: £60,000</li> <li>9. Total loss of spinal column: £12,500</li> <li>10. Loss of or loss of use of           <ul style="list-style-type: none"> <li>- One hand or one foot: £7,500</li> <li>- A thumb: £3,750</li> <li>- A finger: £1,500</li> <li>- A big toe: £3,750</li> <li>- Any other toe: £375</li> <li>- Internal Organs Group One: £3,750</li> <li>- Internal Organs Group Two: £1,875</li> </ul> </li> <li>11. Fractured bones           <ul style="list-style-type: none"> <li>- Group One: £1000</li> <li>- Group Two: £750</li> <li>- Group Three: £300</li> </ul> </li> <li>12. Facial scarring: £125</li> <li>13. Third degree burns: £1875</li> <li>14. <b>Physiotherapy:</b> £2000</li> <li>15. <b>Counselling:</b> £2000</li> <li>16. <b>Hospital stay and temporarily disabling injury benefit:</b> £100 per day</li> <li>• Payment of Benefits:           <ol style="list-style-type: none"> <li>a. For items 1 to 13: if payment is due under more than one item then the maximum amount payable will be £60,000. Any payment under item 14 to 16 will be in addition to any payment due under items 1 to 13.</li> <li>b. If an <b>insured person</b> is under 16 years of age, <b>benefit 1 accidental death</b> will be £7,500. Benefits 2, 3, 4, 5, 6, 7 and 8 will be £25,000 and the maximum amount payable for items 1 to 13 will be £25,000. Any payment under items 14 to 16 will be in addition to any payment due under items 1 to 13.</li> </ol> </li> </ul>	<p>The <b>insurer</b> shall not be liable in respect of any claim;</p> <ul style="list-style-type: none"> <li>• Directly or indirectly consequent upon:           <ol style="list-style-type: none"> <li>a. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, insurrection or military or usurped power, and any act of terrorism.</li> <li>b. An <b>insured person</b> committing, or attempting to commit, suicide or intentional self-injury.</li> <li>c. Motor racing, rallies, competitions, speed tests or the like.</li> <li>d. An <b>insured person</b> whilst driving under the influence of, or being affected by, alcohol or drugs, other than drugs taken under the direction of a qualified medical practitioner.</li> <li>e. Sickness or disease (not resulting from accidental bodily injury) any naturally occurring condition or degenerative process or any gradual decline in physical health.</li> <li>f. The insured person being admitted to any of the following:               <ul style="list-style-type: none"> <li>- A mental institution.</li> <li>- An establishment primarily for the treatment of psychiatric conditions, drug addiction or alcoholism.</li> <li>- The psychiatric unit of any hospital or nursing home, rest or convalescence home.</li> </ul> </li> </ol> </li> <li>• Suffered at age 81 or older.</li> <li>• Involving use of vehicles other than private cars.</li> </ul> <p>All of these exclusions appear on page 8.</p>

## Duration

The period of **your associated private car policy**, which runs alongside this policy and does not exceed 12 months. Refer to **your certificate of motor Insurance** or policy schedule for the effective dates.

## Cancellation

**You** may cancel **your** policy and receive a full refund up to 14 days after the start or renewal date of the policy, as long as you have made no claims on the policy. If **you** do not exercise this right to cancel **your** policy, it will remain in force for the term of the policy and **you** will be required to pay the premium. If **you** want to cancel **your** policy after 14 days no refund will be payable. Please contact the customer services team on 0333 043 2066.

## Making a claim

To make a claim please call the claims line on 0370 241 4539.

## How to make a complaint

It is the intention to give you the best possible service but if **you** do have any questions or concerns about this insurance or the handling of a claim **you** should follow the complaints procedure below.

Complaints regarding:

Sale of the policy - Please contact 1ST CENTRAL at:

First Central Insurance Management Ltd  
Central House  
25-27 Perrymount Road  
Haywards Heath  
West Sussex  
RH16 3TP

Tel: 0333 043 2077

Email: [Customer.Relations@1stcentral.co.uk](mailto:Customer.Relations@1stcentral.co.uk)

Claims or policy - Please contact the **administrator**:

Supercover Insurance,  
The Connect Centre,  
Kingston Crescent,  
Portsmouth  
PO2 8QL

Tel: 0370 241 4539

Email: [complaints@supercoverinsurance.com](mailto:complaints@supercoverinsurance.com)

For details of how to escalate **your** complaint, please see the Complaints section of the Personal Accident Policy.

