

# Lloyd's Accident and Illness Insurance (UK)

## The insurance contract

In return for payment of the premium shown in the **schedule**, **we** agree to insure **you**, subject to the terms and conditions contained in or endorsed on this contract of insurance, against **bodily injury** and/or **illness** in the manner and to the extent provided in this contract during the **period of insurance**.

The premium becomes due when the insurance is issued, unless agreed differently by **us**. Payment of the premium is a pre-condition for initiating **our** liability.

**THE SCHEDULE**

Insurance/Certificate No:

Contract No (if any):

Proposal dated:

Your name:

Your date of birth:

Your address:

Your business or occupation:

The period of insurance is from:

to:

both days inclusive at your address and for such further period or periods as may be mutually agreed upon.

List of Lloyd's Underwriters:

Syndicate No.	Syndicate Name / Pseudonym	Name of Managing Agent	Percentage

The registered address for all Lloyd's Underwriters is One Lime Street, London, EC3M 7HA, United Kingdom.

The geographical limits of this insurance:

World-wide

Endorsements and other conditions if any:

Your broker contact details:

The premium:

Insurance Premium Tax:

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Signed by:  
Coverholder

Name and address of the Coverholder:

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Dated in London:

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Cancellation administration charge:

This policy is only valid if it bears the signature of the Coverholder, on behalf of certain Underwriters at Lloyd's.

Lloyd's Managing Agents are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Their Firm Reference Number(s) and other details can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk).

## SCHEDULE OF BENEFITS

This insurance covers only such of the following benefits as have an amount inserted against them. Where benefits are not insured the words "NOT COVERED" are shown

### BENEFITS PAYABLE IN RESPECT OF SECTION ONE: ACCIDENT

1.	Accidental Death	CURRENCY XXXX
2.	Permanent total disablement As per detailed in the 'Table of Compensation'	CURRENCY XXXX
3.	Permanent partial disablement As per detailed in the 'Table of Compensation'	Up to a maximum of CURRENCY XXXX
4.	Temporary total disablement	CURRENCY XXXX per week During such disablement for a maximum of ..... consecutive weeks ( <b>benefit period</b> ) regardless of the number of <b>accidents</b> commencing ..... days after the date on which <b>you</b> first became disabled ( <b>elimination period</b> ).

### BENEFITS PAYABLE IN RESPECT OF SECTION TWO: ILLNESS

1.	Loss of sight of both eyes	CURRENCY XXXX
2.	Permanent total disablement	CURRENCY XXXX
3.	Temporary total disablement	CURRENCY XXXX per week During such disablement for a maximum of ..... consecutive weeks ( <b>benefit period</b> ) regardless of the number of <b>illnesses</b> commencing ..... days after the date on which <b>you</b> first became disabled ( <b>elimination period</b> ).

The maximum **benefit period** in respect of **temporary total disablement** will be the **benefit period** shown above, following the expiry of the **elimination period**.

Benefit will not be payable under more than one of the items above in respect of the consequences of one **accident** or of one **illness**, with the exception of **temporary total disablement** where the first 104 weeks can be paid in addition to any lump sum benefit payable.

**BENEFITS PAYABLE IN RESPECT OF SECTION THREE: ENHANCED ACCIDENT BENEFITS**

1.	<b>Home and Workplace alterations expenses</b>	Up to a maximum of GBP 3,750
2.	<b>Hospital benefits</b>	Up to a maximum of GBP 50 per day for each completed 24 hours spent as an inpatient of a registered hospital.
3.	<b>Medical &amp; travel reimbursement expenses whilst travelling abroad</b>	As per the Sjúkratryggingar Íslands (Icelandic Health Insurance) any one <b>accident</b> up to a maximum of GBP 25,000 in excess of the first GBP 50 incurred.
4.	<b>Dental</b>	Up to a maximum of GBP 3,500
	<b>Excess amount</b>	Medical Expenses GBP 50 Dental GBP 200

## DETAILED TABLES OF COMPENSATION FOR PERMANENT DISABILITY

This insurance covers only the following benefits if they are shown to have an amount inserted against them in your schedule.

