

A dark green wooden door with a red cross symbol and a metal handle. The door is made of vertical wooden planks and has several screws visible. A red cross is painted on a white circular background on the right side of the door. Below the cross is a metal handle with a curved grip. The background is dark and textured.

# Personal Accident Insurance

## Policy Document

Call 0151 363 5290  
[www.forcesmutual.org](http://www.forcesmutual.org)

Underwritten by Astrenska Insurance Limited

**Forces**  
**Mutual**

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## Personal Accident Insurance

This insurance is arranged by Motorplus Limited t/a Coplus and underwritten by Astrenska Insurance Limited, whose registered office is at Cutlers Exchange, 123 Houndsditch, London, EC3A 7BU. This insurance is effected in England and is subject to the Laws of England and Wales. This insurance is provided and administered by PMGI Limited, trading as Forces Mutual.

Astrenska Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom, under Firm Reference Number 202846. Registered office: Cutlers Exchange, 123 Houndsditch, London, EC3A 7BU, United Kingdom. Registered in England number 01708613. These details can be checked on the Financial Services Register by visiting: [www.fca.org.uk](http://www.fca.org.uk).

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## Introduction to policy wording

Welcome to **your** Forces Mutual Personal Accident insurance **policy**. This **policy** describes the insurance cover provided during the **period of insurance** as shown in **your** schedule which **you** have paid for, or have agreed to pay for, and for which Forces Mutual have accepted the premium.

If **you** have any questions please contact Forces Mutual. Please also take some time to read the complaints procedure in the Making a complaint section on page 5.

## Upon receipt of your policy

To ensure that **your policy** gives **you** the protection **you** need **you** should read it carefully and return it immediately if not in accordance with **your** requirements. The Schedule specifies the cover **you** have selected; it is **your** evidence of insurance and may be required in the event of a claim.

## Operation of cover

The Policy, Application Form (if completed) and Policy Schedule should be read together and form the contract of insurance. In return for the payment of **your** premium **we** will provide the insurance cover detailed in this **policy** document, subject to the terms, conditions and limitations shown below or as amended in writing during the period of cover.

## Important information

### The law which applies to this policy

This **policy** will be governed by English law, and **you** and **us** agree to submit to the non-exclusive jurisdiction of the courts of England and Wales.

### Language

The contractual terms and conditions, and other information relating to this contract will be in the English language.

### Period of insurance

One month from the date shown in **your policy** schedule and any further monthly period for which **we** accept a premium. This insurance does not have a specified end date and cover will continue until either **you**, Forces Mutual or **we** cancel the **policy**. This **policy** is annually reviewable 12 months on from the date shown against 'period of insurance from' on **your** schedule and every 12 months thereafter. This means **you** should review the terms and conditions of this **policy** and ensure that it continues to meet **your** needs. This **policy** is a monthly **policy**, which means that Forces Mutual will collect a premium on **our** behalf by Direct Debit from **your** bank account on the first working day of each month\* and, subject to the successful collection of that premium, **we** will provide the cover detailed in this **policy** wording for the month in which the premium has been collected. This insurance commences on the date shown on **your policy** schedule and continues by periods of one month upon receipt of **your monthly premium payment**. However, if **you** fail to make a **monthly premium payment** when it is due, Forces Mutual will attempt to collect the failed payment on the next available collection date (15th or 1st of the month). If **you** fail to make this payment, or if the payment instruction has been cancelled for any reason, cover under this insurance will be cancelled by **us**. Cover will cease at midnight on the last day for which a premium has been accepted. Forces Mutual will then send **you** confirmation of the cancellation.

\*The first payment date may fall on the 15th of the month depending upon inception date, however all subsequent monthly collections will take place on the first working day of the month.

## Information provided by you

In deciding to accept this **policy** and in setting the terms and premium, **we** have relied on the information **you** have provided.

You must take care when answering any questions asked and ensure that all information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided false or misleading information **we** will treat this **policy** 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 policy** and any claim. For example, **we** may:

1. Treat this **policy** as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **you** were provided insurance cover which would not otherwise have been offered;
2. 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;
3. Reduce the amount paid on a claim in the proportion the premium **you** have actually paid bears to the premium **we** would have charged **you** had **you** not provided false or misleading information; or
4. Cancel this **policy** in accordance with the right to cancel below.

