

HELMET AND LEATHERS INSURANCE

ABOUT THIS DOCUMENT

Please note that this Key Facts document does not contain the full terms and conditions of the contract of insurance, which can be found in the insurance document.

The words shown in bold are defined words, please refer to the Helmet and Leathers insurance policy under the heading 'Definitions' where they are shown in bold print and their meaning is shown next to them.

INSURER

Acromas Insurance Company Limited, registered office: 57-63 Line Wall Road, Gibraltar. Registered number 88716 (Gibraltar). UK branch address: Enbrook Park, Folkestone, CT20 3SE. Acromas Insurance Company Limited is authorised by the Financial Services Commission, Gibraltar, and is a member of the Association of British Insurers.

TYPE OF INSURANCE AND COVER

Cover up to the sum insured shown on the schedule for loss or damage to **motorcycle clothing** as a result of a motorcycle accident anywhere in the **United Kingdom** and up to 90 days in **Europe** during the policy period.

DEFINITION

Motorcycle clothing: Leather clothing, protective motorcycle clothing, boots, gloves and helmet that **you** own or are legally responsible for while being worn by **you**.

SETTLING CLAIMS

We will pay the cost of the **motorcycle clothing** to the value of the purchase price, subject to the policy limit. **We** will take off an amount for wear and tear in respect of leathers, boots and gloves.

We will not pay the cost of replacing any undamaged **motorcycle clothing** forming part of a pair or set of the same type, colour or design if the damage happens to a particular area or specific part and a replacement cannot be matched.

We will not pay the first £50 of every claim.

GENERAL EXCLUSIONS

The insurance does not cover claims arising from wear and tear, radioactive contamination or war, damage to a passenger's motorcycle clothing, theft or accidental damage (other than as a result of a motorcycle accident), racing, competitions, rallies, trials, speed testing, off road or track days, courier and/or messenger services, hire or reward, use in the motor trade and business other than daily travel.

GENERAL CONDITIONS

You must keep the **motorcycle clothing** in a good state of repair and take all reasonable care to prevent loss or damage.

You must advise us as quickly as possible after a claim occurs.

PERIOD OF INSURANCE

The insurance offered is normally a 12-month contract, which may be renewed each year. Renewal will be subject to the terms and conditions that apply at the time of renewal.

CANCELLATION

Your right to change **your** mind:

You may cancel the insurance, without giving reason, by contacting **your** Insurance Advisor and returning the insurance documents within 14-days of it starting or (if later) within 14 days of **you** receiving the insurance documents. **We** will refund any premium **you** have paid in full, as long as a claim has not been paid, or a claim is not likely to be made against **us**, otherwise the full premium is payable.

You may cancel this insurance by giving **us** written notice. No premium will be refunded after the 14 day period noted above.

This insurance runs concurrently with **your** Motorcycle Insurance Policy. In the event of cancellation or non-renewal of **your** Motorcycle Insurance Policy, all cover under this insurance will cease.

We may cancel the insurance by sending **you** 14 days notice to **your** last known address.

We may cancel the insurance immediately if **you** do not pay a premium or fail to pay a premium under any direct debit instalment scheme.

HOW TO CLAIM

If a claim occurs **you** must report it to **us** as quickly as possible. Please phone **us** on 0845 307 3430. The claim must also be reported to **your** motorcycle insurers.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

If Acromas Insurance Company Limited is unable to meet its liabilities under this insurance **you** may be entitled to compensation from the FSCS. A claim is protected for 90% without any upper limit. For compulsory types of insurance the claim will be met in full.

You can get further information about the compensation scheme arrangements from the FSCS. Information can be obtained on request, or by visiting the FSCS website at www.fscs.org.uk

LANGUAGE AND LAW APPLYING TO THE INSURANCE

This insurance is written in English and all communications about it will be in English. Unless **we** have agreed otherwise with **you**, this contract is governed by English law.

DATA PROTECTION NOTICE

Please read this notice carefully as it contains important information about the details **you** will give or have given **us**.

It is a condition of this insurance that **you** read and accept the terms of this data protection notice. **You** should show this notice to anyone covered by this insurance.

We will process the details **you** have provided in line with the Data Protection Act 1998 and other laws which may apply. **Your** information may also be processed outside of the European area. In all instances **we** make sure that **your** information has enough protection.