### PERMANENT TOTAL DISABLEMENT - TABLE OF COMPENSATION

<u>Injury</u>	<u>Percentage of benefit payable</u>
<b>Permanent Total Disablement</b>	100%
Total loss of sight of both eyes	100%
Loss of arm and/or hand	100%
Complete deafness of both ears, of traumatic origin	100%
Removal of lower jaw	100%
Loss of speech	100%
Loss of one arm and/or one leg	100%
Loss of one arm and/or one foot	100%
Loss of one hand and/or one foot	100%
Loss of one leg and/or one hand	100%
Loss of both legs	100%
Loss of both feet	100%

### PERMANENT PARTIAL DISABLEMENT - TABLE OF COMPENSATION

<u>Injury</u>	<u>Percentage of benefit payable</u>
Loss of osseous substance of the skull in all its thickness:-	
surface of at least 6 sq. cm	40%
surface of 3 to 6 sq. cm	20%
surface of less than 3 sq. cm	10%
Partial removal of lower jaw, rising section in its entirety or half of the maxillary bone	50%
Loss of one eye	50%
Complete deafness of one ear	40%
Considerable loss of osseous substance of the arm (definite and incurable lesion)	50%
Total paralysis of the upper limb (incurable lesion of nerves)	65%
Total paralysis of the circumflex Nerve	20%
Shoulder ankylosis	40%
Elbow ankylosis in favourable position (15 degrees round the right angle)	25%
in unfavourable position	40%
Extensive loss of osseous substance of the two bones of the forearm (definite and incurable lesion)	40%
Total paralysis of the median Nerve	45%
Total paralysis of the radial nerve at the torsion cradle	40%
Total paralysis of the forearm radial nerve	30%
Total paralysis of the hand radial nerve	20%
Total paralysis of the cubital Nerve	30%
Ankylosis of the wrist in favourable position (straight and in pronation)	20%
Ankylosis of the wrist in unfavourable position (flexion or strained extension of supine position)	30%
Total loss thumb	25%
Partial loss of thumb (ungula phalanx)	10%
Total ankylosis of thumb	20%
Total amputation of forefinger	15%
Amputation of two phalanges of forefinger	10%
Amputation of the unguis phalanx of forefinger	5%
Simultaneous amputation of thumb and forefinger	35%
Amputation of thumb and a finger other than forefinger	25%
Amputation of two fingers other than thumb and forefinger	12%
Amputation of three fingers other than thumb and forefinger	25%

Amputation of four fingers including thumb	75%
Amputation of four fingers excluding thumb.	50%
Amputation of median finger	10%
Amputation of a finger other than thumb, forefinger and median	7%
Amputation of thigh (upper half)	60%
Amputation of thigh (lower half) and leg	50%
Total loss of foot (tibio-tarsal disarticulation)	45%
Partial loss of foot (sub-ankle-bone disarticulation)	40%
Partial loss of foot (Medio-tarsal disarticulation).	35%
Partial loss of foot (tarso-metatarsal disarticulation)	30%
Total paralysis of lower limb (incurable nerve lesion)	60%
Complete paralysis of the external popliteal sciatic nerve	30%
Complete paralysis of the internal popliteal sciatic nerve	20%
Complete paralysis of the two nerves popliteal sciatic external and internal)	40%
Anchylosis of the hip	40%
Anchylosis of the knee	20%
Loss of osseous substance from the thigh or both bones of the leg (incurable condition)	60%
Loss of osseous substance of the knee-pan with considerable separation of the fragments and considerable difficulty of movements in stretching the leg	40%
Loss of osseous substance of the knee-pan while the movements are preserved	20%
Shortening of the lower limb at least 5 cm	30%
Shortening of the lower limb at 3 to 5 cm.	20%
Shortening by 1 to 3 cm	10%
Total amputation of all toes	25%
Amputation of four toes including big toe	20%
Amputation of four toes	10%
Anchylosis of the big toe	10%
Amputation of two toes	5%
Amputation of one toe other than the big toe	3%

Permanent **scarring** disfigurement resulting from **accidental bodily injury** to the combined area of the face and neck:

**BENEFIT**

5% to 10% visible surface area disfigurement:	25%
11% to 24% visible surface area disfigurement:	50%
25% and more visible surface area disfigurement:	100%

Permanent **scarring** disfigurement resulting from **accidental bodily injury** to the remaining parts of the body other than the face and neck:

**BENEFIT**

10% surface area disfigurement:	10%
11% to 24% surface area disfigurement:	40%
25% to 49% surface area disfigurement:	75%
50% or more surface area disfigurement:	100%

