# Personal Accident

## How to make a claim

To make a claim on **your** Personal Accident policy, please call the number listed in **your motorcycle insurance policy confirmation of cover letter**, 24 hours a day 365 days a year.

Upon registration of **your** claim, **your** Personal Accident claim will be handled on the insurer's behalf by URIS Group Limited.

**Your Personal Accident policy**
It's important that **you** read this wording and **your confirmation of cover letter** to make sure that everything **you've** told **us** is correct.

**Please note the policy 'Definitions' section is located at the end of this document, 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 confirmation of cover letter** in a safe place in case **you** need to look at them later.

This insurance has been 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**.

## What is covered

| What we will cover | What we will not cover |
|---|---|
| If **you** suffer **bodily injury** in an **accident** that happens within the **territorial limits**, **we** will provide payment for the following:<br>• If the **bodily injury** results in death, **loss of limb,** or **loss of sight** in one or both eyes within one year of the **accident**, and the **accident** is the only cause of the **bodily injury**, **we** will pay the specified claim limit of £5,000.<br>• If the **bodily injury** leads to **permanent total disablement** (excluding **loss of sight** or **loss of limb**), **we** will pay the specified claim limit of £5,000.<br>• If the **bodily injury** results in **fractured bones, we** will pay benefit as detailed below, up to a maximum of £3,000 for all **fractured bones** arising from the same **accident:**<br>o Arm, leg, pelvis, skull, vertebrae, hand, facial bones (excluding nose) - £1,000;<br>o Elbow, wrist, ankle, foot, shoulder blade, collar bone, sternum, coccyx - £500;<br>o Any other bone including nose - £100.<br>• If **you** need to stay overnight in a hospital bed due to the **accident**, **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.<br>• **We** will provide coverage for emergency dental treatment that is solely aimed at relieving immediate pain, up to £250 within 7 days of the **accident**.<br>• **We** will provide cover for physiotherapy, up to £500, for up to 5 sessions with a qualified professional.<br>• **We** will provide cover for stress counselling, up to £500, for up to 5 sessions with a qualified professional.<br>• **We** will provide cover for **personal belongings**, which are damaged during the **accident**, up to £150.<br>The maximum amount payable by **us** in respect of any claim is £5,000 per **insured person** and £10,000 per **accident**. | • Anyone not wearing a helmet and appropriate protective clothing at the time of the accident, except when mounting or dismounting the **motorcycle**.<br>• Death or bodily injury caused by suicide or attempted suicide.<br>• Any claim where the **insured person** was committing an offence or breaking the law at the time of an **accident**.<br>• Disability or **bodily injury** that happened before the **period of insurance**.<br>• Any **accident** which happens outside the **territorial limits.**<br>• Any **accident** that happens when the **insured person** is riding a class of vehicle for which they do not hold a valid licence.<br>• Claims where **your motorcycle** was being used for any of the following are not covered:<br>a) Dispatch, courier and messenger services, or food delivery.<br>b) Racing, pace making or being in any contest or speed trial.<br>c) Riding on any racetrack, circuit or de-restricted toll roads.<br>d) Trials (apart from where **your motorcycle** is travelling on a road that the public have access to).<br>• Any claim resulting from war and/or terrorism.<br>• Any claim resulting from:<br>a) Ionising radiation or radioactive contamination from any nuclear fuel or from any nuclear waste which results from burning nuclear fuel; or<br>b) Radioactive, toxic, explosive or other dangerous properties of any nuclear machinery or any part of it. |

## Conditions applicable to the entire policy

1. **Your motorcycle insurance policy** must be up to date and valid for this coverage to apply.
2. 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.
3. Other insurance - if **you** were covered by any other insurance for the amount payable following the **incident**, which resulted in a valid claim under this policy, **we** will only pay **our** proportionate share of the claim.
4. **You** must take reasonable steps to safeguard against loss or additional exposure to loss.
5. **We** will only give **you** the cover that is described in this policy if **you** have complied with all the terms and conditions of this insurance policy, as far as they apply.

6. This insurance is only valid if **you** are a permanent resident of the United Kingdom (England, Wales, Scotland and Northern Ireland), Channel Islands and the Isle of Man.
7. **We** have the right to approach any third party in relation to **your** claim.
8. **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 jurisdiction where **we** transact business.

## General Conditions

- **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.

- **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/.

- **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.

## 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 y**ou** 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:

- Live Chat;
- Writing to: Unit 2, West Point Row, Great Park Road, Bradley Stoke, Bristol, BS32 4QG.