So that **we** can assess the terms of an insurance contract, or deal with any claims that may arise, **we** may need to share information such as **your** name, address, date of birth, or other information which is classed as 'sensitive' under the Data Protection Act 1998. For example, this could include details of **your** medical conditions or criminal convictions. **We** may pass this information to other organisations that **we** have carefully chosen as well as other companies within **our** group.

If **we** provide a credit facility for **you** to pay **your** premiums, **we** may share **your** information with credit reference agencies and other companies for use in credit decisions, to prevent fraud and to find people who owe money.

We share information with other insurers, certain government organisations and other authorised organisations for the following purposes.

INSURANCE UNDERWRITING

We examine the possible risk in relation to **your** prospective policy (or anyone else involved in the policy) so that **we** can:

- consider whether to accept a risk;
- make decisions about providing and dealing with insurance and other related services for **you** and members of **your** household;
- set price levels for **your** policy;
- confirm **your** identity to prevent money laundering; and
- check the claims history for **you** or any person or property likely to be involved in the policy or a claim at any time.

We may do this:

- when **you** apply for insurance;
- if there is an accident or a claim; or
- at the time **you** renew the policy.

PREVENTING OR DETECTING FRAUD

We will share information about **you** with other organisations and public organisations including the police for the purpose of:

- tracing debtors or beneficiaries;
- recovering debt;
- managing **your** accounts and insurance policies;
- carrying out fraud searches; and
- preventing fraud.

Insurers pass information to the Claims Underwriting Exchange Register and the Motor Insurance Anti-Fraud and Theft Register run by Insurance Database Services Limited (IDSL). This helps insurers check information and prevent fraudulent claims. When **we** deal with **your** request for insurance **we** may search these registers.

If **you** give **us** false or inaccurate information:

- it may mean **your** insurance policy or prospective insurance policy is not valid;
- **we** will pass details to fraud prevention agencies;
- law enforcement agencies may access and use this information; and
- **we** and other organisations may access and use this information to prevent fraud and money laundering.

CHEAT LINE

To protect **our** policyholders **we** are members of the Insurance Fraud Bureau (IFB). If **you** suspect insurance fraud is being committed **you** can call them on their confidential cheat line on 0800 422 0421.

KEEPING TO LEGAL RESPONSIBILITIES

MANAGING CLAIMS

If **you** make a claim, **we** may need to release information to another person or organisation involved in that claim. This includes, but is not restricted to, others involved in the incident, their insurer, their solicitor or representative and medical teams, the police or other investigators.

We also may have to investigate **your** claim and conviction history.

Under the conditions of **your** policy, **you** must tell **us** about any incident (such as an accident or theft) which may or may not result in a claim. When **you** tell us about an incident, **we** will pass information relating to it to IDSL.

Complaints

It is always **our** intention to provide the best possible standard of service, however if something does go wrong **we** would like to know about it, and **we** will do our best to resolve it for **you** as quickly as possible.

If **you** have a complaint about your policy there are several ways to contact **us**:

Phone: 0800 096 7598
Email: admin@sagaselect.co.uk
Post: Saga Select, Ross Enterprise Centre, Ross Way, Folkestone, Kent, CT20 3UJ

If **you** have a complaint regarding **your** claim please call **us** on 01303 776778, or write to:

Claims Customer Care Department
PO Box 644
Folkestone
Kent
CT20 9BE

(Whether **you** are phoning or writing, please remember to quote **your** name, address and customer reference number as it will help **us** to deal with **your** enquiry or complaint quickly.)

We will contact **you** within five days of receiving **your** complaint to inform **you** of what action we are taking. **We** will try to resolve the problem and give **you** an answer within four weeks. If it will take **us** longer than four weeks **we** will tell **you** when **you** can expect an answer.

If **you** are not satisfied with **our** final response, **you** can ask the Financial Ombudsman Service to review **your** case.

Financial Ombudsman Service

The Financial Ombudsman Service resolves disputes in an independent and fair way. **You** can contact the Financial Ombudsman Service at:

Insurance Division Financial Ombudsman Service, South Quay Plaza, 183, Marsh Wall, London, E14 9SR. Or call: 0300 123 9123 or 0800 023 4567.
Email: complaint.info@financial-ombudsman.org.uk

Important Note

The Financial Ombudsman Service will only consider **your** complaint if **you** have already given **us** the opportunity to resolve the matter. However, if **we** have not provided a final response within eight weeks **you** can refer **your** complaint straight to the Financial Ombudsman Service.