

ONE PROTECT PERSONAL ACCIDENT INSURANCE

INTRODUCTION

Thank **you** for choosing Personal Accident Insurance.

It's important that **you** read this wording and **your policy schedule** to make sure that everything **you've** told **us** is correct. Please read this policy carefully so that **you** understand the cover **we** are giving **you**. **You** must follow the terms and conditions set out in this policy wording. Please make sure that **you** keep this policy wording and **your policy schedule** in a safe place in case **you** need to look at them later.

This insurance is arranged by URIS Group Limited and is underwritten by Collinson Insurance. Collinson Insurance (a trading name of Astrenska Insurance Limited) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom, under Firm Reference Number 202846. Registered in England number 01708613.

URIS Group Limited is authorised and regulated by the Financial Conduct Authority in the United Kingdom, under Firm Reference number 307332. Registered in England number 02461657.

In return for the payment of **your** premium **we** will provide the insurance cover detailed in this policy document, subject to the terms, conditions, and limitations shown below or as amended in writing by **us** and during the **period of insurance**.

CONSUMER INSURANCE ACT

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

- a) Supply accurate and complete answers to all the questions **we** or the selling broker may ask as part of **your** application for cover under the policy.
- b) To make sure that all information supplied as part of **your** application for cover is true and correct.
- c) 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.

JURISDICTION AND LAW

This insurance will be governed by the laws of England, whose courts alone shall have jurisdiction in any dispute arising from this insurance.

IMPORTANT

This insurance will run from the start date as shown on **your policy schedule** and will continue for each consecutive monthly period for which **we** accept a monthly premium, unless the policy is cancelled by **us** or **you**, **you** die, **you** no longer live in the **United Kingdom**, or **you** reach 81 years of age.

Please note this policy runs separately to any other One Protect insurance policy **you** purchased this in conjunction with and if **you** wish to cancel this policy **you** will need to contact URIS Group Customer Services – please see contact details in the 'Cancelling Your Policy' section.

ELIGIBILITY

For this insurance to apply **you** must satisfy the following conditions:

At the start date of this insurance as stated in **your policy schedule**, **you** must be:

- aged between 18 and 80 years of age; and
- permanently resident within the **United Kingdom** for at least 40 weeks in any 52-week period whilst the cover is in force.

Should **you** not be eligible, as described above, all cover will be cancelled with effect from the start date, any premium paid will be refunded in full and this insurance will be treated as if it had never been in force.

DEFINITIONS

Where **we** explain what a word means, that word will be highlighted in **bold** print and will have the same meaning wherever it is used in this policy.

Accident/Accidental	A sudden, unexpected, unforeseen and specific event, which is external, violent and visible to the body, which occurs at an identifiable place during the period of insurance and which results in bodily injury to you .
Administrator	URIS Group Limited at 1st Floor, Premier House, Carolina Court, Doncaster, South Yorkshire, DN4 5RA. Davies Group Limited handle claims on behalf of the insurer .
Bodily Injury	A physical injury to the body caused directly and solely by an accident or as a result of unavoidable exposure to severe weather conditions which occurs within 12 months of the accident or unavoidable exposure. It does not include intentional self-inflicted injuries and injuries resulting from sickness or disease.
Consultant	A person other than you , a member of your immediate family or an employee of yours , who is qualified as a consultant in the branch of medicine to which the bodily injury relates.
Loss of Hearing or Speech	The total and irrecoverable loss of hearing or speech that in the opinion of a consultant will not be recovered.
Loss of Limb(s)	Loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot that in the opinion of a consultant will not be recovered.
Loss of Sight	The permanent and total loss of sight which is considered as having happened: In both eyes, if your name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist; or in one eye if, after correction, the degree of sight you have left in that eye is 3/60 or less on the Snellen Scale (meaning you can see at three feet what you should be able to see at 60 feet).
Period of Insurance	The period from the start date stated in your policy schedule until the earliest of the following: <ul style="list-style-type: none">• You fail to pay the premiums when they are due; or• You are no longer a United Kingdom resident; or• You reach 81 years of age; or• An accidental death or bodily injury claim is paid under this policy (excluding additional benefits).
Permanent Total Disablement	Disablement which entirely prevents you from working in any business or occupation of any and every kind and which after a period of 12 months from the date of disablement, in the opinion of a consultant , shows no sign of ever improving.
Personal Belongings	Clothes and articles of a personal nature likely to be worn, used or carried.
Policy Schedule	The separate document we send you that includes details about you and what you are covered for.
Territorial Limits	England, Scotland, Wales, Northern Ireland, Channel Islands and the Isle of Man and any country within the world for up to 12 weeks within any 12 month period.
United Kingdom	England, Scotland, Wales, Northern Ireland, Channel Islands and the Isle of Man.
We/Us/Our/Insurer	Collinson Insurance.
You/Your/Yourself	The person named in the policy schedule .

