

Slysa-, sjúkra- og starfsörorkutrygging TMÍ

Vátryggingasamningurinn

Gegn greiðslu þess iðgjalds sem fram kemur í skírteini samþykkingum við að tryggja þig á vátryggingatíma þessarar tryggingar, samkvæmt skilmálum þeim og skilyrðum sem fram koma í þessum vátryggingasamningi, fyrir líkamstjóni og/eða veikindum á þann hátt og upp að því marki sem tekið er fram í samningi þessum.

Skírteini

Númer váttryggingaskírteinis:

Samningsnúmer:

Dagsetning tilboðs:

Nafn:

Fæðingardagur og ár:

Heimilisfang:

Starfsheiti:

Gildistími váttryggingar er frá:

til:

að báðum dögum meðtöldum samkvæmt heimilisfangi þínu, og áframhaldandi tímabil sem báðir aðilar komast að samkomulagi um.

Landfræðileg mörk tryggingar:

Gildir um allan heim

Sérskilmálar og önnur skilyrði ef einhver:

Upplýsingar um miðlara:

Iðgjald:

Skattur á iðgjald:

Dagsett í London:

Kostnaður vegna uppsagnar:

VÁTRYGGINGARSKÍRTEINI

Trygging þessi bætir einungis þá liði þar sem fjárhæð er tilgreind. Við þá liði sem bætur greiðast ekki vegna standa orðin „EKKI BÆTT“.

BÆTUR SEM GREIÐAST VEGNA FYRSTA HLUTA: SLYS

1.	Dánarbætur vegna slyss	XXXX GBP
2.	Alger og varanleg örorka Eins og tekið er fram í bótakvarða vátryggingarskírteinis	XXXX GBP
3.	Varanleg hlutfallsleg örorka Eins og tekið er fram í bótakvarða vátryggingarskírteinis	Að hámarki XXXX GBP
4.	Tímabundin alger örorka	XXXX GBP á viku Á meðan örorka varir að hámarki í..... samfelldar vikur (bótatími) án tillits til fjölda slysa í daga eftir þann dag sem örorkan hófst (biðtími)

Hvað tímabundna algera örorku varðar er hámarksbótatími það tímabil sem bætur eru greiddar að biðtíma loknum, eins og tilgreint er að ofan.

Bætur greiðast ekki undir fleiri en einum lið hér að ofan fyrir hvert eitt slys eða sjúkdóm. Undan því er skilin varanleg alger örorka þar sem fyrstu 52 vikurnar greiðast þá til viðbótar við eingreiðslu. Engu að síður munu þá greiðslur fyrir viku 53-104 dragast af hverri þeirri eingreiðslu sem greidd er undir lið 1-3.

BÆTUR SEM GREIÐAST VEGNA ANNARS HLUTA: VEIKINDI

1.	Missir sjónar á báðum augum	Xxxx GBP
2.	Alger varanleg örorka	Xxxx GBP
3.	Tímabundin alger örorka	Xxxx GBP á viku Á meðan örorka varir að hámarki í..... samfelldar vikur (bótatími) án tillits til fjölda slysa í daga eftir þann dag sem örorkan hófst (biðtími)

BÆTUR SEM GREIÐAST VEGNA ÞRIÐJA HLUTA: VIÐBÓTARBÆTUR VEGNA SLYSS

1.	Kostnaður vegna breytinga á heimili og vinnustað	Upp að hámarki 3.750 GBP
2.	Sjúkrahúsdagpeningar	Upp að hámarki 50 GBP á dag fyrir hverja 24 klst innlögn sjúklings á löggiltu sjúkrahúsi.
3.	Læknis- og ferðakostnaðarbætur vegna ferðalaga erlendis	Í samræmi við Sjúkratryggingar Íslands, að hámarki 25.000 GBP fyrir hvert slys umfram fyrstu 50 GBP.