Forces Mutual agree to write to **you** if **we**:

1. Intend to treat this **policy** as if it never existed; or
2. Need to amend the terms of this **policy**.

If **you** become aware that information that **you** have given is inaccurate, **you** agree to inform **us** as soon as practicable by contacting Forces Mutual.

### Making a claim

For Personal Accident claims, if **you** sustain an injury **we** recommend that **you** check **your policy** cover and if **you** wish to make a claim **you** should contact: Telephone: +44 (0) 333 333 8979, Email: Fmpaclaims@collinsongroup.com.

When **you** have contacted **us**, a claim form will be sent to **you**. This should be completed and returned to **us** along with any information, evidence or medical certificates that will be needed to deal with **your** claim.

If **you** do not notify **us** of the claim within 90 days and this prejudices **our** ability to verify the claim, then, other than in exceptional circumstances, no **benefit(s)** will be paid in respect of the claim.

Please note that when contacting **us** by telephone, calls may be monitored or recorded for reference purposes and to assist with staff training and for quality control purposes.

**You** should refer to the General Conditions and Claims Conditions on page 11 of this **policy** for full details of the claims procedures and conditions. Please note also the Provisions relating to the **benefits** tables, for each area of cover.

## **Making a complaint**

If **your** complaint is in relation to how **your policy** was sold please contact Forces Mutual.

First class service is what **you** expect and what Forces Mutual aim to provide. Things can go wrong from time to time and there may be occasions when **you** feel that **you** have not received the service **you** expected. When this happens Forces Mutual want to hear about it so things can be put right – Forces Mutual can be contacted at:

Write: Forces Mutual, 5th Floor, Chapel Street, Liverpool. L3 9AG

Email: [groupcomplaintsteam@forcesmutual.org](mailto:groupcomplaintsteam@forcesmutual.org)

Telephone: 0151 363 5290

If **your** complaint is in relation to a personal accident claim and how it is being handled, please contact the number provided to **you** on **your** claims documentation or please write to:

Quality Department  
Collinson Insurance Services Limited  
Sussex House  
Perrymount Road  
Haywards Heath  
West Sussex  
RH16 1DN

Alternatively **you** can email **us** at [Fmpaclaims@collinsongroup.com](mailto:Fmpaclaims@collinsongroup.com) or call **us** on +44 (0) 333 333 1472.

Every effort will be made to resolve **your** complaint by the end of the third working day after receipt. If they cannot resolve **your** complaint within this timeframe, they will acknowledge **your** complaint within 5 days of receipt and will do their best to resolve the problem within four weeks by sending **you** a final response letter.

If they are unable to resolve **your** complaint in this time, they will write to advise **you** of progress and will endeavour to resolve **your** complaint within the following four weeks.

If they are still unable to provide **you** with a final response at this stage, they will write to **you** explaining why and advise when **you** can expect a final response. At this point **you** may refer **your** complaint to The Financial Ombudsman Service at the following address

Financial Ombudsman Service  
Exchange Tower  
Harbour Exchange  
London  
E14 9SR  
Telephone: 0800 023 4567  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

**You** have the right to refer **your** complaint to the Financial Ombudsman, free of charge within six months of the date of **your** final response letter. Whilst **we** and **our** UK service providers are bound by the decision of the Financial Ombudsman Service, **you** are not. Following the complaints procedure above does not affect **your** right to take legal action.

## **Financial Services Compensation Scheme**

The Financial Services Compensation Scheme covers this **policy**. **You** may be entitled to compensation from this scheme if **we** cannot meet **our** liabilities under this **policy**. Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk) or by telephoning 0207 741 4100.

### **Cancelling your cover**

**You** may cancel this **policy** at any time by; telephoning Forces Mutual on 0151 363 5290 or by writing to Forces Mutual 5th Floor, 20 Chapel Street, Liverpool, L3 9AG. Please quote **your policy** number.

