Summary of cover - Trinity personal accident insurance

This document provides you with key information about the Trinity Personal Accident Insurance. It is important you read this information to understand what the policy offers you and to understand your rights and obligations. This policy summary does not contain the full terms of the insurance and you should read the policy which will be provided to you from Trinity Insurance Services Limited.

Your policy is administered by Trinity Insurance Services Limited, incorporated in England and Wales and registered with company number 03904541. Trinity Insurance Services Limited is authorised and regulated by Financial Conduct Authority registration number 307068.

Your policy is underwritten by Chubb European Group Limited registered number 1112892 registered in England & Wales with registered office at 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Full details can be found online at https://register.fca.org.uk/.

TYPE OF INSURANCE AND COVER

This policy provides Personal Accident insurance for persons in HM Forces and can also include their families on a 24 hour basis. This policy covers accidental death, loss of limbs, sight, speech, hearing, permanent total disablement due to medical discharge, permanent partial disablement, fractures, burns and flesh wounds. It also provides cash in the event that you are hospitalised, taken hostage or require convalescence post hospitalisation.

THE SIGNIFICANT FEATURES, BENEFITS, CONDITIONS AND EXCLUSIONS UNDER THE POLICY

A summary of the main benefits under the policy is provided below. Please note this is only a summary for full details of these significant benefits, conditions and exclusions you should read the policy booklet. Please note the benefits listed in this table depend on the plan that you take out. Please refer to your schedule which will show you what plan you have chosen, the coverages provided including any excesses that may apply to you.

GENERAL CONDITIONS AND EXCLUSIONS THAT APPLY TO THE WHOLE POLICY

Please refer to the General Exceptions within your policy document for the full conditions and exclusions.

1. The policy does not provide any coverage if the cause of the accident was in any way caused or contributed by:
   a) War, whether war be declared or not, hostilities or any act of war or civil war between any of the following countries:
      France, United Kingdom, Russia and any other member state of the Commonwealth of Independent States, United States of America or the People’s Republic of China.
   b) Engaging in any sport on a professional basis.
   c) Intentional self-injury, suicide or any attempt by an Insured Person.
   d) The influence or the affects of drugs or alcohol.
   e) Your own criminal acts.
   f) You suffering from diagnosed post-traumatic stress disorder.
   g) Act of Terrorism, war or civil war involving the use, threat of or release of any nuclear weapon or device or chemical, radiological or biological agent.

2. This policy does not provide coverage to any person who is 70 or over.

3. The policy does not provide any coverage where the payment of any claim or sums or benefit would directly or indirectly expose Chubb to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, or laws or regulations of the European Union, United Kingdom or United States of America.

SECTION 1 – PERSONAL ACCIDENT

<table>
<thead>
<tr>
<th>Item</th>
<th>Significant Cover and Benefits</th>
<th>Policy Limits and Exclusions applying to the Significant Cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accidental Death</td>
<td>The sum insured under your chosen plan is shown on your policy schedule.</td>
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<tr>
<td></td>
<td>A lump sum payment in the event of accidental bodily injury which results in death.</td>
<td>In respect of a person under the age of 16 years, the benefit payable under results in death. item one of section one will be limited to £2,000.</td>
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</tbody>
</table>