ÍTARLEGUR LISTI YFIR BÆTUR VEGNA VARANLEGRAR ÖRORKU

Trygging þessi bætir einungis þá liði þar sem fjárhæð er tilgreind. Við þá liði sem bætur greiðast ekki vegna standa orðin „EKKI BÆTT“.

ALGER VARANLEG ÖRORKA - BÓTAKVARÐI

<u>Meiðsli</u>	<u>Greiðanleg prósentu</u>
Alger varanleg örorka	100%
Alger missir sjónar á báðum augum	100%
Missir handleggs og/eða handar	100%
Algert heyrnartap á báðum eyrum vegna áverka	100%
Missir neðri kjálka	100%
Málstol (missir máls)	100%
Missir eins handleggs og/eða fótleggs	100%
Missir eins handleggs og/eða eins fótár	100%
Missir einnar handar og/eða eins fótár	100%
Missir eins fótleggs og/eða einnar handar	100%
Missir beggja fótleggja	100%
Missir beggja fótá	100%

VARANLEG HLUTFALLSLEG ÖRORKA - BÓTAKVARÐI

<u>Meiðsli</u>	<u>Greiðanleg prósentu</u>
Missir höfuðbeins í fullri þykkt	
Flatarmál að minnsta kosti 6cm ³	40%
Flatarmál 3-6 cm ³	20%
Flatarmál minna en 3cm ³	10%
Missir neðri kjálka að hluta, hækkunarhluti í heild eða hálftr kjálkabein	50%
Missir eins auga	50%
Algert heyrnartap á öðru eyra	40%
Mikill missir á beinvef í handlegg (afdráttarlaus og óbætanlegur áverki)	50%
Alger lömum handleggs og handar (óbætanlegur taugaskaði)	65%
Alger lömum holhandartaugar	20%
Stíflíður í öxl	40%
Olnbogastíflíður í hagstæðri stöðu (15 gráður umhverfis rétt horn)	25%
í óhagstæðri stöðu	40%
Mikill missir á beinvef í tveimur beinum framhandleggs (afdráttarlaus og óbætanlegur áverki)	40%
Alger lömum miðtaugar	45%
Alger lömum sveifartaugar við snúningshólk	40%
Alger lömum sveifartaugar í framhandlegg	30%
Alger lömum sveifartaugar í hönd	20%
Alger lömum ölnartaugar	30%
Stífur úlnliður í hagstæðri stöðu (beinn og lófi niður)	20%
Stífur úlnliður í óhagstæðri stöðu (beygður eða spenntur eða lófi upp)	30%
Alger missir þumals	25%
Missir þumalfingurs að hluta (fjærkjúka)	10%
Stífur þumalfingur	20%
Algert brottnám vísifingurs	15%

Brottnám tveggja kjúkna í vísifingri	10%
Brottnám fjærkjúku í vísifingri	5%
Brottnám bæði þumals og vísifingurs á sama tíma	35%
Brottnám þumals auk fingurs annars en vísifingurs	25%
Brottnám tveggja fingra annarra en þumals og vísifingurs	12%
Brottnám þriggja fingra annarra en þumals og vísifingurs	25%
Brottnám fjögurra fingra að þumli meðtöldum	75%
Brottnám fjögurra fingra að þumli undanskildum	50%
Brottnám löngutangar	10%
Brottnám fingurs annars en þumals, vísifingurs eða löngutangar	7%
Brottnám læris (efri hluta)	60%
Brottnám læris (neðri hluta) og fótleggs	50%
Alger missir fótár (milli sköflungs og háristar)	45%
Missir fótár að hluta (undir ökklobeini)	40%
Missir fótár að hluta (um miðja rist)	35%
Missir fótár að hluta (á mótum ristar og ristarleggsliðar)	30%
Alger lömun fótleggja (ólæknalegur taugaskaði)	60%
Alger lömun ytri settaugar	30%
Alger lömun innri settaugar	20%
Alger lömun tveggja tauga (innri og ytri settaugar)	40%
Stífliður í mjöðm	40%
Stífliður í hné	20%
Missir beinvefs úr læri eða báðum beinum fótleggjar (ólæknalegt ástand)	60%
Missir beinvefs hnéskel þar sem aðskilnaður beina er talsverður og verulega erfitt er að rétta úr fótleggnum.	40%
Missir beinvefs þar sem hreyfigeta er ekki verulega skert	20%
Stytting fótleggs um að minnsta kosti 5cm	30%
Stytting fótleggs um 3-5 cm	20%
Stytting fótleggs um 1-3 cm	10%
Algert brottnám allra taa	25%
Brottnám fjögurra taa að stórutá meðtalinni	20%
Brottnám fjögurra taa	10%
Stífliður í stórutá	10%
Brottnám tveggja taa	5%
Brottnám einnar taa annarar en stórutaa	3%