If, having applied for this **policy**, **you** decide that it does not meet **your** insurance needs then **you** can cancel **your** cover within 14 days of receiving **your** insurance documents and all cover will be cancelled. On the condition that no claims have been made or are pending any premium paid will be refunded to **you**.

If **you** cancel **your policy** at any time after the cooling-off period has expired, no refund will be due. Cover will cease at midnight on the last day for which the premium has been paid.

**We** and/or Forces Mutual reserve the right to cancel this **policy** at any time by giving **you** no less than 90 days written notice to the postal address or email address **we** have on file for **you**. Any such written notice will explain **our** or Forces Mutual's reasons for cancellation.

**We** and/or Forces Mutual reserve the right to cancel this **policy** as soon as practicable in the event that;

- **you** fail to pay the premium when it is due;
- **you** are no longer eligible for this insurance; or
- **you** or anyone acting for **you** acts fraudulently as detailed on page 10

## **Definitions**

### **Benefit(s)**

The amount shown in the table of **benefits** multiplied by the number of units chosen as shown on the schedule. This does not apply to **benefit 15 hospitalisation**.

The maximum number of units **you** can buy is five. The number of units can only be amended once in any 12-month period and can only change by a maximum of 2 units in either direction. i.e. if **you** have 2 units **you** may subsequently change up to 4 units once in a 12-month period and then reduce back down to 2 units once **you** have had 4 units for 12 months or more.

The **benefit** applicable will be determined after a waiting period of 26 weeks from the date of the accident, unless **we** agree to pay sooner.

No **benefit** shall be payable for the further deterioration of injuries beyond 52 weeks from the date of the accident other than for **hospitalisation**.

### **Basilar fracture**

A **linear fracture** that occurs in the floor of the cranial vault.

### **Bodily Injury**

Physical injury caused solely and directly by a sudden external unforeseen and identifiable accident, event or assault and shall include exposure to the elements.

### **Child / children**

All of **your** or **your partner's** unmarried **children** provided they are between the ages of 30 days and 18 years (or 23 years if in full time education) and they normally live with either **you** or **your partner** at the time of injury.

### **Depressed fracture**

A comminuted fracture of the **skull** in which broken bone(s) is displaced inwards.

### **Diastatic fracture**

A fracture where the fracture line transverses one or more sutures of the **skull** causing a widening of the suture.

### **Effective date**

The date on which **you** were accepted on the **policy** for Personal Accident cover as stated in **your policy** schedule under the section "Operative From".

### **Endorsement**

A change to the terms of the **policy** as shown under Endorsement(s) in **your policy** schedule under the section "Operative From".

### **Expert Medical Practitioner**

A person other than **you**, a member of **your** immediate family or an employee of **yours**, who is qualified as a consultant in the branch of medicine to which the **bodily injury** relates.

### **Facial scarring (including burns)**

Any permanent sign of damage or injury to the area from the hairline to and including the lower jaw and ears of at least a total of 5 square centimetres or more in area or a total of 5 centimetres or more in length.

See table of **benefits** page 12-14 item 9 b) for a higher limit of cover should **facial scarring** exceed 10 square centimetres in area or 10 centimetres in length

### **Flesh wounds (including shrapnel)**

An injury to any part of the body resulting in a restriction of movement, loss of strength and/or permanent physical disfigurement which covers at least in total 10 square centimetres in area or in total 10 centimetres in length which occurs whilst engaging in **occupational** duties only.

### **Fractured leg or kneecap with established non-union**

A non-union fracture occurs when a cartilage-like link forms between the fractured bone ends.

### **Gunshot wound**

Injury resulting from the penetration of the body which is caused by an object fired from a gun by means of an explosive charge including but not limited to a bullet, shell, rocket or grenade.

### **Hospital**

An institution which has accommodation for residential patients and facilities for diagnosis, surgery and treatment. It does not include a convalescence home, an extended care facility, a geriatric home, a long-term nursing home or a **rehabilitation centre**.

### **Hospitalisation**

An overnight stay in a **hospital** or **rehabilitation centre** other than for extended care.

### **Hostilities**

A public announcement of the formation and deployment comprising 2,000 or more UK Service personnel to participate in and continue to be deployed in an armed conflict.