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## Definitions

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

<b>Accident/Accidental</b>	means a sudden, unexpected, unusual, specific, external event which occurs at an identifiable time and place during the <b>period of insurance</b> .
<b>Benefit period</b>	means the number of consecutive weeks set out in the <b>schedule</b> for which <b>temporary total disablement</b> benefit is paid.
<b>Bodily injury/Bodily injuries</b>	means identifiable physical injury which <ul style="list-style-type: none"> <li>- is caused by an <b>accident</b>, and</li> <li>- 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 <b>your</b> death or disablement within twelve months from the date of the <b>accident</b>.</li> </ul>
<b>Elimination period</b>	means the number of consecutive days set out in the <b>schedule</b> after the date on which <b>you</b> first became disabled which must expire before <b>temporary total disablement</b> benefit becomes payable.
<b>Excess</b>	The amount <b>you</b> will have to pay towards each separate claim.
<b>Illness/Illnesses</b>	means <b>your</b> sickness or disease the symptoms of which first appear during the <b>period of insurance</b> and which solely and independently of any other cause results in <b>your</b> total disablement within twelve consecutive months after the symptoms first appear.
<b>Loss of limb</b>	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 <b>your</b> hand, arm, foot or leg.
<b>Loss of sight</b>	means permanent and total <b>loss of sight</b> which <b>we</b> will consider as having happened: <ul style="list-style-type: none"> <li>- in both eyes if, on the authority of a fully-qualified ophthalmic specialist after correction, the degree of sight <b>you</b> have left in both eyes is 3/60 or less on the Snellen scale (meaning <b>you</b> can see at not more than three feet what <b>you</b> should be able to see at sixty feet); or</li> <li>- in one eye if, on the authority of a fully-qualified ophthalmic specialist after correction, the degree of sight <b>you</b> have left is 3/60 or less on the Snellen scale (meaning <b>you</b> can see at not more than three feet what <b>you</b> should be able to see at sixty feet).</li> </ul>
<b>Period of insurance</b>	means the time for which this insurance is in place as shown in the <b>schedule</b> , or until cancelled.
<b>Permanent total disablement/Permanently totally disabled</b>	means <b>your</b> complete and total physical inability arising from <b>Bodily Injury</b> or <b>Illness</b> which entirely prevents <b>you</b> from attending to <b>your</b> usual business or occupation as stated in the <b>Schedule</b> and which lasts for twelve continuous months and at the end of such time there is no hope of recovery.

<b>Permanent Partial disablement</b>	means partial disablement which permanently reduces <b>your</b> ability to perform some but not all of <b>your</b> 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 in this document. The percentage of disability is subject to the approval of two independent <b>qualified medical practitioners</b> , one to be appointed by <b>you</b> and the other by <b>us</b> . In the event of a dispute an independent third <b>qualified medical practitioner</b> will be appointed and their decision will be final and binding upon all parties.
<b>Qualified Medical Practitioner(s)</b>	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.
<b>Scarring</b>	means the identifiable, permanent and visible marking of the skin from fibrous tissue replacing normal tissues destroyed by <b>bodily injury</b> .
<b>Schedule</b>	the pages of this document showing <b>your</b> name, the sums insured, the <b>period of insurance</b> and the sections of this insurance which apply.
<b>Temporary total disablement</b>	means disablement which prevents <b>you</b> from attending to all aspects of <b>your</b> business or occupation.
<b>We / us / our</b>	the Underwriters at Lloyd's who have a share in this insurance.
<b>you / your</b>	the person named in the <b>schedule</b> .
<b>Your broker</b>	the insurance broker or intermediary shown in the <b>schedule</b> who arranged this insurance on <b>your</b> 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 18, **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 of this document.

**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 contacting **your broker** and providing a signed cancellation form given thirty (30) days notice.

**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 (and **you** have not rectified this within the required timescales);
- 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.

If for any reason the renewal of insurance is rejected or premium and/or terms and conditions of the insurance are changed at renewal sixty (60) days notice will be provided.

### Refund of premium

This insurance has a cooling off period of thirty (30) days from the start of the **period of insurance**

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

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#### Accident

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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**.

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#### 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** - benefit to be paid out in accordance with the local inheritance law, unless stated otherwise in the proposal form or another applicable document.
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 benefit payable will be the maximum sum stated in the 'Schedule of Benefits' under item 1 - death in addition to any **temporary total disablement** already paid.
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 of Benefits' under item 2 - **permanent total disablement** in addition to any **temporary total disablement** already paid.
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 **permanent partial disablement** or **permanent total disablement** 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 an independent third **qualified medical practitioner** will be appointed 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 will 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 20% respectively and thus 60% 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 will 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 will 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 104 weeks but will cease from the date which **you** are determined to be **permanently totally disabled** or with **your** death.
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.
12. Coverage under this section is only available for individuals under 70 years of age, unless the insurance policy is held for two consecutive years prior to the individuals 70th birthday. If the policy is held for two consecutive years prior to the individuals 70<sup>th</sup> birthday it may be available for individuals under 75 years of age.

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## Section two

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### Illness

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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**.

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#### 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**.

#### Conditions

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.

2. **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 104 weeks but will cease from the date which **you** are determined to be **permanently totally disabled**.
3. **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.
4. Coverage under this section is only available for individuals under 60 years of age, unless the insurance policy is held for two consecutive years prior to the individuals 60th birthday. If the policy is held for two consecutive years prior to the individuals 60<sup>th</sup> birthday it may be available for individuals under 65 years of age.

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### Section three

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#### Enhanced benefits - accident only

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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.