Varanleg lýti á samarlögðu svæði á andliti og hálsi vegna örmyndunar sem hljótast af líkamstjóni vegna slyss.

BÆTUR

5-10% af sjáanlegu yfirborði	25%
11-24% af sjáanlegu yfirborði	50%
25% og meira af sjáanlegu yfirborði	100%

Varanleg lýti vegna örmyndunar sem hljótast af líkamstjóni vegna slyss á öðrum líkamshlutum en andliti og hálsi:

BÆTUR

Afmyndun á 10% af sjáanlegu yfirborði húðar	10%
Afmyndun á 11-24% af sjáanlegu yfirborði húðar	40%
Afmyndun á 25-49% af sjáanlegu yfirborði húðar	75%
Afmyndun á 50% eða meira af sjáanlegu yfirborði húðar	100%

Þessi texti er þýðing úr ensku og ef fram kemur munur á íslensku og ensku útgáfunni gildir sú enska. Mögulegt er að nálgast skilmálana á bæði ensku og íslensku á heimasíðu Tryggingamiðlunar Íslands, tmi.is

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Definitions

Wherever the following words appear in bold they will have the meanings shown below.

Accident	means a sudden, unexpected, unusual, specific, external event which occurs at an identifiable time and place during the period of insurance .
Benefit period	means the number of consecutive weeks set out in the schedule for which temporary total disablement benefit is paid.
Bodily injury	means identifiable physical injury which <ul style="list-style-type: none"> • is caused by an accident, and • solely and independently of any other cause (except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury) results in your death or disablement within twelve months from the date of the accident.
Elimination period	means the number of consecutive days set out in the schedule after the date on which you first became disabled which must expire before temporary total disablement benefit becomes payable.
Illness	means your sickness or disease the symptoms of which first appear during the period of insurance and which solely and independently of any other cause results in your total disablement within twelve consecutive months after the symptoms first appear.
Loss of limb	means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of your hand, arm, foot or leg.
Loss of sight	means permanent and total loss of sight which we will consider as having happened: <ul style="list-style-type: none"> • in both eyes if, on the authority of a fully-qualified ophthalmic specialist after correction, the degree of sight you have left in both eyes is 3/60 or less on the Snellen scale (meaning you can see at not more than three feet what you should be able to see at sixty feet); or • in one eye if, on the authority of a fully-qualified ophthalmic specialist after correction, the degree of sight you have left is 3/60 or less on the Snellen scale (meaning you can see at not more than three feet what you should be able to see at sixty feet).
Permanent total disablement	means complete and total physical inability of the Insured Person arising from Bodily Injury or Illness which entirely prevents the Insured Person from attending to his usual business or occupation as stated in the Schedule and which either lasts for twelve continuous months and at the end of such time there is no hope of recovery, or is as and when Underwriters determine that the Insured Person is Permanently Totally Disabled , whichever is the earlier occurrence.
Permanent Partial disablement	means partial disablement which permanently reduces your ability to perform some but not all of your ordinary daily bodily functions and which

lasts twelve consecutive months and at the end of that period is beyond hope of improvement. The percentage of disability is set out in the table of compensation under the permanent partial disability scale included herein. The percentage of disability is subject to the approval of two independent qualified medical practitioners, one to be appointed by you and the other by us. In the event of a dispute a third qualified medical practitioner will be appointed by them and his decision will be final and binding upon all parties.