### **Insured person**

You, or where **you** select Family Cover when **you** take out this **policy**, **you** and **your partner**, and any **children**.

### **Linear Fracture**

A break in the **skull** bone(s) that transverse the full thickness of the **skull** from the outer to the inner table.

### **Loss of hearing**

Total and irrecoverable loss in one or both ears to the extent that the hearing in one or both ears is greater than 95 decibels across all frequencies using a pure tone audiogram that has lasted 52 consecutive weeks and that in the opinion of an **expert medical practitioner** will not be recovered.

### **Loss of limb**

**Loss** by permanent severance of an entire hand or foot or the total and permanent **loss of use** of an entire hand or foot that in the opinion of an **expert medical practitioner** will not be recovered.

### **Loss of sexual organs**

An injury resulting in the loss of penis, testicles, uterus or ovaries as outlined in the levels below. **Loss** of penis will be considered as the loss of the glans where the remaining proportion functions for urination only.

**Level 1** – The complete loss of two testicles and penis or the complete loss of two ovaries and uterus

**Level 2** – The complete loss of two testicles or the complete loss of two ovaries

**Level 3** – The complete loss of one testicle or the complete loss of one ovary

**Level 4** – The complete loss of penis or the complete loss of uterus.

#### **Loss of speech**

Total and irrecoverable **loss of speech** that has lasted 52 consecutive weeks and that in the opinion of an **expert medical practitioner** will not be recovered.

#### **Loss of use**

The permanent and irrecoverable loss of all function and sensation regardless of the use of medically prescribed mobility aids.

#### **Military Vehicle**

A vehicle owned by Her Majesty's Forces and registered as such.

#### **Motorcycling**

Travelling as a passenger or rider of a two wheeled motor vehicle including whilst mounting, dismounting and attending to roadside repairs.

#### **Operational Tour**

A tour of duty for which an operational allowance is paid to **you**.

#### **Partner**

The person normally residing with **you** at the time of injury.

#### **Period of insurance**

The dates shown in **your policy** schedule and any further calendar month provided that **you** pay the current monthly premium due on the first working day of the calendar month and **we** accept it and will continue until;

- **you** or **we** cancel this **policy** or
- **you** are no longer a member of H.M. Forces
- **you** reach the age of 65 years

#### **Permanent total disablement**

Disablement which has incapacitated **you**, or where **you** buy family cover, **your partner** as outlined by the levels listed below and in the opinion of an **expert medical practitioner** there is no expectation of medical recovery.

**Level 1** – **You** being unable to follow any and every gainful **occupation** for the remainder of **your** life. **We** may choose to review **your** condition over a period of 52 consecutive weeks.

**Level 2** – **You** being unable to continue **your usual occupation**.

**Level 3** – **You** are unable to receive **specialist pay** following a change in duties.

Only one level of **benefit** is payable for any one accident and in the event **your** claim changes in level the maximum **benefit** payable in total will be the amount shown under the new level.

#### **Policy**

**Your** personal accident **policy** booklet and most recent schedule which includes any **endorsement(s)**.

#### **Rehabilitation centre**

An institution dedicated to the care of H.M. Forces personnel which has accommodation for residential patients and facilities available for rehabilitation from **bodily injury**. It does not include a convalescence home, an extended care facility, a geriatric home or a long-term nursing home.

#### **Severely sight impaired**

Registered as severely sight impaired by an **expert medical practitioner** specialising in the relevant field with one of the following attributes:

- Visual acuity of less than 3 / 60 on the Snellen Scale with a full visual field (which means seeing at 3 feet what **you** should see at 60 feet)



- Visual acuity between 3 / 60 and 6 / 60 on the Snellen Scale with a severe reduction of field of vision such as tunnel vision.

### **Sight impaired**

Registered as sight impaired by an **expert medical practitioner** specialising in the relevant field with one of the following attributes:

- Visual acuity of 3 / 60 to 6 / 60 on the Snellen Scale with a full field of vision (which means seeing at 3 to 6 feet what **you** should see at 60 feet)
- Visual acuity of up to 6 / 24 on the Snellen Scale with a moderate reduction of field of vision or with a central part of vision that is cloudy or blurry
- Visual acuity of up to 6 / 18 on the Snellen Scale if a large part of **your** field of vision for example a whole half of **your** vision is missing or a lot of **your** peripheral vision is missing.

