

The General terms and conditions and the following terms and conditions all apply to this section.

Special definitions for this section

Accidental bodily injury	An identifiable physical injury (including illness solely and directly resulting from the injury) which is caused by an accident occurring at an identifiable time and place during the operative time and which results in the insured person's death or disablement within 24 calendar-months of the date of the accident.
Excess period	The first period of temporary total disablement as shown in the schedule for which no benefit is payable.
Disablement	Loss of sight, loss of hearing, loss of limb, loss of speech, permanent total disablement or temporary total disablement.
Inception	Start date of the period of insurance as shown in the schedule.
Insured person	Any person shown in the schedule provided that the person is under 85 years old at inception .
Loss of sight	Permanent and total loss of sight in an eye.
Loss of hearing	Permanent and total loss of hearing.
Loss of limb	Loss by physical separation of an arm, hand, foot or leg at or above the wrist or at or above the ankle, or permanent and total loss of use of a complete arm, hand, foot or leg.
Loss of speech	Permanent and total loss of speech.
Medical expenses	The cost of medical, surgical or other remedial attention or treatment given or prescribed by a suitably qualified medical practitioner and all hospital, nursing home and ambulance charges connected with a valid claim under this section.
Operative time	The time during the period of insurance when the insured person is covered under this section as shown in the schedule.
Permanent total disablement	Disablement which totally prevents the insured person from working in any and every occupation, which lasts continuously for 12 calendar-months and which at the end of that period is without prospect of improvement.
Temporary total disablement	Disablement which totally prevents the insured person carrying out all parts of their usual occupation.

What is covered

We will pay **you** the appropriate benefit shown in the schedule if:

- a. the **insured person** suffers **accidental bodily injury**;
- b. the **insured person** incurs **medical expenses** in connection with the **accidental bodily injury**.

Additional cover

Dental treatment	<p>If the insured person suffers loss or damage to their teeth or any dental prostheses which is caused by an unforeseen and unexpected direct extra-oral impact occurring at an identifiable time and place during the operative time, we will pay you the necessary and reasonable cost of treatment by a suitably licensed and qualified dentist up to the amount shown in the schedule. However, we will not make any payment for:</p> <ol style="list-style-type: none"> a. the treatment of a dental injury caused by the consumption of food and drink; b. the treatment of a dental injury caused by any oral hygiene activity; c. the treatment of a dental injury for which the insured person has not sought treatment within 21 days of the incident; d. the treatment of a dental injury caused by damage to dental prostheses while the insured person is not wearing them.
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Optical treatment

If the **insured person** suffers loss or damage to their eyes which is caused by an unforeseen and unexpected direct extra-optical impact occurring at an identifiable time and place during the **operative time**, **we** will pay **you** the necessary and reasonable cost of treatment by a suitably licensed and qualified optician or ophthalmologist up to the amount shown in the schedule. However, **we** will not make any payment for:

- a. the treatment of an optical injury caused by the insertion or removal of contact lenses;
- b. the treatment of an optical injury directly or indirectly arising out of or contributed to by the insured person having previously undergone laser eye surgery;
- c. the treatment of an optical injury for which the **insured person** has not sought treatment within 21 days of the incident.

Repair or replacement of spectacles

If the **insured person** suffers loss or damage to their spectacles which is caused by an unforeseen and unexpected impact to the spectacles occurring at an identifiable time and place during the **operative time**, **we** will pay **you** the necessary and reasonable cost of the repair or replacement of the spectacles up to the amount shown in the schedule. However, **we** will not make any payment for:

- a. loss or damage to contact lenses;
- b. loss or damage to spectacles which are more specifically insured under another insurance policy.

Physiotherapy treatment

If the **insured person** suffers an identifiable physical injury:

- a. which is caused by an accident occurring at an identifiable time and place during the **operative time**; and
- b. which totally prevents the **insured person's** participation in official matches for their sporting club or association; and
- c. for which physiotherapy treatment is deemed necessary by a suitably licensed and qualified medical practitioner;

we will pay **you** the necessary and reasonable cost of the **insured person's** physiotherapy treatment up to the amount shown in the schedule, provided that the **insured person** is under 80 years old at **inception**.