Qualified Medical Practitioner	means licensed individuals who have either general registration or specialist registration with the specific country's medical board in which they practise including doctors, nursing, pharmacy and dental professionals.
Scarring	means the identifiable, permanent and visible marking of the skin from fibrous tissue replacing normal tissues destroyed by bodily injury .
Schedule	the pages of this document showing your name, the sums insured, the period of insurance and the sections of this insurance which apply.
Temporary total disablement	means disablement which prevents you from attending to all aspects of your business or occupation.
We / us / our	the Underwriters at Lloyd's who have a share in this insurance.
you / your	the person named in the schedule .
Your broker	the insurance broker or intermediary shown in the schedule who arranged this insurance on your behalf.

Important information

This document, the **schedule**, and any **endorsement(s)** attached form **your** insurance. This insurance sets out the conditions of the contract of insurance between **you** and **us**. Please read the whole document carefully and keep it in a safe place.

Please note that separate insurance is provided under this insurance for **bodily injury** caused by an **accident** and for **illness**.

It is important that:

- **you** check that the information contained in the **schedule** is accurate and that the **schedule** reflects the coverage sections **you** have requested (see the “Information you have given us” section below);
- **you** notify **us** of any inaccuracies in the information contained in the **schedule**, or of any changes to that information (see the “Notifying us of any changes or inaccuracies” section below);
- **you** comply with the “Things **you** must do” in the event of a claim (see page 9), **your** duties under each section, and **your** duties under the insurance as a whole.

Failure to comply with the above could adversely affect **your** insurance or any claim **you** make.

Information you have given us

In deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information **you** have given **us**. **You** must take care when answering any questions **we** ask by ensuring that all information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with false or misleading information **we** will treat this insurance as if it never existed and decline all claims.

If **we** establish that **you** carelessly provided **us** with false or misleading information it could adversely affect **your** insurance and any claim. For example **we** may:

- treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **we** provided **you** with insurance cover which **we** would not otherwise have offered; or
- amend the terms of **your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **your** carelessness; or
- charge **you** more for **your** insurance or reduce the amount **we** pay on a claim in the proportion the premium **you** have paid bears to the premium **we** would have charged **you**; or
- cancel **your** insurance in accordance with the “Cancelling this insurance” section below.

We or **your** broker will write to **you** if **we**:

- intend to treat this insurance as if it never existed; or
- need to amend the terms of **your** insurance; or
- require **you** to pay more for **your** insurance.

Notifying us of any changes or inaccuracies

If **you** become aware that information **you** have given **us** is inaccurate or has changed, **you** must inform **your broker** as soon as practicable.

When **we** are notified that information **you** previously provided is inaccurate, or of any changes to that information, **we** will tell **you** if this affects **your** insurance. For example **we** may amend the terms of **your** insurance or require **you** to pay more for **your** insurance or cancel **your** insurance in accordance with the “Cancelling this insurance” section below.

If **you** fail to notify **us** that information **you** have provided is inaccurate, or **you** fail to notify **us** of any changes, this insurance may become invalid and **we** may not pay **your** claim, or any payment could be reduced.

Cancelling this insurance

You can cancel this insurance at any time by writing to **your broker**.

We can cancel this insurance by giving **you** thirty (30) days' notice in writing. **We** will only do this for a valid reason (examples of valid reasons are as follows):

- non-payment of premium;
- a change in risk occurring which means that **we** can no longer provide **you** with insurance cover;
- non-cooperation or failure to supply any information or documentation **we** request; or
- threatening or abusive behaviour or the use of threatening or abusive language.

