

# 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> <li>If an in effective underwer provide period Insurar</li> <li>Table of 1. Ac 2. Log 3. Log 4. To 2. Log 5. Log 6. Period 10. Log 7. To 8. To 9. To 10. Log 7. To 7. To</li></ul>	insured person sustains bodily injury during the ve time and within the geographical limits, the writers agree to pay the benefit to the insured person ed that such bodily injury is sustained during the of cover noted on the Certificate of Motor	<ul> <li>The Underwriters shall not be liable in respect of any claim;</li> <li>Directly or indirectly consequent upon: <ul> <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 insured person 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 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.</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> <li>A mental institution.</li> <li>An establishment primarily for the treatment of psychiatric conditions, drug addiction or alcoholism.</li> </ul> </li> <li>Suffered after the age 80 years.</li> </ul></li></ul>
Paymen     a. Fc     ite     Ar     pa     b. If	Int of Benefits: or items 1 to 13: if payment is due under more than one em then the maximum amount payable will be £25,000. ny payment under item 14 will be in addition to any ayment due under items 1 to 13. an <b>insured person</b> is under 16 years of age, <b>benefit</b> <b>accidental</b> death will be £7,500.	<ul> <li>Involving use of vehicles other than private cars.</li> <li>All of these exclusions appear on page 7.</li> </ul>



# 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 0843 208 4000.

# Making a claim

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

# How to make a complaint

If **you** want to make a complaint about the **policy** please write to the appointed claims/complaints handler Ultimate Insurance Solutions Limited, The Connect Centre, Kingston Crescent, North End, Portsmouth, Hampshire PO2 8DE. For details of how to escalate **your** complaint, please see the Complaints section of the Personal Accident Policy.

# **Financial Services Compensation Scheme**

You are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation if the **underwriters** cannot meet their liabilities. This would depend on the type of business, and your claim. Further information about the Compensation Scheme is available from the FSCS at www.fscs.org.uk or telephone 0800 678 1100 and 020 7741 4100 or email enquiries@fscs.org.uk.



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

# 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**.

#### 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**.

#### **Certificate of Motor Insurance**

The policyholder's associated private car policy Certificate of Motor insurance.

#### **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**.

#### **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 centimeter or more or is of at least two centimeters 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 cash

The amount shown per day in the Table of Benefits. This is payable for each full day of **hospitalisation** up to a maximum of 180 days. Stays 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**

The **policyholder** and any other person entitled to drive, as stated on the **Certificate of Motor Insurance**, and their passengers.

#### 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.

#### **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.

#### Underwriters

Zenith Insurance plc. Authorised Insurers, registered in Gibraltar No 84085. Registered Office: 846-848, Europort, Gibraltar. 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). This can be checked on the Financial Services Register at www.fca.org.uk or by contacting them on 0800 111 6768

Claims are handled by Ultimate Insurance Solutions Limited (FCA 311368), The Connect Centre, Kingston Crescent, North End, Portsmouth, Hampshire, PO2 8DE on behalf of the **Underwriters**.

#### 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**.



# Your personal accident cover contract

This is to confirm that Zenith Insurance plc will provide the cover described below during the **period of cover**.

Cover is subject to the terms and conditions that follow.

# Making a claim

If **you** wish to report a claim please call **0370 241 4539** or write to Ultimate Insurance Solutions Limited, The Connect Centre, Kingston Crescent, North End, Portsmouth, Hampshire, PO2 8DE.

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 Ultimate Insurance Solutions Limited in writing as soon as possible and within 60 days of the incident. **You** must, at **your** expense, provide any certificates, information and evidence that may from time to time be required by Ultimate Insurance Solutions Limited and in the form prescribed by them. Ultimate Insurance Solutions Limited shall be allowed, at its own expense and after giving 30 days' notice to **you**, to arrange a medical examination of **you**. If any claim submitted under this policy is in any respect false or fraudulent, Zenith Insurance plc shall be under no liability to make any payment in respect of such a claim.

# 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

- 1. Accidental death: £25,000
- 2. Loss of limb or limbs: £25,000
- 3. Loss of eye or eyes: £25,000
- 4. Total loss of hearing: £25,000 Loss of hearing in one ear: £6250
- 5. Loss of speech: £25,000
- 6. Permanent total disablement: £25,000
- 7. Total organic paralysis: £25,000
- 8. Total loss of intellectual capacity: £25,000
- 9. Total loss of spinal column: £12,500
- 10. Loss of or loss of use of
  - One hand or one foot: £7,500
  - 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
  - Group One: £375
  - Group Two: £250
  - Group Three: £125
- 12. Facial scarring: £125
- 13. Third degree burns: £1875
- 14. Hospital cash: £50 per day up to a maximum of 180 days. Stays of less than 24 hours are not eligible for payment.



If payment is due under more than one item 1 to 13 above as a result of any one **accident** 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 £25,000. Any payment under item 14 will be in addition to any payment due under items 1 to 13.

If an insured person is under 16 years of age, benefit 1 - accidental death, will be £7,500.

# 🔀 What is not covered

The underwriters 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.
    - 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 after age 80 years.

f.

• Involving the use of vehicles other than private cars.





# Communications

All communication is to be in English.

# Interest

No benefit payable shall carry interest.

#### Interpretation

Any word or expression that has a specific meaning has the same meaning wherever it appears. All **Certificates of Motor Insurance** are issued under the terms, definitions, provisions, exclusions and conditions of this policy.

# **Rights of third parties**

The parties do not intend any term of this agreement to be enforceable under the Contracts (Rights of Third Parties) Act 1999.

# Duration

The period of the **associated Private Car Policy** which runs alongside this policy and does not exceed 12 months.

# Cancellation

We hope that **you** are happy with the cover that this policy provides. However, **you** have a right to cancel the policy within 14 days of the policy start or renewal date and receive a full premium refund unless **you** have made a claim, in which case no refund will be given.

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.

# Choice of law

English law will apply to this policy unless, before it is issued, the **underwriters** make a written agreement saying otherwise.





Zenith Insurance plc is dedicated to delivering a first class level of service; however we accept that things can occasionally go wrong. If a complaint regarding **your** policy or claim cannot be resolved with 1<sup>ST</sup> CENTRAL it can be passed to our service providers, Ultimate Insurance Solutions Limited. **You** can contact them at the address below:

The Quality Manager Ultimate Insurance Solutions Limited The Connect Centre Kingston Crescent Portsmouth PO8 2DE Tel: 0333 200 0668

When contacting Ultimate Insurance Solutions Limited please provide:

- a policy number and/or claim number
- an outline of your complaint
- a contact telephone number

They will make every effort to resolve **your** complaint immediately. If they cannot resolve **your** complaint by the end of the next working day they will acknowledge **your** complaint within five working days and do their best to resolve the problem within four weeks by sending **you** a final response letter.

If they are unable to do so, they will write to advise **you** of progress and will endeavour to resolve **your** complaint in full within the following four weeks. If they are still unable to provide **you** with a final response at this stage, they 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:

The Financial Ombudsman Service Exchange Tower Harbour Exchange Square London E14 9SR

You have the right of referral within six months of the date of your final response letter.

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.

#### **Financial Services Compensation Scheme**

This insurance is covered by the Financial Services Compensation Scheme. If the **underwriters** are unable to meet their obligations **you** may be entitled to compensation from the scheme depending on the circumstances of any claim. The maximum level of compensation is 90% of the claim with no upper limit. Further information can be obtained from www.fscs.org.uk. Telephone 0800 678 1100 and 020 7741 4100 or email enquiries@fscs.org.uk

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