

## ABOUT THIS DOCUMENT

Please note that this Policy Summary 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 Personal Accident and Road Rage Insurance for Private Cars and/or Small Commercial Vehicles 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

Acromas Insurance Company Limited offers Personal Accident insurance cover.

## COVER SPECIFIC FEATURES AND BENEFITS

(referenced to the sections contained in the insurance document or any endorsement to the document).

### Personal Accident

We will pay the sum insured selected and shown in the schedule if an **insured person** suffers loss, damage, death or bodily injury during the **period of insurance** which results in any of the following.

- Accidental Death
- **Loss of Sight** in one or both eyes
- **Loss of a Limb** or limbs
- **Permanent Total Disability**

### Additional benefits in the event of a road rage assault or carjacking

- **Hospital** daily cash benefit of £100 per day
- **Emergency Dental Treatment** up to £250
- Clothing & **Personal Effects** up to £150
- Five sessions of stress counselling following a claim for bodily injury

## SIGNIFICANT OR UNUSUAL EXCLUSIONS OR LIMITATIONS

We will not pay the following.

- If the **Insured Person** and/or any passenger is under 16 years of age the Accidental Death benefit is limited to £2,500.
- the sum insured for '**Loss of Sight**' or '**Loss of Limb**' or '**Permanent Total Disability**' if the loss or disability results in death within 52 weeks of an **accident**.
- Any amount over the accident accumulation limit, or more than £25,000 any one person, plus any of the additional benefits for road Rage **assault** or **carjacking**.
- Claims arising from physical or mental conditions or disabilities of a recurring or chronic nature from which the **Insured Person(s)** suffered and was known to suffer, prior to the start of the Insurance.
- Any surgery or treatment that is not medically necessary, cosmetic surgery, reversing cosmetic surgery, or any corrective treatment needed as a result of previous cosmetic surgery.

We will not pay the following in the event of a road rage **assault** or **carjacking**.

- **Hospital** daily cash benefit for more than 30 days and for the first night unless two or more nights are spent in **Hospital**.
- **Emergency Dental Treatment** the first £25 each and every loss
- Clothing and **Personal Effects**
  - the first £25 of each and every claim;
  - motor vehicles and their accessories;
  - theft, unless the **insured vehicle** is stolen at the same time, or as a result of the use of force and violent means;
  - damage caused by wear, tear or any gradually operating cause;
  - loss of money, stamps, tickets, documents or securities, goods or samples; or,
  - property insured under any other insurance.

**We** will not pay a claim if an **Insured Person**:

- has attained 91 years of age
- is not resident in the United Kingdom
- is using the vehicle for hire or reward, racing competitions, rallies, trials, speed testing or in connection with the motor trade, haulage or courier service, minibus. Private or public hire or professional driving instruction.
- Is under the influence of alcohol or drugs or the **Insured Person's** own criminal act.
- Being a passenger in **the insured vehicle** is not using a manufacturer's fitted seat

## **Special Conditions applying to Personal Effects**

- a) The most **we** will pay for any single article is £150;
- b) Where an article is under two years old and proof of purchase can be provided, **we** will pay the full replacement value, subject to the policy conditions. For items over two years old, **we** will pay the full value of the article as at the date of loss or damage after allowing for wear and tear.

## **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**

**You** may cancel the insurance at any time by sending **us** written notice and returning the insurance documents within 14 days.

This insurance runs concurrently with **your** Motor Insurance Policy. In the event of cancellation/non-renewal of **your** Motor Insurance Policy all cover under this insurance shall cease.

## **Your right to change your mind**

**You** may cancel the insurance, without giving reason, by sending **us** written notice 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 **your** premium in full so long as a claim has not been paid and a claim is not likely to be made against **us** otherwise the full premium is payable.

## **HOW TO CLAIM**

If a claim occurs **you** must contact **our** claims handlers on 0845 302 7479.

**You** must report any claim as quickly as possible.

This does not affect **your** right to take legal action if necessary.

## **FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)**

As **we** are members of the **Financial Services Compensation Scheme (FSCS)**, **you** may be entitled to compensation under the scheme if **we** cannot pay out all valid claims under this insurance. This depends on the type of policy **you** have and the circumstances of the claim. The scheme will cover 90% of the claim with no upper limit. For types of insurance **you** must have by law (such as third party insurance for motor claims), the scheme will cover the whole claim. **You** can get more information about the scheme from the **FSCS** or **you** can visit their website at [www.fscs.org.uk](http://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**, English law will apply to this insurance.

## **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** 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 other 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 and 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 information:

- it may mean **your** insurance policy or prospective insurance policy is not valid;
- **we** will pass information 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.

### **Customer Satisfaction - our promise to you**

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](mailto: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.

(These procedures do not affect **your** rights to take legal action if necessary.)