



## Totally Accident Plan

### Important Documents

Please keep this document and schedule in a safe place.  
You may need to refer to it at a later date.

# Welcome

**Thank you for choosing our Personal Injury Plan.**

With our Personal Injury Plan you benefit from worldwide protection, 24 hours a day. You can rest assured that your policy could help meet your existing financial commitments, and any other additional expenses you might incur if you are injured in an accident.

Please keep this document in a safe place and take time to complete the important policy details below in case you ever need to contact us. We also urge you to read this document carefully to ensure you are aware of the full details of the cover provided. If there is anything you are not clear about, please call our helpline on 0333 220 5517\*.

Once again thank you for choosing our Personal Injury Plan.



Signed on behalf of Covea Insurance plc  
James Reader  
Chief Executive Officer  
Covea Insurance plc

## Policy Details

Please write your policy details in the spaces below; you'll find them on the policy schedule you received with this document. Then, keep your policy schedule and policy together in a safe place, so you'll always know where to find them in the event that you need to contact us.

Policy No:

Policy Start Date:

**Customer Service Number: 0333 220 5517\***

\*Calls may be recorded and monitored for training and quality purposes.

# Contents

## Your Personal Injury Plan

1. It won't happen to me	3
2. What can I use my Personal Injury Plan benefits for?	3
3. What this insurance does not do	3
4. Protect your partner	3
5. What next?	4

## Policy Wording

1. Are you eligible for cover?	5
2. What happens if you change your mind?	5
3. Words with special meanings	6
4. What you have to pay	7
5. The benefits you get	7
6. Maximum benefits and restrictions on benefits	9
7. What you are not covered for	10
8. When your protection ends	10
9. Can Covéa Insurance change the terms of my policy or cancel it?	11
10. Changes in circumstance and absence abroad	11
11. What happens if any person (including you) covered under this policy leaves the United Kingdom?	11
12. Legal	12
13. Making a claim	14
14. Making a complaint	15

# Your Personal Injury Plan

## 1. It won't happen to me

Your Personal Injury Plan is there to provide you with a safety net should you suffer an accident that results in a serious injury. If you ever go to the doctor or have to make a visit to A&E you may notice people who have unfortunately suffered an accident. Whether you are at home, driving, working or playing sports accidents do happen - you can be the most careful person but the actions of another person, bad equipment or just plain bad luck can see you fall over, be knocked down or involved in a collision.

## 2. What can I use my Personal Injury Plan benefits for?

Unfortunately we can't turn back time and we fully appreciate that money can never make up for the time lost and shock that an accident can cause. At the same time we know there will inevitably be a need for help or even some financial strain if you are affected by injury and savings are often not enough to see you through.

It is not only the bills that still have to be paid, an accident can often mean extra expense such as medical care, repairs to damaged goods and even to get some help around the house so you can continue leading a normal life. In some cases you might not be able to return to your current workplace for a time.

We take great pride that the payments we make to our policyholders can help them get by and contribute towards returning to a normal life. Your policy could ensure there is financial support available to you when you need it most for whatever you need it for.

## 3. What this insurance does not do

This insurance is intended to cover you against certain injuries which are a direct result of an accident only. For that reason it will not cover you for an injury which is the direct result of an illness or disease.

## 4. Protect your family

If you have not done so already, including your partner on your policy is easy. By upgrading your cover to include them your partner would enjoy the same cash lump sum benefits as you, if they were to have an accident. To change your cover all you need to do is call our helpline on 0333 220 5517 \*.

### **Partner cover**

You can cover your partner under your policy who would then receive the same protection as yourself. Your partner must be aged over 18 and under 70 years of age and be resident with you in the UK to be eligible. If you are not married to your partner or your partner is not your registered civil partner under the Civil Partnership Act 2004, you and your partner must have been living together continuously for at least six months immediately prior to taken out the cover.

**Children cover**

Cover is also available for your dependent children under your policy and we will pay 50 % of the appropriate benefit for your level of cover (see policy clause 5). To be eligible they must be under 18 years of age (or 23 years of age if in full time education) and be resident with you or their other parent in the UK.