Contact methods can be found in **your motorcycle insurance policy confirmation of cover letter**.

**Cancellation by Us**
**We** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days' notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **you** at **your** last known address.

Valid reasons may include but are not limited to:

a) Where **we** reasonably suspect fraud.
b) Non-payment of premium.
c) Threatening and abusive behaviour.
d) Non-compliance with **policy** terms and conditions.
e) **You** have not taken reasonable care to provide complete and accurate answers to the questions **we** ask.

Where **our** investigations provide evidence of fraud or a serious non-disclosure, **we** may cancel the **policy** immediately and backdate the cancellation to the date of the fraud or the date when **you** provided **us** with incomplete or inaccurate information, which may result in **your policy** being cancelled from the date **you** originally took it out.

If **we** cancel the **policy** and/or any additional covers **you** will receive a refund of any premiums **you** have paid for the cancelled cover, less a proportionate deduction for the time **we** have provided cover, unless the reason for cancellation is fraud and/or **we** are entitled to keep the premium under the Consumer Insurances (Disclosure and Representations) Act 2012.

**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.

## Customer service & 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**
If **you** have a question or concern about, or you wish to make a complaint about, how **your** policy was sold to **you** (including the information **you** were given before **you** bought the policy), or about the general service **you** received, please in the first instance contact the provider of **your motorcycle insurance policy** by:

- Live Chat;
- Writing to: Unit 2, West Point Row, Great Park Road, Bradley Stoke, Bristol, BS32 4QG.

Contact methods can be found in **your motorcycle insurance policy confirmation of cover letter**.

**Questions or complaints about your policy or the handling of your claim**
If **your** complaint is about a claim **you** made, contact URIS Group Limited:

- Email: europaPAclaims@urisgroup.co.uk
- Telephone: **0333 038 2394** Monday to Friday 9am to 5pm, excluding bank holidays;
- Write: Protection Claims, PO Box 1190, Doncaster, DN1 9PS.

**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.

# 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.

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|---|---|
| **Accident** | An unexpected event that happens while **you** are riding, mounting/dismounting, or making any emergency roadside repairs to **your motorcycle**. |
| **Administrator** | URIS Group Limited at 1st Floor, Premier House, Carolina Court, Doncaster, South Yorkshire, DN4 5RA. URIS Group Limited handle claims on behalf of the **insurer**. |
| **Bodily Injury** | A physical injury to the body caused directly and solely by an accident, excluding intentional self-inflicted injuries and injuries resulting from sickness or disease. |
| **Confirmation of Cover Letter** | The separate document we send **you** that includes details about **you** and what **you** are covered for. |
| **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. |
| **Fractured Bones** | A break in the continuity of the bone identified by an x-ray (or in the case of a fracture which cannot be x-rayed, by confirmation from a **consultant**). |
| **Incident** | The event that gave rise to a claim under this insurance policy which occurred during the **period of insurance.** |
| **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 an **insured person's** 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 an **insured person** has left in that eye is 3/60 or less on the Snellen Scale (meaning they can see at three feet what they should be able to see at 60 feet). |
| **Loss of Use** | The total and irrecoverable loss of use of a limb where the loss is continuous for 12 months and such loss of use is deemed permanent and beyond possibility of improvement on the authority of a **consultant** specialising in that area. |
| **Motorcycle Insurance Policy** | **Your** insurance policy issued by a **motorcycle insurer** to **you** for **your motorcycle**. |
| **Motorcycle Insurer** | An authorised and regulated UK motorcycle insurer. |
| **Motorcycle** | The motorcycle shown on **your confirmation of cover letter** or that **you** own or are authorised to ride. |
| **Period of Insurance** | The period stated on **your confirmation of cover letter** that this policy is in force for. |
| **Permanent Total Disablement** | Disablement which entirely prevents **you** or the **insured person** from working in their normal business or occupation and which after a period of 12 months from the date of disablement, is 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. |

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| **Territorial Limits** | England, Scotland, Wales, Northern Ireland, Channel Islands and the Isle of Man and for 90 days in any country within the European Union and any other country which has agreed to follow the EU Motor Insurance Directive (number 2009/103/EC). |
| **We/Us/Our/Insurer** | Collinson Insurance. |
| **You/Your/Insured Person** | The person named on the **confirmation of cover letter** and any other authorised rider who is permitted to drive the **motorcycle** under the **motorcycle insurance policy** or any authorised passenger on the **motorcycle** whilst you or the authorised rider is driving. |