WHAT IS COVERED

If **you** are injured in an **accident** within the **territorial limits**, we will provide payment for the following:

1. An **accident** causing **you** to die, suffer **loss of sight, loss of hearing or speech** or **loss of limb(s)**.
2. **Permanent total disablement** (excluding loss of sight or limbs).
3. **You** having to stay overnight in a hospital bed during the **period of insurance**. **We** will pay £100 for each overnight stay in hospital, up to a maximum of 30 days. This means staying in a hospital bed from midnight to 7am.
4. Emergency dental expenses for treatment that is solely aimed at relieving immediate pain, up to £250 within 7 days of the **accident**.
5. Damage to **personal belongings**, which are damaged during the **accident**, up to £150.
6. **We** will pay for stress counselling, up to £500, for up to 5 sessions with a qualified professional.

The most **we** will pay for any of these benefits is listed in the table below.

We will make the payment to **you** or **your** legal representative.

Section	Claim Limit
Accidental death	£30,000
Total loss of sight	£30,000
Loss of speech	£30,000
Total loss of hearing in both ears	£30,000
Total loss of hearing in one ear	£7,500
Loss of limb(s)	£30,000
Permanent total disablement (excluding loss of sight, loss of limb(s), loss of hearing or loss of speech)	£30,000
All subject to a maximum claim limit of:	£30,000 for any one accident .

Disappearance

If, after **we** have examined all available evidence in respect of **your** disappearance, **we** are satisfied that **your** disappearance can be presumed to be due to **your accidental** death, **we** will pay the above 'Accidental death' benefit. If, at any time, **we** have paid the benefit and **you** are subsequently found to be living, the payment must be refunded back to **us**.

Additional Benefits

The following additional benefits will apply if **you** suffer a **bodily injury**:

Section	Claim Limit
Hospitalisation benefit	£100 per each overnight stay in a hospital bed up to a maximum of 30 days.
Personal belongings	Up to £150 for damage to personal belongings . Excludes the first £25 of each and every claim.
Emergency dental expenses	Up to £250 for emergency dental treatment that is solely aimed at relieving immediate pain within 7 days of the accident . Excludes the first £25 of each and every claim.
Stress counselling	Up to £500 for up to 5 sessions of stress counselling with a qualified professional.

WHAT IS NOT COVERED (EXCLUSIONS)

1. Claims if **you** are over 80 years of age at point of claim.
2. The excess of £25 for all **personal belongings** and emergency dental expenses claims.
3. **You** being under the influence of or being affected by alcohol or drugs, unless undergoing treatment or following the advice of a doctor for a condition other than alcohol or drug addiction.
4. **Your** own criminal actions or taking part in civil commotions or riots of any kind.
5. Deliberate self-injury whether of sound mind or not. Suicide or attempted suicide.
6. Sickness or disease which is not itself the direct result of **accidental bodily injury**.
7. **Your** deliberate exposure to exceptional danger (except in an attempt to save human life) such as mountaineering, rock climbing, caving, potholing, skydiving, riding in or driving in any kind of race.
8. Being engaged in any form of aviation, other than as a commercial passenger in a licensed passenger carrying aircraft operated by a licensed commercial air carrier.
9. Any claim resulting from a medical or surgical procedure or treatment unless the procedure was a necessity following an **accidental bodily injury**.
10. When **you** no longer fulfil the eligibility requirements as detailed in the "Eligibility" section.
11. Any claim where the **accident** happened before the **period of insurance**.
12. Any claim resulting from war and/or terrorism.
13. Any claim resulting from:
 - Ionising radiation or radioactive contamination from any nuclear fuel or from any nuclear waste which results from burning nuclear fuel.
 - Radioactive, toxic, explosive, or other dangerous properties of any nuclear machinery or any part of it.

CONDITIONS APPLICABLE

1. Right of Recovery - **we** can take proceedings in **your** name but at **our** expense to recover for **our** benefit the amount of any payment made under this policy.
2. **You** must take reasonable steps to safeguard against loss or additional exposure to loss.
3. This insurance is only valid if **you** are a permanent resident of the United Kingdom (England, Scotland, Wales and Northern Ireland), Channel Islands or the Isle of Man.
4. **We** have the right to approach any third party in relation to **your** claim.
5. **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.

HOW TO MAKE A CLAIM

Your Personal Accident claim will be handled on the **insurer's** behalf by Davies Group Limited.

If **you** sustain an injury, **we** recommend that **you** check **your** policy documents before contacting **us** to ensure the injury is covered.