## Financial Services Compensation Scheme

The Financial Services Compensation Scheme covers this policy. **You** may be entitled to compensation from this scheme if **we** cannot meet our liabilities under this policy. Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk) or by telephoning 0207 741 4100.



## 1<sup>ST</sup> CENTRAL personal accident cover policy document

### Important Information

This is a contract of insurance between **you** and the **insurer** and is subject to the terms, conditions, claims procedure, cover limit and exclusions contained in this policy, in respect of an insured event which occurs within the **territorial limits** and during the **period of insurance**, for which **you** have paid the premium.

**We** have not provided **you** with a personal recommendation as to whether this product is suitable for **your** needs so **you** must decide yourself whether it is or not. **You** have made a decision based on the information made available to **you**.

This policy meets the demands and needs of those who wish to ensure that in the event of an **accident** an **insured person** up to the age of 80 will be paid a benefit for **bodily injury** as described in the policy.

### Insurer

The **insurer** is Zenith Insurance Plc, a company registered in Gibraltar under company number 84085, whose registered office is at: 846-848 Europort, Gibraltar. The **insurer** is regulated by the Gibraltar Financial Services Commission and subject to a limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in respect of underwriting insurance business in the UK – Firm Reference Number 211787. Zenith Insurance Plc is a member of the Association of British Insurers.

### Administrator

The **administrator** is Supercover Insurance, a trading name of Insurance Factory Limited. Insurance Factory Limited is registered in England and Wales, registration no. 02982445. Registered Office: 45 Westerham Road, Bessels Green, Sevenoaks, Kent TN13 2QB. Authorised and regulated by the Financial Conduct Authority (No. 306164). Insurance Factory Limited is part of the Markerstudy Group of Companies.

### Registrations – Further Details

Details of the registrations for the **insurer** and the **administrator** can be found on the Financial Services Register by visiting the Financial Conduct Authority website [www.fca.org.uk](http://www.fca.org.uk) or by contacting the Financial Conduct Authority on 0800 111 6768 or the Prudential Regulation Authority on 020 7601 4878.

### Introduction

**You** must read this policy document and the **associated car policy** schedule together. The schedule tells **you** the period during which the policy is in force and benefits apply to **your** insurance. Please check both documents carefully to make certain they give **you** the cover **you** want.

**We** have agreed to pay a benefit to an **insured person** or their legal representative, if they sustain **bodily injury** as a result of an **accident** or **assault** during the **period of cover**, **effective time** and within the **territorial limits** of the policy.

Cover under this insurance is subject to the terms, conditions, and limitations shown below or as amended in writing by **us**.

Nobody other than **you** and **us** has any rights that they can enforce under this contract.

### Demands and needs statement

This product meets the demands and needs of those who wish to ensure that additional cover is provided for personal injury whilst travelling in, or getting into or out of a 1<sup>ST</sup> CENTRAL insured car, plus cover for **assault**. The **Policyholder** is also covered whilst travelling in, or getting in or out of any other insured private car in the United Kingdom.

1<sup>ST</sup> CENTRAL does not make personal recommendations to customers as to the suitability of the policy.

## Definitions

The following words or phrases have the same meaning wherever they appear in this policy.

### **Accident/accidental**

A sudden and unforeseen event which occurs after the policy start date, resulting in **bodily injury** including **assault**.

### **Administrator**

Supercover Insurance, The Connect Centre, Kingston Crescent, Portsmouth PO2 8QL

### **Assault**

A sudden, unexpected attack by an unknown third party with deliberate intent to cause **bodily injury** at an identifiable time and place following a road incident within the **geographical limits**.

### **Associated private car policy**

The motor insurance arranged by First Central Insurance Management Limited (which is taken out by the **policyholder** in their name to cover a private car).

### **Benefit**

The amount shown in the table of **benefits**.

