



**My personal
accident cover...**

1stCentral.

1st Central Personal Accident cover policy summary

This insurance is arranged by Motorplus Limited t/a Coplus and underwritten by Astrenska Insurance Limited, whose registered office is at 3 More London Riverside, London, SE1 2AQ. This insurance is effected in England and is subject to the Laws of England and Wales.

Astrenska Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial services register number 202846. These details can be checked on the Financial Services Register by visiting: www.fca.org.uk or by contacting the Financial Conduct Authority on 0800 111 6768.

Motorplus Limited t/a Coplus are authorised and regulated by the Financial Conduct Authority.

Significant features and benefits	Significant exclusions or limitations
<ul style="list-style-type: none"> • If an insured person sustains bodily injury during the effective time and within the geographical limits, we agree to pay the benefit to the insured person provided that such bodily injury is sustained during the period of cover noted on the certificate of motor Insurance. • Table of benefits: <ol style="list-style-type: none"> 1. Accidental death: £60,000 2. Loss of limb or limbs: £60,000 3. Loss of eye or eyes: £60,000 4. Total loss of hearing: £60,000 4.a Loss of hearing in one ear: £6,250 5. Loss of speech: £60,000 6. Permanent total disablement: £60,000 7. Total organic paralysis: £60,000 8. Total loss of intellectual capacity: £60,000 9. Total loss of spinal column: £12,500 10. Loss of or loss of use of <ul style="list-style-type: none"> - One hand or one foot: £10,000 - A thumb: £3,750 - A finger: £1,500 - A big toe: £3,750 - Any other toe: £375 - Internal Organs Group One: £3,750 - Internal Organs Group Two: £1,875 11. Fractured bones <ul style="list-style-type: none"> - Group One: £1000 - Group Two: £750 - Group Three: £300 12. Facial scarring: £125 13. Third degree burns: £1875 14. Physiotherapy: £2000 15. Counselling: £2000 16. Hospital stay and temporarily disabling injury benefit: £100 per day • Payment of Benefits: <ol style="list-style-type: none"> 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. b. If an insured person is under 16 years of age, benefit 1 accidental death 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. 	<p>We shall not be liable in respect of any claim;</p> <ul style="list-style-type: none"> • Directly or indirectly consequent upon: <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> - 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 use of vehicles other than private cars. <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** 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 0333 241 4633.

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
Capital House
1-5 Perrymount Road
Haywards Heath
West Sussex
RH16 3SY

Tel: 0333 043 2077

Email: Customer.Relations@1stcentral.co.uk

Claims or policy - Please contact **us**:

Coplus
Floor 2
Norfolk Tower
48-52 Surrey Street
Norwich
NR1 3PA

Tel: 0333 241 4633

Email: qualityteam@coplus.co.uk

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

Financial Services Compensation Scheme

Astrenska Insurance Limited is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme, if Astrenska Insurance Limited cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. You can get more information about compensation scheme arrangements from the

FSCS or visit www.fscs.org.uk.

You may also contact the FSCS on their Freephone number: 0800 678 1100 or 020 7741 4100 or you can write to: Financial Services Compensation Scheme, P O Box 300, Mitcheldean, GL17 1DY.



1st Central Personal Accident cover policy document

Important Information

This is a contract of insurance between **you** and **us** 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 cover**, 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.

Registrations – Further Details

Details of **our** registrations can be found on the Financial Services Register by visiting the Financial Conduct Authority website 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 wording and schedule alongside **your associated private car policy**. 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 bodily injuries or death as a result of **assault** or an **accident**, when travelling in, getting into or out of the **insured private car** as detailed within the **associated private car policy**.

1st 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 bold throughout this document.

Accident/accidental

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

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 1st 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 and area of one square centimetre or more or is of at least two centimetres in length.

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 in the policy schedule. 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

Motorplus Limited t/a Coplus acting on behalf of Astrenska Insurance Limited.

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 **0333 241 4633** or write to Coplus, Floor 2 Norfolk Tower, 48-52 Surrey Street, Norwich, NR1 3PA. **Your** 1st Central no-claims discount will be unaffected.