**Family cover**

If you would like to cover both your partner and children under your policy the family cover gives your partner the same protection as you and your children would receive 50 % of the appropriate benefit for your level of cover. This can be found in the table of benefits (see policy clause 5). To be eligible your partner must satisfy the same eligibility requirements required under Partner cover and your children the same eligibility requirements required under Children cover.

**Policy level**

The policy is flexible so the extent of the cover you choose is completely up to you. You can change the amount of cover you have by contacting us on 0333 220 5517\*. The different levels of cover available can be found in your policy.

**5. What next?**

Your cover began on the day you agreed to take out the Personal Injury Plan. You have already provided us with your payment details and your cover will run until it comes to an end as detailed in your policy.

Your first payment date is shown on the policy schedule.

For any enquiries, please call our helpline on

**0333 220 5517\***

\*Calls may be recorded and monitored for training and quality purposes.

# Policy Wording

The following pages contain the details of **your** policy and the contractual terms of **your** cover. This policy and **your** policy schedule form the contract of insurance between **you** and **us**. Please read them and keep them safe.

The words in bold text have special meanings which can be found in clause 3 of this policy. It is very important that **you** refer to these special meanings when **you** read the policy as they will help **you** understand the cover. **We** have tried to make these meanings as understandable as possible. If there is anything that **you** do not understand from these meanings or if there is, at any time, anything else in this policy on which **you** would like to have more information, then please contact **our** helpline on 0333 220 5517\*.

This Totally Sports Personal Injury Plan is underwritten by Covea Insurance plc.

## 1. Are you eligible for cover?

It is particularly important that **you** check that **you** are eligible to be covered under this policy by reading the following carefully.

To take out cover, **you** must, on the **start date** be:

1. living and present in the **United Kingdom**; and
2. over 18 and under 70 years of age.

For **your partner** to be covered, **your partner** must on the **start date** be:

1. living permanently with **you** in the same household in the **United Kingdom**; and
2. over 18 and under 70 years of age.

Unless **your partner** is legally married to **you**, or is **your** registered civil partner under the Civil Partnership Act 2004, **your partner** must have lived with **you** for at least six months consecutively immediately before the **start date**.

For any of **your** dependent **children** to be covered, he or she must be:

1. under the age of 18 (or 23 years if in full time education); and
2. living permanently with **you** or their other parent in the **United Kingdom**.

**Please note:** **You** can only be covered under one of **our** Personal Injury Plans at any one time.

## 2. What happens if you change your mind?

**You** have the right to cancel **your** policy for a period of 14 days from the **start date** or the date **you** receive **your** policy documents, if this is later. If **you** cancel **your** policy in this period and provided no claim has been made or incident has been notified to **us** that could give rise to a claim **you** will receive a full refund of any premium **you** have paid.

After the initial 14 day period, if **you** wish to cancel **your** policy **you** may either write to **us** or call **our** helpline. If **you** simply stop paying any further premium when premiums are due **your** policy will end. Any premiums paid after the initial 14 day period are non-refundable. To cancel **your** policy **you** should either write to Personal Injury Plan Department, Coved Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX or call **our** helpline on 0333 220 5517\*.

\*Calls may be recorded and monitored for training and quality purposes.

### 3. Words with special meanings

The words listed below have the following special meanings when they appear in this policy in bold text with or without capital letters:-