### **Bodily injury**

Any injury which is caused by **accidental** means or following **assault**, and which within 104 weeks from the date of the **accident** shall, solely and independently of any other cause, result in the **insured person's** death, **loss of limb(s), loss of eye(s), loss of hearing, loss of speech, permanent total disablement**, total organic paralysis, total loss of intellectual capacity, total loss of use of spinal column, loss of hands, feet, thumbs, fingers, toes or **internal organs, fractured bones, facial scarring, third degree burns** or **hospitalisation**.

### **Certificate of Motor Insurance**

The **policyholder's associated private car policy certificate of motor insurance**.

### **Counselling**

Shall mean the reimbursement of the cost of session(s) with a qualified counsellor for stress or trauma caused by an **Accident** or **Assault** if referred by a **Registered Physician**.

### **Effective time**

Whilst travelling in, getting into or out of an **insured private car**, which is being driven by an **insured person**. The **Policyholder** is also covered whilst travelling in, or getting in or out of any other insured private car in the United Kingdom.

### **Facial scarring**

Permanent scarring to the face, provided the scarring affects an area of one square centimetre or more or is of at least two centimetres in length.

### Effective time

Whilst travelling in, mounting into, dismounting from or undertaking roadside repairs to an **insured vehicle** being driven by an **insured person**.

### Fractured bones

A complete break in the full thickness of the bone.

- **Group One:** Pelvis, arm, leg, skull, vertebrae, jaw, knee, hand or facial bones excluding the nose
- **Group Two:** Foot, shoulder blade, elbow, sternum, wrist, ankle, collar bone or coccyx.
- **Group Three:** The nose and any other bone.

### Geographical limits

As specified in your **associated private car policy**.

### Hospital

Any establishment which meets all of the following conditions;

- Operates primarily for the reception, care and treatment of injured or ill people as **in-patients**.
- Provides nursing services by registered or graduate nurses 24 hours a day.
- Has at least one **registered physician** in attendance 24 hours a day.
- Has permanent facilities for medical diagnosis, treatment and major surgery.
- Holds a licence to operate as a **hospital** where licencing is required.

### Hospitalisation

The admission of an **insured person** into a **hospital** for treatment as an **in-patient** on the advice of and under the regular care and attendance of a **registered physician**.

### Hospital stay and temporarily disabling injury benefit

The amount shown per day in the Table of Benefits. This is payable for each full day of **hospitalisation** or during which a **bodily injury** prevents an **insured person** from working or carrying out daily activities as confirmed by a **registered physician**, up to a maximum of 180 days. Durations of less than 24 hours will not be eligible for payment.

### In-patient

Any **insured person** who has been admitted to a **hospital** and for whom a case record has been opened.

### Insured person

**You**, all drivers named on the **associated private car policy** and their passengers in the **insured private car**, who have not yet reached 81 years of age.

### Insured private car

For the **insured person**, the private car defined in the **associated private car policy**. For the **policyholder**, the private car defined in the **associated private car policy** and also any other private car being used by, but not owned, hired or leased to the **policyholder**.

### Internal organs group one

Lung, kidney(s), liver, large intestine, small intestine, stomach and bladder.

### Internal organs group two

Spleen, gallbladder and pancreas.

### Loss of eye or eyes

The permanent and total loss of sight, which shall be considered as having occurred;

- a. In both eyes if your name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist.

b. In one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale (meaning you see at 3 feet what you should see at 60 feet).

**Loss of hearing**

Total, permanent and irrecoverable **loss of hearing**.

**Loss of limb or limbs**

The permanent and complete loss of a limb or limbs by physical separation at or above the wrist or ankle or the permanent and complete loss of use of a limb or limbs.

**Loss of speech**

Total, permanent and irrecoverable **loss of speech**.

**Period of cover**

As defined on the **certificate of motor insurance**. Not to exceed 12 months from the policy start date.

**Permanent total disablement**

Disablement caused other than by **loss of limb, loss of eye, loss of hearing or loss of speech**, which has lasted for 52 consecutive weeks and will in all probability prevent the **insured person** from engaging in gainful employment of any and every kind for the remainder of their life.

**Physiotherapy**

Shall mean the reimbursement of costs for treatment by a registered physiotherapist for **bodily injury**, if referred by a **registered physician**.