### **Skull**

The 8 cranial bones which constitute the neurocranium.

### **Specialist pay**

Any additional remuneration paid by H.M. Forces for undertaking particular tasks or activities relating to **your** specific role. This does not include extra pay for active duties.

### **Usual occupation**

For **you**, this means being employed in any role by H.M. Forces. In respect of a **partner**, it is their normal full time paid **occupation** provided it is 30 hours a week or more.

### **We / us / our**

Astrenska Insurance Limited.

### **You / your**

The policyholder, being a serving member of HM Forces, whose name appears in the **policy** schedule.

## **Notices**

### **Assignment**

This **policy** is not assignable. This means that payment of **benefit(s)** will only be made to **you** or **your** legal representative(s) whose receipt shall be a discharge to **us**.

### **Changes to cover terms or premiums**

This clause explains how **we** may make changes to **your policy**.

**We** may change the price, **benefits**, terms, cover and/or exclusions of **your policy** by giving **you** no less than 30 days' notice in writing to **your** last known address. Any such written notice will explain **our** reasons for making the changes. This does not apply to any changes in the law, regulation and/or taxation of insurance business within the UK, when changes will be made in accordance with **our** statutory and regulatory obligations without prior notice.

**We** will only exercise **our** ability to make changes to **your policy** in order to make reasonable and proportionate changes to reflect;

- any changes that are required to give effect to decisions and/or guidance of a regulator or an Ombudsman;
- any changes that are required to give effect to new or revised insurance industry codes of practice that **we** / Forces Mutual intend to comply with;
- inflationary increases in general claims costs or administrative costs which affect the cost to **us** / Forces Mutual of providing cover under and administering **your policy**;
- other increases or decreases in the relative cost and/or relative number of claims which affect the cost to **us** / Forces Mutual of providing cover under and administering **your policy**;
- increases in the relative cost of purchasing reinsurance, which affects the cost to Forces Mutual of providing cover under **your policy**

**We** will not make any change to **your policy** during the first 3 months of **your policy**, unless **we** told **you** before **you** purchased **your policy** that these changes would happen or such changes are required by law or regulation (in which case **we** will give **you** a reasonable and proportionate amount of notice).

Where **we** make a change to **your policy**, **we** will not make any further changes to **your policy** for at least 6 months, unless **we** are required to do so by law or regulation.

**We** may change the **benefits**, terms, cover or exclusions of **your policy** at any time and on giving **you** a reasonable and proportionate amount of notice, where such change does not restrict **your** cover or **benefits**, makes the **policy** easier for **you** to understand and/or makes the **policy** fairer to **you**.

If **you** are on an **operational tour** when **we** notify **you** of any changes to **your policy** or **you** start an **operational tour** within 30 days of that notification, **we** will treat any claim arising during that same **operational tour** under the previous **policy** wording if it is beneficial to **you** to do so.

### **Suspension Period**

**We** may declare a Suspension Period in the event of **hostilities**, either actual or imminent. The Suspension Period may take effect immediately or at a specified future date and will operate as follows:

- (a) New applications or increases in cover will not be accepted by **us** during a Suspension Period or 30 days before a Suspension Period commences.
- (b) Any premium received by **us** for applications or increases in cover during the 30 days before a Suspension Period commences will be refunded.
- (c) Cover starting more than 30 days before the commencement of a Suspension Period will not be affected.

### **Communications**

Forces Mutual will write to **you** or email **you** at **your** last known address at least annually and will include the following:

- Details on how to contact Forces Mutual;
- A reminder that the **policy** wording is shown on the Forces Mutual website and that **you** also have a right to a copy of the **policy** wording;
- A reminder that **you** have a duty to disclose **us** of any changes in **your** circumstances;
- Statement of fact which includes facts held about **you**;
- An explanation as to why it is considered that **your policy** still remains suitable for **your** demands and needs and what actions **you** need to take (if any);
- Confirmation that **your policy** will continue on a monthly basis, provided that **you** remain eligible for the cover, continue to pay the current premium and that Forces Mutual accept it.