- “**Accident/accidental**” means a sudden and unforeseen event which happens by chance after the **start date** and results in **bodily injury**.
- “**Anterior Cruciate Ligament Injury**” means a complete tear of the Anterior Cruciate Ligament whereby the ligament has been split into two pieces and the knee joint is unstable which is caused by an **accident**
- “**Bodily injury**” means physical injury resulting from external violent and visible means. It does not include any sickness, disease, bacterial or viral infection (unless this is a direct result of an **accidental bodily injury**) naturally occurring condition or degenerative process (a condition which becomes progressively worse).
- “**Child**” means **your** dependent child, stepchild or legally adopted child up to the age of 18 (or 23 if in full time education). It does not include a foster child. “**Children**” has a corresponding meaning.
- “**Dislocation**” means the displacement from their normal position of bones meeting at a joint requiring local or general anaesthetic or traction, which is caused by an **accident**.
- “**Doctor**” means a legally qualified medical practitioner. It does not include **you**, someone living in **your** household, a member of **your** immediate family or **your partner**.
- “**End date**” means the date when the policy ends. **You** can find details in clause 8 of this policy.
- “**Fracture**” means a breach in the continuity of the bone caused by an **accident** which is identified by an x-ray (or in the case of a fracture which is unable to be x-rayed, by confirmation from a **doctor**).
- “**Hospital**” means a lawfully registered establishment providing medical and surgical treatment and 24-hour a day nursing care by registered nurses for ill or injured people. It does not include a convalescent, self-care or rest home, or a department in a **hospital** which has the role of a convalescent or nursing home.
- “**Hospitalisation**” means staying in a **hospital** on the advice of a **doctor** because of an **accident**.
- “**Internal injuries**” means internal injuries resulting in open abdominal or **thoracic surgery** (excluding hernias).
- “**Partner**” means **your** legally married spouse, or **your** registered civil partner under the Civil Partnership Act 2004, or a person who is living permanently with **you** as **your** partner in the same household and who must have lived with **you** for at least six months immediately before the **start date**.
- “**Start date**” is the date stated in the schedule.
- “**Terrorism**” means any act or acts, including (but not limited to):
  - (i) the use of threat of force and/or violence; and
  - (ii) harm or damage to life or to property (or the threat of such harm or damage), harm or damage by nuclear and/or chemical and/or biological and/or radiological means; caused or occasioned by any person(s), or group(s), or so claimed, in whole or in part, for political, religious, ideological or similar purposes.
- “**Thoracic surgery**” means a surgical operation on organs within the chest cavity.

- “**UK resident**” means living permanently in the **United Kingdom** for at least 40 weeks in every 52 week period after the **start date**.
- “**United Kingdom**” means England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.
- “**War risks**” means any **bodily injury** whatsoever resulting directly or indirectly from or in connection with any of the following, regardless of any other contributing cause or event: war, invasion, act of foreign enemy, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.
- “**We, us, our, insurer or Covéa Insurance**” means Covea Insurance plc.
- “**You and your**” means the person named in the schedule as the insured.

## 4. What you have to pay

### 4.1 Your premium

Your monthly premium is shown in **your** schedule and is payable monthly by Direct Debit.

The premium includes insurance premium tax at the current rate. If there is a future change in the rate of insurance premium tax **we** will automatically adjust the premium **you** pay and this will show on the next annual statement that **we** send **you**.

## 5. The benefits you get

### 5.1 Who will benefits be paid to?

All benefits will be paid to **you**.

### 5.2 The standard benefit

If any person covered under this policy has an **accident** before the **end date** that results in a **bodily injury** covered under this policy then **you** will be entitled to the appropriate benefit stated in the table of benefits.

The amount of benefit that **you** will receive will depend on the level of cover **you** have, and on the effect of the **accident** for which the benefit is being paid. The initial level of cover **you** have is shown in **your** initial schedule; any subsequent updates to **your** level of cover will be confirmed by **us** sending **you** an updated schedule.

### 5.3 The benefit for a Child – Individual & Children cover or Family cover

If **you** have Individual & Children cover or Family cover, the benefit payable for an **accident** happening to **your child** will be 50% of the appropriate benefit shown in the Table of Benefits for the level of cover **you** have.

The table of benefits will be sent to **you** on each anniversary of **your** policy.