**Registered physician**

A medical practitioner with medical qualifications accepted by the General Medical Council and who is registered by that body.

**Third degree burns**

A full thickness burn or burns (third degree) which cover more than 10% of the body surface.

**We, us, our, insurer**

Zenith Insurance Plc

Claims are handled by Supercover Insurance, The Connect Centre, Kingston Crescent, Portsmouth PO2 8QL, on **our** behalf.

**You/your/policyholder**

Associated private car **policyholder** who has paid or agreed to pay the required premium and is noted on the **certificate of motor insurance**.

## Making a claim

If **you** wish to report a claim please call **0370 241 4539** or write to Supercover Insurance, The Connect Centre, Kingston Crescent, Portsmouth PO2 8QL. **Your 1<sup>ST</sup> CENTRAL** no-claims discount will be unaffected.

In the event of any incident likely to give rise to a claim **you** must notify Supercover Insurance as soon as possible. **You** must, at **your** expense, provide any certificates, information and evidence that may from time to time be required by **us** and in the form prescribed by them. **We** may, at **our** own expense and upon 30 days notice to the **insured person**, arrange to have a medical examination of them. If any claims submitted under this part shall be in any respect fraudulent, **we** shall be under no liability to make any payment in respect of such claims.

### ✓ What is covered

If an **insured person** sustains **bodily injury** during the **effective time**, during the **period of cover** and within the **geographical limits**, they will be entitled to the following **benefits**.

#### Table of benefits

	<b>Insured person aged 16-80</b>	<b>Insured person aged under 16</b>
1. <b>Accidental death</b>	£60,000	£7,500
2. <b>Loss of limb or limbs</b>	£60,000	£25,000
3. <b>Loss of eye or eyes</b>	£60,000	£25,000
4. <b>Total loss of hearing</b>	£60,000	£25,000
Loss of hearing in one ear	£6,250	£6,250
5. <b>Loss of speech</b>	£60,000	£25,000
6. <b>Permanent total disablement</b>	£60,000	£25,000
7. Total organic paralysis	£60,000	£25,000
8. Total loss of intellectual capacity	£60,000	£25,000
9. Total loss of spinal column	£12,500	£12,500
10. Loss of or loss of use of		
- One hand or one foot	£7,500	£7,500
- A thumb	£3,750	£3,750
- A finger	£1,500	£1,500
- A big toe	£3,750	£3,750
- Any other toe	£375	£375
- Internal Organs Group One	£3,750	£3,750
- Internal Organs Group Two	£1,875	£1,875
11. <b>Fractured bones</b>		
- Group One	£1,000	£1,000
- Group Two	£750	£750
- Group Three	£300	£300



12. Facial scarring	£125	£125
13. Third degree burns	£1,875	£1,875
14. <b>Physiotherapy</b>	£2,000	£2,000
15. <b>Counselling</b>	£2,000	£2,000
<b>16. Hospital stay and temporarily disabling injury benefit</b>		
- per day, up to a maximum of 180 days (durations of less than 24 hours are not eligible for payment.)	£100	£100

### The most we will pay

- a) If payment is due under more than one item 1 to 13 above as a result of any one **accident** or **assault** for each insured person the total amount payable shall be calculated by adding together the amounts due under each item subject to a maximum payment of:
  - o Insured person aged 16-80 - £60,000
  - o Insured person aged under 16 - £25,000
- b) Any payment due under items 14, 15 or 16 will be in addition to any payment due under items 1 to 13.
- c) Any disability which existed prior to an **insured person** sustaining **bodily injury** shall be taken into account when calculating the benefit payable. In such cases medical reports will be obtained and expert medical advice used to ensure that the reduction in payment is proportional to the pre-existing condition.
- d) The maximum amount payable per **accident** or **assault** shall be limited to £500,000. In the event of an accident where the total amount payable to all **insured persons** would exceed £500,000 the benefit payable to each insured person shall be proportionately reduced until the total does not exceed this amount.