### **Fraud**

1. If **you** or any **insured person** make a fraudulent claim under this **policy** knowing it to be false or fraudulent in amount or any other respect, **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 **policy** as having been terminated with effect from the time of the fraudulent act.

2. If **we** exercise **our** right under clause 1c above:

**a) we** shall 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 making of a claim, or the notification of a potential claim); and

**b) we** need not return any of the premiums paid.

## General Conditions

These are the conditions of the Insurance that **you** need to meet as **your** part of this contract. If **you** do not meet these conditions, **we** may be entitled to reject a claim payment or a claim payment could be reduced. In some circumstances **your policy** may not be valid.

### Changes in your circumstances

It is important that **you** tell Forces Mutual as soon as possible if **you** change **your** employment status such as leaving H.M. Forces for any reason including retirement, or if **you** change **your** regiment or trade.

### Eligibility

You must be a serving member of H.M. Forces and aged under 65 years of age.

### Multiple Policies

Multiple Forces Mutual Personal Accident policies are not permitted.

**You** can, at any one time, hold only one Forces Mutual Personal Accident **policy**. If **you** hold two or more Forces Mutual Personal Accident policies, the **policy** with the highest **benefit** will be the only **policy** to respond.

### Claims Conditions

**You** or any **insured person** must comply with the following terms to have the full protection of **your policy**. If **you** or any **insured person** do not do so, then **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claims payment.

**You** must notify **us** as soon as possible following an injury which may give rise to a claim and in any event within 90 days of such injury. If **you** fail to do so and this prejudices **our** ability to verify the claim, then, other than in exceptional circumstances, no **benefit(s)** will be paid in respect of the claim.

**You** must provide any information evidence or medical certificates **we** may reasonably need to deal with **your** claim at **your** expense. Other than in exceptional circumstances no **benefit(s)** shall be payable for any period for which the required substantiating proof is not provided.

**We** may require **you** at **our** expense to be examined by a medical examiner of **our** choice and **we** may request an independent medical report.

Unless otherwise agreed by **us**, **benefit(s)** shall not become payable until the total amount due has been ascertained.

As part of **our** commitment to customer care **we** may arrange for support agents to visit **you**. The purpose of any such visit will be to gather details relating to **your** claim in order to ensure an accurate assessment. It is essential that **you** make yourself available for any such visit.

If **you** die within 26 weeks of **bodily injury**, the only amounts payable from the table of **benefits** will be Item 14: Fatal Injury.

## Cover - Fatal Injury or Injury Cover

### What is Covered

**We** will, subject to the provisions of this **policy**, pay to **you** or **your** estate the relevant **benefit(s)**, if during the **period of insurance** an **insured person** sustains **bodily injury**, resulting directly and independently of any other cause within two years in death, loss, disablement or confinement to **hospital** as described in the table of **benefits**.

For any accident (irrespective of the number of injuries sustained in relation to that accident), the maximum **benefit** payable for one unit is £30,000 except where the **insured person** is struck by a **military vehicle** which results in a valid claim in which case the maximum **benefit** payable for one unit is £37,500.

### Extensions

#### 1. Exposure

Accidental **bodily injury** shall include exposure to the elements.

## 2. Disappearance

In the event of the disappearance of an **insured person**, if after a period of time it is reasonable to believe that such **insured person** has died as the result of **bodily injury** within the scope of this **policy**, the fatal accident **benefit(s)** shall become payable subject to a signed undertaking that if the belief is subsequently found to be wrong, such fatal accident **benefit(s)** shall be refunded to **us**.

## 3. Military vehicle accident

In the event that an **insured person** is struck by a **military vehicle** which results in a valid claim under one or more of **benefits** 1 –11 and **benefits** 13 and 14 as detailed in the table of **benefits**, the amount payable shall be increased by 25% subject to a maximum amount payable of £37,500 per one unit of cover.