What is not covered

We will not make any payment for:

Hazardous pursuits

1. any injury sustained while taking part in:
 - a. winter sports other than curling or ice skating;
 - b. the following scuba diving activities: any unaccompanied dive; any dive involving visits to wrecks or caves; any dive for gain or reward; or any dive below 30 metres. Any other scuba diving activities are only covered if the **insured person**:
 - i. holds the British Sub Aqua Club 'Sports Diver' certificate or the Professional Association of Diving Instructors 'Open Water' certificate and follows the relevant Club or Association rules and guidelines at all times; or
 - ii. dives under the constant supervision of a properly licensed diving school and follows their rules and instructions at all times;
 - c. free diving;
 - d. hunting;
 - e. white water rafting;
 - f. mountaineering or rock-climbing for which the **insured person** would normally need to use ropes or guides;
 - g. any activity taking place underground, including but not limited to caving or potholing;
 - h. any aerial activity including but not limited to hang-gliding, parachuting, parascending, paragliding, kite surfing or bungee jumping;
 - i. any kind of race or endurance test which is known to carry an increased risk of physical injury;
 - j. any combat sport including but not limited to boxing, wrestling or martial arts;
 - k. armed forces activities including operations, exercises or training;

- l. flying other than travel by commercial airlines as a passenger;
 - m. motorcycling other than by mopeds or scooters with an engine which does not exceed 50cc;
 - n. any business or commercial activity other than **your activities**.
- Other exclusions
- 2. any injury directly or indirectly arising out of or contributed to by:
 - a. any emotional or psychiatric disorder or condition;
 - b. the **insured person** taking or using drugs or controlled substances (other than drugs prescribed by their doctor and used properly);
 - c. the **insured person** committing suicide or attempted suicide or deliberately injuring themselves or putting themselves in unnecessary danger (unless trying to save a human life);
 - d. any criminal act by the **insured person**;
 - e. HIV (Human Immune Deficiency Virus), AIDS (Acquired Immune Deficiency Syndrome), AIDS-related complex (ARC) or any related virus or illness, or any sexually-transmitted disease;
 - f. pregnancy or any condition connected with pregnancy or childbirth;
 - g. **war, terrorism or nuclear risks**;
 - h. any illness or disease other than illness solely and directly resulting from **accidental bodily injury**.
- Temporary benefits
- 3. **temporary total disablement** of any **insured person**:
 - a. over 80 years old at **inception**;
 - b. under 16 years old at **inception**;
 - c. 16 or 17 years old at **inception**, unless that person is in paid employment at the time of the **accidental bodily injury**.
 - 4. **temporary total disablement** during the **excess period**.

How much we will pay

Payment of benefit

We will pay the appropriate benefit shown in the schedule, but **we** will not pay more than one of the benefits in respect of the same accident. However, **we** will pay for **temporary total disablement** prior to making any payment under the death or permanent disablement benefits.

For any **insured person** under 16 years old at **inception**, the most **we** will pay under the death or permanent disablement benefits is £2,000.

For any **insured person** over 80 years old at **inception**, the most **we** will pay under the death or permanent disablement benefits is £5,000.

For **permanent total disablement**, **we** will pay only when the disablement has lasted for 12 calendar months and at the end of that time is without prospect of improvement.

For **temporary total disablement** benefits, **we** will pay:

- a. when the total amount on termination of any one period of disablement has been agreed; or
- b. at **your** request on completion of at least four weeks' disablement subject to satisfactory medical and other evidence that **we** may require.

We will not pay **temporary total disablement** benefits for more than a total number of weeks shown in your schedule in connection with one injury.

Payment of medical expenses

We will also pay **medical expenses** incurred in connection with the **accidental bodily injury** up to but not exceeding 15% of the benefit paid, subject to a maximum amount of £10,000 for each **insured person** during the **period of insurance**.

Maximum accumulation any one conveyance

The maximum amount **we** will pay in all under this and any other personal accident insurance issued by **us** in **your** name in respect of all **insured persons** travelling in the same conveyance is the accumulation limit shown in the schedule. If a claim exceeds the maximum accumulation limit stated in the schedule, **we** will pay an amount under this **policy** which is proportionately reduced so that the total under this and any other applicable personal accident insurance does not exceed the said limit.

Your obligations

If a problem arises

We will not make any payment under this section unless:

1. **you** notify Van Ameyde Wallis (and **your** insurance agent) promptly of any injury or illness which might be covered under this section;
2. the **insured person** sees a suitably qualified medical practitioner as soon as possible after suffering injury and follows any medical advice they are given.

If **we** consider it necessary, the **insured person** must allow a medical adviser chosen by **us** to examine them and to see all medical records.

Claims

Procedural conditions for claims

1. Written notice must be given to Van Ameyde & Wallis Limited (and **your** insurance agent) as soon as practicable of any accident which causes or may cause a claim to be made under this insurance. If **disablement** results or may result, the **insured person** must place themselves as early as possible under the care of a suitably qualified medical practitioner.
2. **All correspondence and supporting documentation in connection with claims should be sent to Van Ameyde & Wallis Limited, 34 The Mall, Bromley, Kent BR1 1TS (telephone number 020 8466 6034), quoting the Hiscox policy number and the broker's name and reference.**