### ✘ What is not covered

The **insurer** shall not be liable in respect of any claim:

- Directly or indirectly consequent upon;
  - a. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, insurrection or military or usurped power and any act of terrorism.
  - b. An **insured person** committing, or attempting to commit, suicide or intentional self-injury.
  - c. Motor racing, rallies, competitions, speed tests or the like.
  - d. An **insured person** whilst driving under the influence of, or being affected by, alcohol or drugs, other than drugs taken under the direction of a qualified medical practitioner.
  - e. Sickness or disease (not resulting from **accidental bodily injury**) any naturally occurring condition or degenerative process or any gradual decline in physical health.
  - f. The **insured person** being admitted to any of the following; A mental institution
    - An establishment primarily for the treatment of psychiatric conditions, drug addiction or alcoholism.
    - The psychiatric unit of any **hospital** or nursing home, rest or convalescence home.
- Suffered at age 81 or older.
- Involving the use of vehicles other than private cars.



## General conditions

### These General Conditions Apply To The Whole Of The Insurance

#### 1. Payment of Premium, Keeping to the Policy Terms & Duty of Disclosure

We will only provide the cover described in this insurance policy if:

- **you** have paid or agreed to pay the premium for the current **period of insurance**, and
- **you** or any **insured person** has kept to all of the terms and conditions of this policy (including those applied by **endorsement**) as far as they can apply, and
- the information **you** gave on **your** proposal form and declaration or statement of fact or statement of insurance is, to the best of **your** knowledge and belief, correct and complete, and
- **you** maintain at all times during the **period of insurance** covered by this policy a valid **associated motor policy**.

**If you or anyone acting on your behalf knowingly commit a fraudulent act or submit a fraudulent document or make a fraudulent statement or exaggerate your claim, we will not pay the claim and cover under this insurance will cease immediately. You will not be entitled to any refund of premium.**

#### 2. Looking after the Insured Vehicle

**You** and any named drivers are required to maintain the **insured vehicle** in a roadworthy condition.

We shall at all times be allowed free access to examine the **insured vehicle**.

#### 3. Accidents or Losses

We shall be entitled to take over and conduct the defence or settlement of any claim or prosecute any claim in the name of any person covered by this insurance.

#### 4. Claims Procedures

**You** must give **us** whatever co-operation, information and assistance **we** require in dealing with any claim under this policy.

If there is any other insurance in force which covers the same **bodily injury**, **we** will only pay **our** proportionate share of the claim.

#### 5. Interpretations

Any word or expression to which specific meaning has been attached shall bear the same meaning wherever it appears.

#### 6. Interest

No benefit payable shall carry interest.

#### 7. Cancellation

##### a) Cancelling the policy within the cooling off period

This insurance provides **you** with a cooling off period to decide whether **you** wish to continue with the full policy. The cooling off period is for 14 days from the date **you** receive **your** policy documentation.

If a period of less than 14 days has elapsed since **you** received **your** policy documentation, and **you** have not made a claim under the policy, **you** have the right to cancel the policy and receive a refund of premium.

- If at the date of cancellation **your** policy has not yet commenced **you** will receive a full refund from **us**; or if **your** policy has already commenced, **you** will receive a full refund from **us**.

**b) Cancelling the policy after the cooling off period**

There is no refund of premium available if **you** cancel this policy after the 14 day cooling off period.

This policy will be automatically cancelled if your **associated private car policy** with 1<sup>ST</sup> CENTRAL is cancelled. No refund will be given unless the cancellation is within the 14-day period described above.

If **you** wish to cancel this policy, please call the Customer Services Team on 0333 043 2066.

**c) Cancellation by Us**

**We** can cancel this policy at any time if there are serious grounds to do so, for example:

- where 1<sup>ST</sup> CENTRAL has been unable to collect a premium payment (payment terms including the procedures in the event of non-payment of the premium will have been agreed between **you** and 1<sup>ST</sup> CENTRAL when **you** took out this policy); or
- **you** have failed to take reasonable care in providing information in relation to this insurance as required by Policy Condition 1 under Section 3 of this policy; or
- **you** have failed to supply requested validation documentation
- **you** have failed to co-operate or provide information and assistance in relation to any claim under this policy or with regards to the administration or operation of this policy; or
- where **we** have grounds to suspect fraud or misrepresentation; or
- where **you** use threatening or abusive behaviour towards a member of **our** staff or a member of staff of 1<sup>ST</sup> CENTRAL or **our** supplier.