Continued...
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Loss of limbs, sight, speech, hearing</strong>&lt;br&gt;A lump sum payment in the event of Accidental Bodily Injury which results in loss of sight, loss of limbs, loss of speech or loss of hearing.</td>
<td>The sum insured under your chosen plan is shown on your policy schedule.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Permanent Total Disablement of the Named Insured Person due to medical discharge.</strong>&lt;br&gt;Benefits will only become payable upon proof (which is satisfactory to the underwriters) that in all probability the disablement will continue for the remainder of the Insured Person’s life and is beyond hope of improvement.</td>
<td>Please note different cover levels are provided for Regular and Reserve members of HM Forces who suffer Bodily Injury occurring whilst engaged in Military or MoD Activities and then recruits in training and Reserve who suffer Bodily Injury when NOT engaged in Military or MoD Activity.</td>
</tr>
<tr>
<td>9</td>
<td><strong>Permanent Total Disablement from any and every occupation</strong></td>
<td>The sum insured under your chosen plan is shown on your policy schedule. The sum insured under your chosen plan is shown on your policy schedule.</td>
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<tr>
<td>10</td>
<td><strong>Permanent Partial Disablement</strong>&lt;br&gt;Benefits will only become payable upon proof (which is satisfactory to the underwriters) that in all probability the disablement will continue for the remainder of the Insured Person’s life and is beyond hope of improvement.</td>
<td>Please note the following percentages apply to sums insured</td>
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<tr>
<td></td>
<td></td>
<td>Permanent loss or loss of use of four fingers and thumb of either hand or permanent loss or loss of use of either hand 50%</td>
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<td></td>
<td></td>
<td>Permanent loss or loss of use of four fingers of either hand 40%</td>
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<tr>
<td></td>
<td></td>
<td>Permanent loss or loss of use of one thumb of either hand 30%</td>
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<tr>
<td></td>
<td></td>
<td>a) both joints 15%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) one joint 15%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Permanent loss or loss of use of a finger of either hand 10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) three joints 7.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) two joints 7.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) one joint 5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Permanent loss or loss of use of toes of either foot 15%</td>
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<tr>
<td></td>
<td></td>
<td>a) all on one foot 15%</td>
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<tr>
<td></td>
<td></td>
<td>b) big toe – both joints 5%</td>
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<td></td>
<td></td>
<td>c) big toe – one joint 3%</td>
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<td></td>
<td></td>
<td>d) any other toe 1%</td>
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<td></td>
<td></td>
<td>Permanent loss or loss of use of a) shoulder or elbow 20%</td>
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<td></td>
<td></td>
<td>b) wrist 15%</td>
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<td></td>
<td></td>
<td>Removal of lower jaw by surgical operation 30%</td>
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<tr>
<td>11</td>
<td><strong>Any other permanent partial disablement not listed in 2 to 10.</strong>&lt;br&gt;Benefits will only become payable upon proof (which is satisfactory to the underwriters) that in all probability the disablement will continue for the remainder of the Insured Person’s life and is beyond hope of improvement.</td>
<td>Up to a maximum of 10% of the sums insured</td>
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<tr>
<td>12</td>
<td><strong>Burns</strong></td>
<td>Please note the following percentages apply to sums insured</td>
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<tr>
<td></td>
<td>The sum insured under your chosen plan is shown on your policy schedule.</td>
<td>Burns that cover 27% or more of the body surface 9.5%</td>
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<td></td>
<td>Burns that cover 18% or more but less than 27% of the body surface 6.25%</td>
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<td></td>
<td>Burns that cover 9% or more but less than 18% of the body surface 4.75%</td>
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<tr>
<td></td>
<td></td>
<td>Burns that cover 4.5% or more but less than 9% of the body surface 3.25%</td>
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<td>Continued...</td>
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</tbody>
</table>
SIGNIFICANT CONDITIONS & EXCLUSIONS THAT APPLY TO THE WHOLE OF SECTION 1
• Please note the Benefits in respect of injuries arising from any one accident may be added together but the policy provides a limit on the maximum benefit payable. Please see your policy schedule for the maximum benefit payable for section one.
• Compensation will only become payable when substantiating medical evidence has been received from a Medical Practitioner.

SECTION 2 – HOSPITAL CASH

Item | Significant Cover and Benefits | Policy Limits and Exclusions applying to the Significant Cover
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1 | Hospital Cash Benefit
A cash payment made to you in the event you are hospitalised due to Accidental Bodily hospitalisation; Injury or sickness. | The sum insured under your chosen plan is shown on your policy schedule. This is paid per day up to a maximum of 100 days after the first 5 consecutive days of hospitalisation; This benefit is not payable if any of the following reasons or causes have triggered the hospital stay:
• Elective and/or cosmetic surgery
• Any Medical condition diagnosed as chronic prior to incepting cover
• An Insured Person suffering from stress, anxiety, depression, mental anguish, mental disorder, neurosis or the like
• An Insured Person suffering from any pre-existing condition. This means any condition of a chronic or recurring nature from which the Insured Person suffered or received medical attention or treatment at any time within the 24 months prior to the commencement of a claim.