## The table of benefits

Benefits Due:

In the event of an accident causing:-		Level 1	Level 2	Level 3
1	A <b>Fracture</b> of one of the bones listed below:			
i)	<b>Grade III</b>			
	Upper leg (femur);	£1,000	£2,000	£3,000
	Vertebral body (not Coccyx);	£1,000	£2,000	£3,000
	Pelvis;	£1,000	£2,000	£3,000
	Skull.	£1,000	£2,000	£3,000
ii)	<b>Grade II</b>			
	Vertebra other than vertebral body;	£500	£1,000	£1,500
	Lower leg (tibia);	£500	£1,000	£1,500
	Lower leg (fibula);	£500	£1,000	£1,500
	Lower jaw;	£500	£1,000	£1,500
	Breastbone (sternum);	£500	£1,000	£1,500
	Shoulder blade (scapula);	£500	£1,000	£1,500
	Kneecap (patella);	£500	£1,000	£1,500
	Upper arm (humerus);	£500	£1,000	£1,500
	Lower arm (radius and ulna).	£500	£1,000	£1,500
	<b>Grade I</b>			
iii)	Clavicle (collar bone);	£250	£500	£750
	Wrist (carpals) & Colles' Fracture;	£250	£500	£750
	Ankle (tarsals) & Pott's Fracture;	£250	£500	£750
	Hand (metacarpals);*	£250	£500	£750
	Foot (metatarsals);*	£250	£500	£750
	Coccyx;	£250	£500	£750
	Rib(s);	£250	£500	£750
	Nose.	£250	£500	£750
2	A <b>Dislocation</b> *** of one of the bones below.			
	<b>Grade III</b>			
i)	Spine or hip	£1,000	£2,000	£3,000
	<b>Grade II</b>			
ii)	Knee, ankle, wrist, elbow, collar-bone	£500	£1,000	£1,500
	<b>Grade I</b>			
iii)	Shoulder, jaw, finger, thumb, toe	£250	£500	£750
3	<b>Anterior Cruciate Ligament Injury</b>	£500	£1,000	£1,500
4	<b>Internal injuries</b> resulting in open abdominal or <b>thoracic surgery</b> (excluding hernias)	£500	£1,000	£1,500
5	<b>Hospitalisation</b> **			
(i)	The first 24 hours are not covered but after that benefit paid in respect of each day spent in <b>hospital</b> up to 45 days	£25	£50	£75
(ii)	One off lump sum (paid after 14 days)	£250	£500	£750

\* Excludes all fingers and toes

\*\* Excludes the first 24 hours and up to a maximum of 45 days in **hospital**

\*\*\* Dislocations must be treated under local or general anaesthetic or traction.

In certain circumstances the amount we will pay may be restricted or limited. Please see clause 6 “Maximum benefits and restrictions on benefits”. Certain accidents are not covered, please see clause 7 “What you are not covered for”.

#### 5.4 Hospitalisation

The daily benefit rate shown in the table of benefits (Benefit 5 (i)):

- is for each complete 24 hour period in **hospital**;
- excludes the first 24 hours in **hospital** for any one **accident**;
- is subject to a maximum of 45 days in **hospital** for each **accident**.

A single lump sum payment benefit (Benefit 5(ii)) will be made in addition to the daily **hospitalisation** benefit after 14 continuous days in **hospital**. Only one lump sum payment will be paid for the same **accident**.

## 6. Maximum benefits and restrictions on benefits

### 6.1 Maximum benefits

#### 6.1.1 If you have Individual cover:

The maximum total benefit which **we** will pay for all claims during the life of this policy is £20,000 for Level 1 cover, £40,000 for Level 2 cover and £60,000 for Level 3 cover.

#### 6.1.2 If you have Individual and **Partner**, Individual and Children or Family cover:

The maximum total benefit which **we** will pay for all claims during the life of this policy is £40,000 for Level 1 cover, £80,000 for Level 2 cover and £120,000 for Level 3 cover.

### 6.2 Maximum benefits for fractures

The maximum number of **fracture** claims **we** will pay for each person insured under this policy during any one year period is 4.

### 6.3 Where the effects of the accident are made worse by sickness or disease

If the effects of an **accident** are made worse because the person affected already had a sickness, disease, naturally occurring condition or injury then **we** will ask a **doctor** to assess the effects that the sickness, disease, naturally occurring condition or injury has on the **bodily injury** and **we** will reduce **your** benefit by a proportionate amount taking any such pre-existing sickness, disease, condition or injury into account.