## What is not Covered

We will not pay **benefit(s)** for injury of an **insured person** in the following circumstances:

1. Any claim arising directly or indirectly as a result of post-traumatic stress disorder and/or any related and/or associated conditions.
2. If the injury arises from the **insured person** taking a drug which is not lawfully available or is lawfully only available on prescription by a qualified doctor or dentist. This exception does not apply if the drug was taken under the specific direction of a doctor or dentist.
3. If the injury arises whilst the **insured person** is under the influence of, or being affected by, alcohol.
4. If the injury consists solely of illness, disease or disorder.
5. If the injury arises from, is traceable to or is caused by, any gradually developing bodily deterioration whatever the cause of that deterioration.
6. If the injury results from any existing defect or chronic or recurring disease disorder or other condition whether diagnosed or not of which the **insured person** was aware at the start date of this **policy** or has suffered in the 12 months immediately preceding the start date of this **policy**.
7. For fractures where osteoporosis was diagnosed and known about.
8. If the injury arises from suicide attempted suicide, or is an intentional self-inflicted injury.
9. If the injury is sustained by any **child** under the age of 30 days or after the **period of insurance** in which he/she attains the age of 18 years or 23 years if in full time education.
10. If the injury is sustained after the **period of insurance** in which the **insured person** attains the age of 65.
11. If **you** cease to be a member of H.M. Forces this **policy** will cease and no **benefit(s)** will be payable.
12. If the injury arises from any medical or surgical procedures.
13. If the injury results from participating in professional sports.
14. If the injury occurs as a result of the **use** of or release of any nuclear **weapon** or device or chemical or biological agent.

## Table of Benefits

Indicating the amount payable for one unit of cover. The maximum number of units **you** can buy is five. The number of units can only be amended once in any 12 month period and can only change by a maximum of 2 units in either direction. i.e. if **you** have 2 units **you** may subsequently change up to 4 units once in a 12-month period and then reduce back down to 2 units once **you** have had 4 units for 12 months or more. The cover applies to each **insured person**, other than for Section 1 **Permanent Total Disablement** where cover only applies to **you** and **your partner** if **you** buy family cover. Please note the provisions which appear at the end of this table of **benefits**.

Item	Description	Amount Payable
1	<b>Permanent total disablement</b>	£30,000
	a) <b>Level 1</b> – An <b>insured person</b> being unable to follow any and every gainful <b>occupation</b>	£3,000
	b) <b>Level 2</b> – An <b>insured person</b> being unable to continue their usual <b>occupation</b>	£1,500
2	c) <b>Level 3</b> – An <b>insured person</b> unable to receive specialist pay following a change in duties	£1,500
	a) Complete loss of sight in both eyes – (Registered as ' <b>severely sight impaired</b> ')	£30,000
	b) Partial loss of sight in both eyes – (Registered as ' <b>sight impaired</b> ')	£7,500
	c) Complete loss of sight in one eye – (Registered as ' <b>severely sight impaired</b> ')	£15,000
3	d) Partial loss of sight in one eye – (Registered as ' <b>sight impaired</b> ')	£3,750
	a) <b>Loss</b> of two or more <b>limbs</b>	£30,000
4	b) <b>Loss</b> of one limb	£22,500
	<b>Loss of speech</b>	£30,000
5	a) Complete <b>loss of hearing</b> in both ears	£30,000
	b) Complete <b>loss of hearing</b> in one ear	£7,500
6	Permanent total loss of or <b>loss of use</b> of any one –	£7,500
	a) shoulder or elbow or hip or knee or ankle or wrist	£3,000
	b) finger (at least one complete bone)	£4,500
	c) thumb (at least one complete bone)	£1,500
	d) big toe (at least one complete bone)	£1,500
	e) other toes (at least one complete bone)	£1,500
7	Fractures – A break in the full thickness of the bone	£1,250
	a) <b>Fractured leg or kneecap with established non-union</b>	£75
	b) Fracture to the arm which includes humerus ulna radius and/or any of the bones of the wrist	£150
	c) Fracture to the leg which includes femur patella tibia fibula and/or any of the bones of the ankle	£200
	d) Fracture to at least one vertebra (excluding those forming the coccyx)	