Refund of premium

This insurance has a cooling off period of fourteen (14) days from either:

- the date **you** receive this insurance documentation; or
- the start of the **period of insurance**

whichever is the later.

If **you** cancel this insurance within the cooling off period then, provided **you** have not made a claim, **we** will refund in full any premium **you** have paid.

If this insurance is cancelled outside the cooling off period then, provided **you** have not made a claim, **you** will be entitled to a refund of any premium paid, subject to a deduction for any time for which **you** have been covered. This will be calculated on a proportional basis. For example, if **you** have been covered for six (6) months, the deduction for the time **you** have been covered will be half the annual premium.

If **you** cancel this insurance outside the cooling off period, there will be an additional charge, as stated in the **schedule**, to cover the administrative cost of providing the insurance.

If **we** pay any claim, in whole or in part, then no refund of premium will be allowed.

What is covered

Section one

Accident

This section only covers claims which fall within the definition of **bodily injury** and does not cover any claim caused or contributed to by **illness**.

What is covered

We will pay the benefit shown in the schedule of benefits if **you** suffer **bodily injury** during the **period of insurance** which results in **your**:

1. **Accidental death**.
2. **Permanent total disablement** as per detailed in the table of compensation.
3. **Permanent partial disablement** as per detailed in the table of compensation.
4. **Temporary total disablement**.

Conditions

1. If the benefit for death is not covered and an **accident** results in **your** death within twelve (12) months following the date of the **accident**, then no claim will be payable, other than for **temporary total disablement** for any applicable period prior to death.
2. If the benefit for death is covered and an **accident** results in **your** death within twelve (12) months following the date of the **accident** and prior to the definite settlement of the benefit for disablement provided for under items 2 to 4 above, the only benefit payable will be the maximum sum stated in schedule under item 1 - death.
3. Any benefit for **permanent total disablement** or **permanent partial disablement** will not become payable before the expiry of twelve (12) months following the date of onset of disability arising from a **bodily injury**. In the event your partial disablement becomes total, the only benefit payable will be the maximum sum stated in the schedule under item 2 - **permanent total disablement**.
4. If the benefit for death is covered, this benefit will also be payable in the event of **your** disappearance. We will only provide this benefit if:
 - a) **your** body is not found within twelve (12) months of **your** disappearance, and sufficient evidence is produced, that leads us inevitably to the conclusion that **you** have sustained **bodily injury** and that such injury has caused **your** death; and
 - b) the person or persons to whom such sum is paid will sign an undertaking to refund such sum to us if **you** are subsequently found to be alive.
5. If the benefit for **permanents partial disability** is covered, the disability will be subject to the approval of two independent **qualified medical practitioners**, one to be appointed by **you** and the other by **us**. In the event of a dispute a third qualified medical practitioner will be appointed by them and his decision will be final and binding upon all parties.

6. If you have purchased **Permanent Total Disablement** or/and **Permanent Partial Disablement** the amount shown in **your schedule** is the maximum benefit payable under this policy. This table of compensation provides the scale of disability and total compensation available in the event you suffer from **accidental bodily injury** which results in any one of the listed disabilities. **Your** occupation is not taken into account.
7. The total benefit payable in respect of several **bodily injuries** due to the same **accident** is calculated by adding together the various percentages stated, but shall not exceed 100% of the sum insured stated in **your schedule**. For instance, complete deafness in one ear and total paralysis of the circumflex nerve would be calculated at 40% and 45% respectively and thus 85% of the sum stated in **your schedule** for **permanent partial disablement** would become payable.
8. For permanent disablement not specified in the table, the degree of **your** disablement shall be assessed by us following recommendations made by a **qualified medical practitioner** by comparing the percentage shown in this scale.
9. In the event more than one item becomes payable for **your permanent partial disablement** the total sum shall not exceed 100% of the sum stated within **your schedule** under item 3.
10. **Temporary total disablement** benefits will be paid for no more than the number of weeks as detailed in **your schedule** following **your** elimination period. Any weekly benefits will be paid in addition to any other benefit for the first 52 weeks but will cease from the date which you are determined to be **permanently totally disabled** or with **your** death. Any weekly benefits payable for weeks 53 - 104 will be deducted from any subsequent lump sum benefits payable.
11. **Temporary total disablement** benefits payable for a fractional part of the week will be indemnified on the basis of one-seventh of the applicable weekly benefit for each day of disablement

Section two

Illness

This section only covers claims which fall within the definition of **illness** and does not cover any claim caused or contributed to by **bodily injury**.