### 6.4 Where the effects of the accident result in more than one fracture to the same joint or bone

If you have any **accident** which results in more than one **fracture** to the same joint or bone **we** will only pay benefit for one of the **fractures**.

### 6.5 Can you have more than one Personal Injury Plan?

**You** will only be eligible for insurance cover under one of **our** Personal Injury Plans at any one time.

## 7. What you are not covered for

We will not pay benefits for an **accident** that is directly or indirectly the result of the following:

- Exposure to exceptional danger (except in an attempt to save human life);
- Riding on a motorcycle, moped or scooter as a driver or passenger;
- The illegal acts of the person who has suffered the **accident**;
- Self-inflicted injury whether of a sound mind or not;
- Being under the influence of or being affected by alcohol or drugs unless under the advice of a **doctor** for a condition other than alcohol or drug addiction;
- Radiation or contamination or the effects of radiation;
- Any sickness, disease, or degenerative process (a condition which becomes progressively worse).
- In addition, **we** will not pay benefit for:
  - An **accident** which occurs prior to the **start date** or after the cover ends;
  - An **accident** which happens to an insured person who has been outside the **United Kingdom** for more than 12 weeks in the preceding 52 week period. This exclusion does not apply if **we** have agreed to provide this cover;
  - Any **accidental bodily injury** occurring 12 or more months after the **accident**.

## 8. When your protection ends

8.1 This policy ends automatically as soon as one of the following happens:

- **you** die;
- **you** reach 85 years of age;
- **you** do not pay a monthly premium when it is due;
- **you** cancel the policy;
- **we** cancel **your** policy as set out in clause 9;
- **you** cease to be a **UK resident**;
- the date on which **we** pay benefits which together with any previous benefits equal the maximum benefit payment in accordance with clause 6.

8.2 If **you** have Individual and **Partner** cover or Family cover **your partner** will cease to be covered as soon as one of the following happens:

- **your partner** dies;
- **your partner** reaches 85 years of age;
- **your partner** stops living permanently with **you** or ceases to be a **UK resident**;
- the date on which **we** pay benefits which together with any previous benefits equal the maximum benefit payment in accordance with clause 6.

8.3 If **you** have Individual and Children cover or Family Cover, **your child** will cease to be covered as soon as one of the following happens:

- he or she reaches 18 (or 23 years old if in full time education);
- gets married or enters into a civil partnership;
- he or she stops living permanently with **you** or with their other parent or ceases to be a **UK resident**;
- the date on which **we** pay benefits which together with any previous benefits equal the maximum benefit payment in accordance with clause 6.

## 9. Can Covéa Insurance change the terms of my policy or cancel it?

**9.1** We may cancel **your** policy, where there is a valid reason for doing so, by giving **you** not less than 30 days written notice in advance to **your** last known address in order to give **you** the time or opportunity to arrange replacement cover should **you** so wish. If **we** give **you** such notice **we** will explain the reason for **our** cancellation in **our** letter. Valid reasons may include but are not limited to:

- where **you** are required in accordance with the terms of this policy to co-operate with **us**, or send **us** information or documentation and **you** fail to do so in a way that affects **our** ability to process a claim, or **our** ability to defend **our** interests **we** will issue a cancellation letter and **we** will cancel **your** policy if **you** fail to co-operate with **us** or provide the required information or documentation by the end of the cancellation notice period; or
- where **we** reasonably suspect fraud.

**9.2** We may change the terms and conditions of **your** policy, including the amount of **your** premium, by giving **you** not less than 30 days written notice in advance to **your** last known address. If **we** give **you** such notice **we** will explain the reason; for example:

- to respond to changes in the law or decisions of the Financial Ombudsman Service;
- to meet regulatory requirements;
- to reflect new industry guidance and codes of practice that raise levels of consumer protection;
- to respond to changes in interest rates, market rates or tax rates;
- to reflect other legitimate cost increases or reductions associated with continuing to provide **you** with the services and benefits under **your** policy.