**We** will do this by giving **you** 7 days' notice in writing to **your** last address notified to **us**. **Your** last notified address may include an email address nominated by **you** to accept correspondence.

**We** will refund the premium relating to the remaining period of insurance on a pro rata basis. This pro rata refund of premium is only available as long as:

- a claim has not been, or will not be submitted; and/or
- cancellation is not due to any fraudulent act by **you** or anyone acting on **your** behalf.

**8. Non-payment of premium**

**We** may at **our** discretion reduce any claims payment by the amount of outstanding or overdue premiums that **you** owe **us**.

**9. Governing Law**

Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the **United Kingdom** in which **your** main residence is.

**10. Communications** – All communication is to be conducted in English.

**11. Consumer Insurance (Disclosure and Representations) Act 2012**

**You** are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act 2012 to take care to:

- supply accurate and complete answers to all the questions **we** or the administrator may ask as part of **your** application for cover under the policy
- to make sure that all information supplied as part of **your** application for cover is true and correct
- tell **us** of any changes to the answers **you** have given as soon as possible
- Failure to provide answers in-line with the requirement of the Act may mean that **your** policy is invalid and that it does not operate in the event of a claim. If **you** become aware that information **you** have given **us** is inaccurate or has changed, **you** must inform **us** or the **administrator** as soon as possible.

**12. Fraud**

**You** must not act in a fraudulent way. If **you** or anyone acting for **you**:

- fails to reveal or hides a fact likely to influence whether **we** accept **your** proposal, **your** renewal, or any adjustment to **your** policy
- fails to reveal or hides a fact likely to influence the cover **we** provide

- makes a statement to **us** or anyone acting on **our** behalf, knowing the statement to be false
- sends **us** or anyone acting on **our** behalf a document, knowing the document to be forged or false
- makes a claim under the policy, knowing the claim to be false or fraudulent in any way
- makes a claim for any loss or damage **you** caused deliberately or with **your** knowledge
- if **your** claim is in any way dishonest or exaggerated

**We** will not pay any benefit under this policy or return any premium to **you** and **we** may cancel **your** policy immediately and backdate the cancellation to the date of the fraudulent claim. **We** may also take legal action against **you** and inform the appropriate authorities.



## How to make a complaint

It is the intention to give **you** the best possible service but if **you** do have any questions or concerns about this insurance or the handling of a claim **you** should follow the complaints procedure below.

Complaints regarding:

Sale of the policy - Please contact 1<sup>ST</sup> CENTRAL at:

First Central Insurance Management Ltd  
Central House  
25-27 Perrymount Road  
Haywards Heath  
West Sussex  
RH16 3TP

Tel: 0333 043 2077

Email: [Customer.Relations@1stcentral.co.uk](mailto:Customer.Relations@1stcentral.co.uk)

Claims or policy - Please contact the **administrator**:

Supercover Insurance,  
The Connect Centre,  
Kingston Crescent,  
Portsmouth  
PO2 8QL  
Tel: 0370 241 4539  
Email: [complaints@supercoverinsurance.com](mailto:complaints@supercoverinsurance.com)

Please ensure **your** policy number is quoted in all correspondence to assist a quick and efficient response.

**We** will make every effort to resolve your complaint by the end of the third working day after receipt. If **we** cannot resolve **your** complaint within this timeframe **we** will acknowledge **your** complaint within 5 days of receipt and will do **our** best to resolve the problem within four weeks by sending **you** a final response letter.

If **we** are unable to resolve **your** complaint in this time **we** will write to advise **you** of progress and will endeavour to resolve **your** complaint within the following four weeks.

If **we** are still unable to provide **you** with a final response at this stage, **we** will write to **you** explaining why and advise when **you** can expect a final response. At this point **you** may refer **your** complaint to The Financial Ombudsman Service at the following address:

Financial Ombudsman Service  
Exchange Tower Harbour Exchange Square London E14 9SR  
[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### What you should know

**You** may go directly to the Financial Ombudsman Service when **you** first make your complaint, but the Ombudsman will only review **your** complaint at this stage with our consent. However, **we** are still required to follow the procedure stated above.