What is covered

We will pay the benefit shown in the schedule of benefits if you suffer **illness** during the **period of insurance** which results in **your**:

1. **Loss of sight** of both eyes.
2. **Permanent total disablement**.
3. **Temporary total disablement**.

Condition

1. Should an **illness** cause **your** death within twelve (12) months of the symptoms of that **illness** appearing prior to any benefit claimed under items 1 or 2 above becoming payable then we will only pay you in respect of item 3.

Section three

Enhanced benefits - accident only

This section only covers claims which fall within the definition of **bodily injury** and does not cover any claim caused or contributed to by **illness**. This section provides additional coverage in the event a claim becomes payable under Section 1 only.

What is covered

1. Home and Workplace alterations expenses
2. Hospital benefits
3. Medical & travel reimbursement expenses whilst travelling abroad

Conditions

1. Following our prior approval, we will reimburse you 80% of the costs up to a maximum of GBP 3,750 for the reasonable expenses necessarily incurred to adapt **your** home to cater for **your** requirements following **your permanent total disablement**. We will also reimburse you 80% of the costs up to a maximum of GBP 3,750 for the reasonable expenses necessarily incurred to adapt **your** place of business/work to cater for **your** requirements following **your permanent total disablement**.
2. We will pay GBP 50 per day for each complete 24 hours spent as an in-patient if **you** are admitted to a registered hospital as a result of injury, up to a maximum of 60 days. We will pay **you** an enhanced amount of GBP 75 per day on public or bank holidays.
3. If **you** suffer a **bodily injury** whilst **you** are travelling outside of Iceland and require immediate medical attention from a **qualified medical practitioner**, we will reimburse **you** the **medical expenses** incurred up to the limit specified in **your** schedule. This includes the necessary medical, surgical or other remedial attention or treatment given or prescribed by a **qualified medical practitioner** including medicines, hospital care, nursing home and ambulance charges reasonably incurred and which cannot be delayed until **you** return to Iceland. We shall continue to pay any medical costs incurred by **you** upon **your** return to Iceland which are not covered by the Icelandic Social Insurance System for up to two years from the date of the **accident**. We will also reimburse **you** if it is deemed medically necessary that you require home nursing provided by a qualified medical practitioner or nurse for up to a maximum of 30 days.
4. If **you** suffer a **bodily injury** whilst **you** are travelling outside of Iceland and require immediate dental treatment we will reimburse you up to GBP 500 in any one annual period of insurance. We will not cover any routine dental check-ups or routine dental procedures.
5. If **you** suffer a **bodily injury** whilst **you** are travelling outside of Iceland and require immediate medical attention from a **qualified medical practitioner**, we will also reimburse **you** any reasonable additional travel and accommodation expenses in respect of **your** medical repatriation back to Iceland up to a maximum of GBP 500 each and every claim. This also includes other persons necessarily having to travel, remain with or escort you back to Iceland. In the event that **your** primary residence has been rented or leased for the duration of **your** overseas voyage we will reimburse you up to GBP 75 per day for a maximum of 30 days.
6. All enhanced benefits are subject to an excess amount which will be deducted from **your** admissible expenses incurred in respect of any one claim and which is specified in **your** schedule.