In the event of any incident likely to give rise to a claim **you** must notify **us** 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

	Insured person aged 16-80	Insured person aged under 16
1. Accidental death	£60,000	£7,500
2. Loss of limb or limbs	£60,000	£25,000
3. Loss of eye or eyes	£60,000	£25,000
4. Total loss of hearing	£60,000	£25,000
4.a Loss of hearing in one ear	£6,250	£6,250
5. Loss of speech	£60,000	£25,000
6. Permanent total disablement	£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	£10,000	£10,000
- 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. Fractured bones		
- 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. Physiotherapy	£2,000	£2,000
15. Counselling	£2,000	£2,000
16. Hospital stay and temporarily disabling injury benefit		
- 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 £250,000. In the event of an **accident** where the total amount payable to all **insured persons** would exceed £250,000 the benefit payable to each **insured person** shall be proportionately reduced until the total does not exceed this amount.

✗ What is not covered

We 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 cover**, 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 cover** 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 1st 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 1st 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 1st 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 1st 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 cover** 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 1st Central 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 1st Central 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 1st Central at:

First Central Insurance Management Ltd
Capital House
1-5 Perrymount Road
Haywards Heath
West Sussex
RH16 3SY

Tel: 0333 043 2077

Email: Customer.Relations@1stcentral.co.uk

Claims or policy - Please contact **us**:

Coplus
Floor 2
Norfolk Tower
48-52 Surrey Street
Norwich
NR1 3PA
Tel: 0333 241 4633
Email: qualityteam@coplus.co.uk

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

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 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 or by telephoning 0207 741 4100.

Sanctions

We shall not provide cover or be liable to pay any claim or other sums, including return premiums, where this would expose **us** to any sanction, prohibition or restriction under United Nations resolutions, asset freezing or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, and/or all other jurisdictions where **we** transact business.

Astrenska Privacy Notice

How we use the information about you

As **your** insurer and a data controller, **we** collect and process information about **you** so that **we** can provide **you** with the products and services **you** have requested. **We** also receive personal information from **your** agent on a regular basis while **your** policy is still live. This will include **your** name, address, risk details and other information which is necessary for **us** to:

- Meet our contractual obligations to **you**;
- issue **you** this insurance policy;
- deal with any claims or requests for assistance that **you** may have
- service **your** policy (including claims and policy administration, payments and other transactions); and,
- detect, investigate and prevent activities which may be illegal or could result in **your** policy being cancelled or treated as if it never existed;
- protect **our** legitimate interests

In order to administer **your** policy and deal with any claims, **your** information may be shared with trusted third parties. This will include members of The Collinson Group, contractors, investigators, crime prevention organisations and claims management organisations where they provide administration and management support on **our** behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, **we** will have strict contractual terms in place to make sure that **your** information remains safe and secure.

We will not share **your** information with anyone else unless **you** agree to this, or **we** are required to do this by **our** regulators (e.g. the Financial Conduct Authority) or other authorities.

The personal information **we** have collected from **you** will be shared with fraud prevention agencies and databases who will use it to prevent fraud and money-laundering and to verify **your** identity. If fraud is detected, **you** could be refused certain services, finance, or employment. Further details of how **your** information will be used by **us** and these fraud prevention agencies and databases, and **your** data protection rights, can be found by visiting www.cifas.org.uk/fpn and www.insurancefraudbureau.org/privacy-policy.

Processing your data

Your data will generally be processed on the basis that it is:

- necessary for the performance of the contract that **you** have with us;
- is in the public or **your** vital interest: or
- for **our** legitimate business interests.

If **we** are not able to rely on the above, **we** will ask for **your** consent to process **your** data.

How we store and protect your information

All personal information collected by **us** is stored on secure servers which are either in the United Kingdom or European Union.

We will need to keep and process **your** personal information during the **period of cover** and after this time so that **we** can meet **our** regulatory obligations or to deal with any reasonable requests from **our** regulators and other authorities.

We also have security measures in place in **our** offices to protect the information that you have given us.

How you can access your information and correct anything which is wrong

You have the right to request a copy of the information that **we** hold about **you**. If **you** would like a copy of some or all of **your** personal information, please contact **us** by email or letter as shown below:

Email address: data.protection@collinsongroup.com

Postal Address: 3 More London Riverside, London, SE1 2AQ

This will normally be provided free of charge, but in some circumstances, **we** may either make a reasonable charge for this service or refuse to give **you** this information if **your** request is clearly unjustified or excessive.

We want to make sure that **your** personal information is accurate and up to date. **You** may ask **us** to correct or remove information **you** think is inaccurate.

If **you** wish to make a complaint about the use of **your** personal information, please contact **our** Complaints manager using the details above. **You** can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at <https://ico.org.uk/>.

20240101/PD/6.1/v2.4