If **you** have received a final response but are dissatisfied, **you** have the right of referral to the Financial Ombudsman Service within six months of the date of **your** final response letter. **You** may only refer to the Ombudsman beyond this time limit if **we** have provided our consent.

Whilst **we** and **our** UK service providers are bound by the decision of the Financial Ombudsman Service, **you** are

not. Following the complaints procedure above does not affect **your** right to take legal action.

### **Online Dispute Resolution Platform (ODR)**

The European Commission has an online dispute resolution service for consumers who have a complaint about a product or service bought online. If **you** choose to submit **your** complaint this way it will be forwarded to the Financial Ombudsman Service. Visit [ec.europa.eu/odr](http://ec.europa.eu/odr) to access the Online Dispute Resolution Service.

### **Compensation Scheme**

The Financial Services Compensation Scheme covers this policy. **You** may be entitled to compensation from this scheme if **we** cannot meet our liabilities under this policy. Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk) or by telephoning 0207 741 4100.

## **How We Use Your Information**

### **Introduction**

We believe in keeping your information safe and secure. Full details of what data we collect and how we use it can be found in our privacy policy which you can access via [www.gadget-cover.com](http://www.gadget-cover.com) or by requesting a copy from our Data Protection Officer (contact details below). This section provides you with some basic information and explains:

- What we do with your information
- How we may check the information you have provided to us against other sources such as databases
- Who we share your information with, and
- How we may use your information.

We are governed by the Data Protection legislation applicable in the United Kingdom

### **How we may collect your information**

We may collect details about you from

- Information you give to brokers
- Information you give us in online forms and other forms
- Other sources such as Google Earth and social media
- Third parties and other sources
- Telematics systems.

### **What information we may collect about you**

We collect details including details about your health, personal circumstances, claims history, credit history, motoring history and other relevant details. We may collect information on you from databases such as the electoral roll and county court judgment records.

### **How we may share your information**

In order to provide our services to you, we may share your information with other insurance companies, solicitors, regulators, business partners and suppliers. We may also have a legal obligation to provide your information, in certain circumstances, with regulators, police and other public bodies.

Information you supply may be used for the purposes of insurance administration by us and third parties. These third parties may share your information with their own agents.

### **How we may use your information**

We may use your information for a number of purposes. These include:

- Providing you with our services
- Dealing with your claim
- Carrying out checks such as fraud checks and credit checks
- Providing you with information about our products and services.

We give details about some of these processes below.

### **Providing you with details on our Products and Services**

Where you have given us your consent to do so, we will send you information about products and services of ours

and other companies in our Group which may be of interest to you. We may contact you by telephone, letter or email (as you have indicated)

You have a right at any time to stop us from contacting you for marketing purposes or giving your information to other members of the Group.

If you no longer wish to be contacted for marketing purposes then please contact our Data Protection Officer (contact details below).

### **Fraud Prevention and Detection**

We carry out fraud checks on our customers. We do this in order to prevent fraud and also to help us make decisions about the provision, pricing and administration of insurance.

When carrying out these checks, we will search against fraud detection databases.

We may pass details about you to some of these databases.

Law enforcement agencies, financial service providers, fraud prevention agencies, police and other organisations may also access these databases.

### **Claims History**

We may process data relating to your claims history for the purposes of assessing any claim you may make.

The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident we will pass information relating to it to these databases. We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal.

### **Credit Searches and Accounting**

In assessing an application for insurance or policy renewal, we may search files made available to us by credit reference agencies. They keep a record of that search.

Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors, or to prevent fraud.

### **Transfers**

Sometimes your information may be transferred outside the European Economic Area by us, by the organisations with whom we share your information or by the servants and agents of these organisations. If we do this we will ensure that anyone to whom we pass it provides an adequate level of protection.

### **Your Rights as a Data Subject**

Under Data Protection Laws you have certain rights; these include for example, a right to understand what data we hold on you and a right to ask us to amend that data if it is incorrect. If you would like to exercise any of your rights please contact our Data Protection Officer (contact details below).

### **Data Protection Officer**

If you have any questions about how we use your data, or to exercise any of your data rights please contact our Data Protection Officer at

Data Protection Officer  
Supercover Insurance  
45 Westerham Road  
Bessels Green  
Sevenoaks  
Kent  
TN13 2QB