What is not covered (applicable to Sections One, Two and Three)

A. This insurance does not cover claims in any way caused or contributed to by:

1. war, whether war be declared or not, hostilities or any act of war or civil war;
2. the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s), committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear;
3. nuclear reaction, nuclear radiation or radioactive contamination;
4. **your** engaging in or taking part in armed forces service or operations;
5. **your** suicide or attempted suicide or intentional self-injury;
6. venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;
7. **your** deliberate exposure to exceptional danger (except in an attempt to save human life);
8. a criminal act by **you**;
10. **your** being intoxicated by alcohol which is above the legal limits to drive a vehicle in the country he has a legal residence, or drugs unless prescribed by a registered medical practitioner.
12. neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or any other mental or emotional diseases or disorders of any type;
12. a chronic pain syndrome including but not limited to Chronic or Complex Regional Pain Syndrome, or fibromyalgia (a syndrome characterised by chronic pain in the muscles and soft tissues surrounding the joints, fatigue and tenderness at specific sites in the body);
13. any condition whether diagnosed or not, for which **you** have sought advice, diagnosis, treatment or counselling or of which **you** were aware or should have been aware at inception of this insurance or for which **you** have been treated at any time during the three (3) years prior to the inception of this insurance.
14. Pregnancy or childbirth.
 - (i) **your** age: **we** do not provide any **accident** (section 1) coverage for individuals 70 years of age or above.
we do not provide any **illness** (section 2) coverage for individuals 60 years of age or above.
15. Death of Insured person due to sickness

B. This insurance will not pay a benefit or any portion of a benefit for disablement arising from the interaction between **bodily injury** and another medical condition.

What is not covered - applicable to section Three only

This insurance does not cover claims in any way caused or contributed to by:

1. Illness
 2. Treatment provided after 24 months from the date you sustained bodily injury.
 3. Any expenses relating from or relating to elective or cosmetic surgery.
 4. Routine dental and optical treatment, or the provision of dentures, spectacles, lenses or contact lenses.
 5. Any treatment from a chiropractor, physiotherapist or any other source of alternative medicine, unless this has been recommended by the treating qualified medical practitioner and then authorised by us.
 6. The cost of continuing regular medication for any condition for which medical advice, or treatment is being followed prior to the inception of this policy or employment of the insured person, whichever is the later.
 7. Any expense recoverable under any reciprocal health arrangement such as the European Health Insurance Card, the Icelandic Social Insurance System or any other insurance policy.
 8. Expenses for routine medical examinations, check-ups, tests, or scans unless they relate to your accidental bodily injury.
 9. Medicines or drugs without a doctor's prescription.
 10. Any expenses arising from the failure to follow the advice of a qualified medical practitioner.
 11. The excess amount as specified on the Schedule will be deducted from all admissible expenses incurred in respect of any one claim.
 12. Birth Defects or congenital illnesses.
-

How to make a claim

Things you must do

You must comply with the obligations set out below. If **we** determine that any claim **you** make under this insurance has been adversely impacted directly by **your** failure to comply with the obligations below, **we** may refuse to pay **your** claim or reduce the amount of any payment **we** make for the claim.

1. In the event of an **accident** or **illness** which causes or may cause a claim under this insurance, **you** must as soon as practicable:
 - a) seek the attention of a duly qualified medical practitioner; and
 - b) notify **your broker**.
2. **You** must provide **us** or **our** medical adviser with the necessary authorisation to access or obtain all **your** medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition (as described in A.13 on page 8). The medical adviser must, for the purpose of reviewing the claim, be allowed to examine **you** as **we** consider necessary.
3. **You** must provide **your broker** with all information **we** may reasonably require including a fully completed claim form.

You can only claim for one (1) of the benefits listed in the schedule of benefits in respect of the consequences of one **accident** or of one **illness**, and no **temporary total disablement** benefit will become payable until the total amount has been ascertained and agreed. Where any payment is made for **temporary total disablement** benefit, the amount paid will be deducted from any lump sum subsequently payable in respect of the same **accident** or **illness**.