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#### What is covered

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

#### Conditions

1. Following our prior approval, we will reimburse you 80% of the costs up to a maximum of GBP 3,750 for the 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 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.
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 incurred and which cannot be delayed until you return to Iceland. We will 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 considered 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 medical attention from a **qualified medical practitioner**, **we** will also reimburse **you** any 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.
5. The insurance pays repairs on healthy and / or well-repaired teeth, which break due to accidental damage. No cover is provided for chewing related accidents. The amounts payable is a maximum of GBP 3,500 in excess of the first GBP 200 incurred. The insurance will only benefit dental damages that are not payable by another party. For example another party may be 'The Social Insurance Administration' when in accordance with the laws of national insurance relating to the cost of dental payments.
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**;
9. **you** being intoxicated by alcohol which is above the legal limits to drive a vehicle in the country **you** are driving within, or drugs unless prescribed by a registered **Qualified medical practitioner**.
10. neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or any other mental or emotional diseases or disorders of any type;
11. 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);
12. 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.
13. Pregnancy or childbirth unless it develops into a complication which is diagnosed by a **Qualified Medical Practitioner** or consultant who specialises in obstetrics.



14. **Your death due to illness.**

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.

**C. 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.

**D. Age**

We do not provide any **accident** (section 1) coverage for individuals 70 years of age or above, unless the insurance policy is held for two consecutive years prior to the individuals 70<sup>th</sup> birthday. If the policy is held for two consecutive years prior to the individuals 70<sup>th</sup> birthday it may be available for individuals under 75 years of age.

We do not provide any **illness** (section 2) coverage for individuals 60 years of age or above, unless the insurance policy is held for two consecutive years prior to the individuals 60<sup>th</sup> birthday. If the policy is held for two consecutive years prior to the individuals 60<sup>th</sup> birthday it may be available for individuals under 65 years of age.

**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 **qualified medical practitioner'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 (a disease or physical abnormality present from birth) **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.12 on page 16). 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. **We** will only request information in relation to **your** claim.
4. All claims under this policy must be notified to **us** via **your broker** within a period of one year from the time **you** were aware of the circumstances of the claim.

**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**.

### 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** make a fraudulent claim under this insurance contract, then **we**:

- (a) Are not liable to pay the claim; and
- (b) May recover from **you** any sums paid by **us** to **you** in respect of the claim; and
- (c) May by notice to **you** treat the contract as having been terminated with effect from the time of the fraudulent act.

If **we** exercise **our** right under clause (c) above:

- (a) **We** will not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under the insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
- (b) **We** need not return any of the premiums paid.

## 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.

Any formal complaint should be addressed in the first instance to:

Tryggingamiðlun Íslands  
Hlíðasmári 12  
200 Kópavogur  
Tel: + 354 553 6688  
E-mail: tmi@tmi.is

The Lloyd's managing agent, AXIS Managing Agency Ltd, or the party named above that it has appointed to adjudicate on **your** formal complaint on its behalf, will acknowledge **your** formal complaint in writing within five business days.

The Lloyd's managing agent, AXIS Managing Agency Ltd, or the party named above that it has appointed to adjudicate on **your** formal complaint on its behalf, will aim to provide **you** with its decision on **your** formal complaint, in writing, within eight weeks of the complaint being made.

Should **you** remain dissatisfied with the decision on **your** formal complaint or if **you** have not received a final response within eight weeks of the formal complaint being made, **you** may be eligible to refer **your** formal complaint to the Financial Supervisory Authority in Iceland. The contact details are as follows:

The Insurance Complaints Committee  
Financial Supervisory Authority  
Höfðatún 2  
105 Reykjavík  
Iceland  
Tel: + 354 520 3700  
Fax: +354 520 3727  
E-mail: [urskvatr@fme.is](mailto:urskvatr@fme.is)  
Website: [www.en.fme.is/supervision/consumer-affairs/the-insurance-complaints-committee/](http://www.en.fme.is/supervision/consumer-affairs/the-insurance-complaints-committee/)

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 (PO Box 300, Mitcheldean, GL17 1DY) and on their website: [www.fscs.org.uk](http://www.fscs.org.uk).

## 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 schedule. 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](http://www.fca.org.uk).

## Data Protection

Your personal information notice.

Who we are:

- A) We are the Lloyd's underwriter - Axis Managing Agency Limited, Syndicate 2007
- B) We are Tryggingamiðlun Íslands - TMI, a Coverholder at Lloyd's and a representative of the Lloyd's underwriter in matters pertaining to establishing and executing an Insurance Contract

The basics:

We collect and use relevant information about you to arrange and provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

**Other people's details you provide to us:**

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

**Want more details?**

For more information about how we use your personal information please see our full privacy notice(s), which are available online on our website(s) or in other formats on request.

**Contacting us and your rights:**

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged your insurance.

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Iceland.  
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Website: [www.tmi.is](http://www.tmi.is)

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