## 10. Changes in circumstance

If **your** circumstances change, for example **you** move house, would like to amend who is covered under the policy, or advise **us** that any person covered under **your** policy no longer resides with **you** please contact **our** helpline on 0333 220 5517\* and **we** will amend **your** policy.

## 11. What happens if any person (including you) covered under this policy leaves the United Kingdom?

Benefit will not be paid for an **accident** which happens to a person (including **you**) covered under this policy if at the date of the **accident** the person has been outside the **United Kingdom** for more than 12 weeks in the preceding 52 week period. Cover in respect of that person will cease on the last day of the twelfth week.

If **you** do wish to extend cover to include such absences (including **your** own), then please write to **us** with full details before the person concerned leaves the **United Kingdom**. **We** will then decide in **our** discretion whether **we** will extend cover to the person while they are abroad. If **we** do so decide, **we** will send **you** a written endorsement extending the cover under this policy. **You** will need to provide this endorsement to **us** if **you** have to make a claim relating to that period.

If **you** do not wish to extend cover please write to **us** to confirm that **you**, and/or the person concerned are no longer a **UK resident** and **we** will cancel **your** policy and/or that person's cover as the case may be.

## 12. Legal

### Transfer

**You** cannot transfer or sell the rights or benefits under this policy.

### False and misleading information

If **you** give false or inaccurate information and **we** suspect fraud, **we** will record this and the information will be available to other organisations that have access to the database(s). **We** can supply details of the databases **we** access or contribute to, on request.

If **you** (including any agent acting on **your** behalf) deliberately or recklessly provide inaccurate information **we** may cancel **your policy** and refuse to pay the benefit. In these circumstances **we** may not refund any **premiums you** have paid.

If **you** (including any agent acting on **your** behalf) carelessly provide inaccurate information, **we** shall be entitled to amend **your** policy to reflect the terms that **we** would have offered had the accurate information been provided during the application process.

### Governing law

English law applies to this policy unless **you** have asked for another law and **we** agreed to this in writing before the **start date**. Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be in English.

### Data Privacy

Please visit [www.coveainsurance.co.uk/dataprotection](http://www.coveainsurance.co.uk/dataprotection) for further information about how and when **we** process **your** personal information under **our** full Privacy Policy.

### How We Use Your Information

The personal information, provided by **you** (or anyone acting on **your** behalf), is collected by or on **our** behalf and may be used by **us, our** employees, agents and service providers acting under **our** instruction for the purposes of insurance administration, underwriting, claims handling, research or for statistical purposes.

**We** may process **your** information for a number of different purposes. For each purpose **we** must have a legal ground for such processing. When the information that **we** process is classed as 'sensitive personal information', **we** must have a specific additional legal ground for such processing.

Generally, **we** will rely on the following legal grounds:

It is necessary for **us** to process **your** personal information to provide this **policy** and services related to it. **We** will rely on this for activities such as assessing **your** application, managing **your policy**, handling claims and providing other services to **you**.

**We** have an appropriate business need to process **your** personal information and such business need does not cause harm to **you**. **We** will rely on this for activities such as maintaining **our** business records and developing, improving **our** products and services.

**We** have a legal or regulatory obligation to use such personal information.

**We** need to use such personal information to establish, exercise or defend **our** legal rights.

**You** have provided **your** consent to **our** use of **your** personal information, including sensitive personal information.

### **How we share your information**

In order to sell, manage and provide **our** products and services, prevent fraud and comply with legal and regulatory requirements, **we** may need to share **your** information with the following types of third parties:

- Reinsurers, Regulators and Authorised/ Statutory Bodies
- Credit reference agencies
- Fraud prevention agencies
- Crime prevention agencies, including the police
- Suppliers carrying out a service on **our** behalf
- Other insurers, business partners and agents
- Other companies within the Covéa Insurance Group

### **Marketing**

**We** will not use **your** information or pass it on to any other person for the purposes of marketing further products or services to **you** unless **you** have consented to this.

### **Fraud Prevention and Detection**

In order to prevent or detect fraud and money laundering **we** may check **your** details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

**We** may also conduct credit reference checks in certain circumstances. **You** can find further details in **our** full Privacy Policy explaining how the information held by fraud prevention agencies may be used or in which circumstances **we** conduct credit reference checks and how these checks might affect **your** credit rating.