How we deal with your claim

When **you** notify **your broker** of a claim, **we** will send **you** a claim form which **you** are required to complete and return to **us**.

Once **your** claim is accepted, **we** will pay **you** the amount stated in the relevant section of the schedule of benefits.

1. The maximum **benefit period** in respect of **temporary total disablement** will be the **benefit period** shown in the schedule of benefits following the expiry of the **elimination period**.
2. The total sum payable under this insurance in respect of any one (1) or more claims will not exceed in all the largest benefit under any one of the items contained in the schedule of benefits.

Fraudulent claims

If **you**, or anyone acting on **your** behalf, make a claim knowing it to be false or fraudulent in amount or in any other respect, this insurance will become invalid. This means **we** will not pay the false or fraudulent claim, or any subsequent claim.

How to make a complaint

Our aim is to ensure that all aspects of **your** insurance are dealt with promptly, efficiently and fairly. At all times **we** are committed to providing **you** with the highest standard of service.

If you have any questions or concerns about **your** policy or the handling of a claim you should, in the first instance, contact Tryggingamidlun Islands ehf. In the event that you remain dissatisfied and wish to make a complaint, you can do so at any time by referring the matter to either;

The Insurance Complaints Committee
Höfðatún 2
105 Reykjavík
Iceland
Tel: + 354 520 3700
Fax: +354 520 3727
E-mail: urskvatr@fme.is

Or;
Complaints, Lloyd's Market Services,
One Lime Street, London EC3M 7HA;
Tel: 020 7327 5693;
Fax: 020 7327 5225;
E-mail: complaints@lloyds.com;
[Website: www.lloyds.com/complaints.](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedures, including timescales are set out in a leaflet "Your Complaint - How We Can Help" available at www.lloyds.com and are also available from the above address. If **you** remain dissatisfied after Lloyd's has considered **your** complaint, or, in any event, after a period of eight weeks from making **your** complaint, **you** may refer **your** complaint to the Financial Ombudsman Service (FOS). The FOS is an independent service in the UK for settling disputes between consumers and businesses providing financial services. The contact details for the FOS are: The Financial Ombudsman Service, Exchange Tower, London E14 9SR. Telephone 0800 023 4 567 (calls to this number are free from "fixed lines" in the UK) or 0300 1239123 (calls to this number are charged at the same rate as 01 and 02 numbers on mobile phone tariffs in the UK). Email complaint.info@financial-ombudsman.org.uk. **You** can find more information on the FOS at www.financial-ombudsman.org.uk.

Making a complaint does not affect **your** right to take legal action.

Compensation

Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to **you** under this insurance.

If **you** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this insurance. Further Information about the Scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St. Botolph Street, London EC3A 7QU) and on their website: www.fscs.org.uk.

Data Protection

Any information **you** have provided will be dealt with by **us** in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and the handling of any claims or complaints, **we** may need to transfer to other parties certain information which **you** have provided to **us**.

Sanctions

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Choice of law

You and **we** are free to choose the law applicable to this contract of insurance. Unless specifically agreed to the contrary this contract of insurance will be governed by Icelandic law and subject to the exclusive jurisdiction of the courts of Iceland.

Rights of third parties

A person who is not a party to this insurance has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

Policy Format

Upon request **we** can provide Braille, audio or large print versions of the policy and the associated documentation including the Key Facts document. If **you** require an alternative format **you** should contact **your broker** through whom this policy was arranged.

In this contract of insurance, **our** syndicate numbers and proportions are shown in the attached table. **We** bind ourselves severally and not jointly, that is, in the event of a claim, each of **us** (and **our** Executors and Administrators) is liable only for their own share of their syndicate's proportion of the risk.

You or **your** representative can obtain the name of each of **us** and **our** respective shares by applying to Market Services, Lloyd's, One Lime Street, London EC3M 7HA.

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

Our Firm Reference Number(s) and other details can be found on the Financial Services Register at www.fca.org.uk.



One Lime Street London EC3M 7HA