SECTION 3 – CONVALESCENCE BENEFIT

Item | Significant Cover and Benefits | Policy Limits and Exclusions applying to the Significant Cover
---|---|---
1 | A cash payment made to you in the event you are confined to home and or a hospital, on the on instructions of a Medical Practitioner, following hospitalisation due to Accidental Bodily Injury or sickness | The sum insured under your chosen plan is shown on your policy schedule. This is paid per week up to a maximum of 20 weeks. This benefit is not payable if any of the following reasons or causes have triggered the convalescence:
• Elective and/or cosmetic surgery
• Any medical condition diagnosed as chronic prior to incepting cover
• An Insured Person suffering from stress, anxiety, depression, mental anguish, mental disorder, neurosis or the like
• An Insured Person suffering from any pre-existing condition. This means any condition of a chronic or recurring nature from which the Insured Person suffered or received medical attention or treatment at any time within the 24 months prior to the commencement of a claim.

SECTION 4 – HOSTAGE BENEFIT

Item | Significant Cover and Benefits | Policy Limits and Exclusions applying to the Significant Cover
---|---|---
1 | Hostage benefit
A cash payment made to you in the event that you are subject to unlawful seizure or wrongful exercise of control or an aircraft or conveyance in which you are travelling. | The sum insured under your chosen plan is shown on your policy schedule. This is paid for each complete period of 24 hours up to a maximum of 10 days.
**Policy duration**
Your policy shall be in force on a monthly basis provided the premium continues to be paid on each due date.

**Premium payment**
The Total Monthly Premium is due on the 1st of the month immediately following the Commencement Date of Insurance. The premium purchases cover under the terms of this insurance for a calendar month from the Commencement Date and any further payment extends the insurance accordingly.

If any payment is not paid on the due date the Insured Person has thirty-one days in which to pay it. If it is not paid during that period the insurance will automatically be cancelled from the date the previous payments cover expired. If the premium is paid during the thirty-one day period then cover will operate as if it had been paid on the due date.

**Policy cancellation**
If you feel that this cover does not meet your needs you may cancel this insurance by contacting Trinity Insurance Services Ltd by telephone, in writing or by email at the contact details as stated within 14 days of the day you receive this document. In the event of no claims being made against this insurance a full refund of any paid Premium (including administration fee) will be made. Outside this period you or Underwriters may cancel by giving 30 days written notice to the other party and in this event any unused premium will be returned to you.

**Law governing the policy**
The policy is governed by and interpreted in accordance with English Law.

**How to make a claim**
If you wish to make a claim under this insurance please contact:
Chubb European Group Ltd
One America Square,
17 Crosswall,
London
EC3N 2AD
or contact Chubb as below:
Telephone: +44 (0) 207 895 3470
Facsimile: +44 (0) 207 956 5922
Email: cahukclaims@chubb.com

**How to make a complaint**
Chubb aim to provide customers with the highest possible level of service at all times. If you are unhappy with the service provided for any reason or have cause for complaint, please, contact Chubb at:
The Manager, Accident and Health Department
Chubb European Group Ltd
One America Square, 17 Crosswall, London EC3N 2AD
Telephone:+44 (0) 207 956 5000

**The Financial Ombudsman Service**
If we are unable to resolve the complaint to your satisfaction, you may be entitled to refer the matter to the Financial Ombudsman Service (FOS). The FOS can be contacted at the address shown below.
Financial Ombudsman Service
Exchange Tower, London E14 9SR
Telephone: +44 (0) 800 023 4567

**Financial Services Compensation Scheme**
Chubb European Group Ltd are covered by the Financial Services Compensation Scheme. You may be entitled to compensation should Chubb be unable to meet its financial obligations. Their contact details are:
Financial Services Compensation Scheme
PO Box 300
Mitcheldean
GL17 1DY
Tel 0800 678 1100 or 020 7741 4100
Website: www.fscs.org.uk
On-Line Form: https://claims.fscs.org.uk/

**Your Personal Data**
Chubb collects and processes personal information about you, such as your name, address, policy number and any other personal details you provide to Chubb (directly or through your broker) in order to provide you with insurance and claims services. Chubb will treat this information in accordance with applicable data protection law. For policy administration purposes, Chubb will use and store your personal information on an electronic database, which may also be available to selected authorised representatives of member insurers of the Chubb Group of Insurance Companies operating outside Europe. Chubb has taken reasonable measures to protect your personal information once it is transferred outside Europe in accordance with our normal data security policies. We may also disclose your personal information to outside parties, such as reinsurers, outside counsel and claims administrators, to facilitate the provision of insurance and claims services to you, or as allowed by law, or as requested or required by regulatory bodies.