To make a claim, please contact the claims team:

- Online: <https://PAMotorClaims.davies-group.com>
- Email: newclaims.pa@davies-group.com
- Telephone: **0333 091 8952** Monday to Friday 9am to 5pm, excluding bank holidays

CANCELLING YOUR POLICY

You have the right to cancel this policy within 14 days of the date of issue or receipt of the terms and conditions, whichever is later. **We** will refund to **you** any premium **you** have paid to **us**. **You** can cancel this policy after 14 days, but **we** will not give **you** back any premium.

If **you** decide to cancel **your** Personal Accident policy, **you** can do so by contacting URIS Group Customer Services:

- Email: customercontactteam@urisgroup.co.uk
- Telephone: **0344 728 0173** Monday to Friday, 9am to 5pm, excluding bank holidays.

CANCELLATION BY US

We shall not be bound to accept renewal of any insurance and may at any time cancel any insurance policy by giving 3 months notice in writing. A cancellation letter will be sent to **you** at **your** last known address. If a substitute Personal Accident insurance is being offered in place of this policy, 2 months notice in writing will be given.

THE INSURER'S RIGHT TO CHANGE COVER OR THE PRICE OF YOUR INSURANCE

We will give **you** at least 2 months written notice if **we** decide, or need, to change **your** cover or the price of **your** insurance. **We** will give **you** at least 2 months written notice of the change, sent to **your** last known address, although **we** may introduce changes immediately and advise **you** within 30 days of the change having been made if the change is favourable to **you**.

We will only change **your** premium and/or the terms and conditions of **your** cover for the following reasons:

- to make the terms or conditions of **your** cover more favourable to **you**;
- to make minor changes to **your** policy wording that do not affect the nature of the cover and benefit provided, such as changes to make the policy easier to understand;
- to reflect changes in the law, in regulation (including any decision of a regulatory body), or to any code of practice or industry guidance affecting **us** or **your** cover, to reflect changes to taxation applicable to **your** cover (including, but not limited to, Insurance Premium Tax);
- to reflect increases or reductions in the cost (or projected cost) of providing **your** cover, including, but not limited to, increases or decreases caused by changes to the number of claims which **we**, as part of **our** pricing policy, have assumed or projected will be made under the insurance;
- to cover the cost of any changes to the cover/benefits provided under this insurance including, but not limited to, the removal of one or more policy exclusion(s);
- to cover the cost of changes to the systems, services or technology in support of this insurance.

Once **we** have made an alteration, no further changes will be made to the terms and conditions or the premium for **your** cover for at least 6 months, unless **we** are obliged to do so by law, regulation, any code of practice or industry guidance.

Upon receiving notice of any changes or proposed changes, **you** may cancel cover if **you** are unhappy with the change or proposed changes.

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.

COMPLAINTS PROCEDURE

We always strive to provide excellent service. However, if **you** have a complaint, please follow these steps.

Questions or complaints about the sale of your policy

It is the intention to give **you** the best possible service however if **you** have a complaint about the way in which **your** policy was sold to **you**, please email complaints@oneprotect.co.uk.

Questions or complaints about the policy administration

If **you** have any questions or complaints about the administration handling of **your** policy, **you** should contact URIS Group at:

- Email: customercontactteam@urisgroup.co.uk
- Telephone: **0344 728 0173** Monday to Friday, 9am to 5pm, excluding bank holidays.
- Post: Customer Relations Team, PO Box 1193, Doncaster, DN1 9PW

Questions or complaints about your policy or the handling of your claim

If **your** complaint is about a claim **you** made, contact Davies Group Limited:

- Email: specialistclaims@davies-group.com
- Telephone: **0333 091 8952** Monday to Friday 9am to 5pm, excluding bank holidays
- Post: Specialist Claims, PO Box 2801, Stoke-on-Trent, ST4 9DN

We will respond to **your** complaint within four weeks of receiving it. **Our** response will be **our** final decision based on the information provided. If there's a delay in **our** investigations, **we'll** explain the reason and give **you** an estimated timeframe for reaching a decision.

If, for any reason, **you're** still dissatisfied or haven't received a final answer within eight weeks, **you** have the right to escalate **your** complaint to an independent authority called the Financial Ombudsman Service (FOS). **You** can contact them using the details below:

The Financial Ombudsman Service
Exchange Tower, 1 Harbour Exchange Square, London, E14 9SR
Telephone: 08000 234 567 (free for people calling from a landline) or 0300 123 9 123
Email: complaint.info@financial-ombudsman.org.uk

Following this complaints procedure does not stop **you** from taking legal action.

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.

DATA PROTECTION

How We Use the Information About You

As 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).
- 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, third party administrators, 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 <https://cifas.org.uk/fpn> and <https://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 insurance 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>.