### **Automated Decisions**

**We** may use automated tools with decision making to assess **your** application for insurance and for claims handling processes. If **you** object to an automated decision, **we** may not be able to offer **you** an insurance quotation.

### **How to Contact Us**

Please contact **us** if **you** have any questions about **our** privacy policy or the information **we** hold about **you**:  
The Data Protection Officer, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent  
ME19 4JX or email: [dataprotection@coveainsurance.co.uk](mailto:dataprotection@coveainsurance.co.uk)

### **The Financial Services Compensation Scheme (FSCS)**

If **we** are unable to meet **our** liabilities under this policy, **you** may be entitled to compensation from the FSCS. Further information can be obtained from the Financial Services Compensation Scheme, 10<sup>th</sup> Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk) or telephoning them on 0800 678 100 or 020 7741 4100.

## Accessibility

In order to make **our** documentation accessible to all, **we** are able to provide upon request audiotapes, large print documentation and Braille documentation. Please advise **us** if **you** require any of these services to be provided so that **we** can communicate in an appropriate manner. If **you** have speech or hearing difficulties and have a textphone available **you** can call **us** on 18001 (0333 220 5517).

## Contracts (Rights of Third Parties) Act 1999

The **Insurer** and **you** do not intend any term of this policy to be enforceable by any third party pursuant to the Contracts (Rights of Third Parties) Act 1999.

## 13. Making a claim

Any person covered under this policy who has an **accident**, and wishes to make a claim must be put under the care of a **doctor** as soon as possible.

If **you** wish to make a claim under this policy, please ask for a claim form by telephone or by writing to: Personal Injury Plan Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX or Telephone: 0333 220 5517\*.

The claim form must be filled in and sent to **us** at the above address. All claims must be submitted within three calendar months from the date of the **accident** or as soon as reasonably possible after the **accident**. All information and evidence required by **us** to prove a claim must be on a claim form provided by **us**.

All certificates that **we** require must be provided at **your** expense. As often as **we** reasonably require, the person making the claim must agree to medical examination at **our** expense in connection with any claim.

## 14. Making a complaint

It is always **our** aim to provide **you** with a very high standard of service.

Should **you** wish to complain or to obtain a copy of the complaint handling procedure, please contact the relevant complaints department as detailed below.

For complaints regarding the way in which **your** policy was sold to **you**, please contact Totally Sports Insurance either by e-mail, phone or by writing to: Totally Sports Insurance, 87A High Street, Cheadle, Cheshire SK8 1AA Email: [admin@patriotltd.co.uk](mailto:admin@patriotltd.co.uk) Telephone: 0161 491 5532\*.

For any other complaints about **your** policy please contact **us** either by telephone or by writing to: Personal Injury Plan Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX  
Telephone: 0333 220 5517\*

If **you** remain dissatisfied with the investigation of **your** complaint **you** have the right to then refer it to the Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR. Telephone: 0800 023 4567 or 0300 123 9 123. Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

The Financial Ombudsman Service will normally only consider **your** complaint once **you** have been given a final response. Following these procedures will not affect **your** right to take legal action.

For further information about **your** legal rights, contact **your** local authority trading standards department or the Citizens Advice Bureau.

\*Calls may be recorded and monitored for training and quality purposes.

Covea Insurance plc is a public limited company incorporated in England and Wales, registered number 613259. Its registered office is at Norman Place, Reading RG1 8DA. It is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Its Financial Services Register no. is 202277.

"Totally Sports Insurance" is a trading name of Patriot FS Limited, registered in England No. 8000119, FCA Number 582495. Registered office address 87A High Street, Cheadle, Cheshire SK8 1AA.

Patriot FS Limited is an appointed representative of Intrinsic Financial Planning Limited, which is authorised and regulated by the Financial Conduct Authority. Intrinsic Financial Planning Limited is entered on the FCA register (<http://www.fsa.gov.uk/register/>) under reference 440703.