Item	Description	Amount Payable
8	Fracture of the <b>skull</b>	£200
	a) <b>Linear fracture</b> of the <b>skull</b>	£500
9	b) <b>Depressed fracture, diastatic fracture</b> or <b>basilar fracture</b> of the <b>skull</b>	
	<b>Facial scarring – (including burns)</b> of at least a total of:	£1,000
10	a) 5 square centimetres or more in area or a total of 5 centimetres or more in length	£2,000
	b) 10 square centimetres or more in area or a total of 10 centimetres or more in length	
10	Third degree burns (excluding <b>facial scarring</b> ) covering	£4,800
	a) 27% or more of the total body surface	£3,600
	b) 18% or more of the total body surface	£2,400
	c) 9% or more of the total body surface	£1,200
	d) 4.5% or more of the total body surface	





11. Only one of **benefits** 11 and 12 shall be payable in the event that a **gunshot wound** results in a **flesh wound**.
12. In the event that an **insured person** is struck by a **military vehicle** which results in a valid claim under one or more of **benefits** 1 – 11 inclusive and **benefits** 13 & 14 as detailed in the table of **benefits**, the amount payable shall be increased by 25% subject to a maximum amount payable of £37,500 per one unit of cover.
13. No **benefit** shall be payable for the further deterioration of injuries beyond 52 **weeks** from the date of the accident other than for **benefit** 15 **Hospitalisation**.

## Your personal Information

Information about how Forces Mutual collect, use, share, transfer and store **your** personal information, and information about **your** rights in relation to the personal information which Forces Mutual hold about **you**, can be found in the terms of business provided in **your** new business documentation. Alternatively **you** can read Forces Mutual's full Privacy notice online at: [www.forcesmutual.org/about/privacy-policy](http://www.forcesmutual.org/about/privacy-policy) or contact the Data Protection Officer at:

**Post:** 4th Floor, 24 Old Bond Street, London W1S 4AW.

**Email:** [datacontroller@bspokegroup.co.uk](mailto:datacontroller@bspokegroup.co.uk)

For the purpose of this notice on how **we** use **your** personal information "We, Us, Our" refers to any or all of the below companies who handle **your** data:

### Astrenska Insurance Privacy Notice

As a data controller, **we** collect and process information about you so that **we** can provide **you** with the products and services **you** have requested. **We** also receive personal information from **your** agent on a regular basis while **your** policy is still live. This will include **your** name, address, risk details and other information which is necessary for **us** to:

- Meet **our** contractual obligations to **you**;
- issue **you** this insurance policy;
- deal with any claims or requests for assistance that **you** may have
- service **your policy** (including claims and policy administration, payments and other transactions); and,
- detect, investigate and prevent activities which may be illegal or could result in **your policy** being cancelled or treated as if it never existed.
- protect **our** legitimate interests

Some of the personal information that **you** provide may be sensitive information. This includes details about **your** health or medical records. Where **we** need **your** consent to collect and process **your** sensitive information, this will be obtained from **you** at the relevant time. Please note that, in these cases, **we** may not be able to sell **you** an insurance **policy** or deal with a claim if **you** do not agree to **us** processing relevant sensitive information.

In order to administer **your policy** and deal with any claims, **your** information may be shared with trusted third parties. This will include members of The Collinson Group, third party administrators, contractors, investigators and claims management organisations where they provide administration and management support on **our** behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, **we** will have strict contractual terms in place to make sure that **your** information remains safe and secure.

**We** will not share **your** information with anyone else unless **you** agree to this, or **we** are required to do this by **our** regulators (e.g. the Financial Conduct Authority) or other authorities.

The personal information **we** have collected from **you** will be shared with fraud prevention agencies and databases who will use it to prevent fraud and money-laundering and to verify **your** identity. If fraud is detected, **you** could be refused certain services, finance, or employment. Further details of how **your** information will be used by **us** and these fraud prevention agencies and databases, and **your** data protection rights, can be found by visiting [www.cifas.org.uk/fpn](http://www.cifas.org.uk/fpn) and [www.insurancefraudbureau.org/privacy-policy](http://www.insurancefraudbureau.org/privacy-policy).

### **Processing your data**

**Your** data will generally be processed on the basis that it is: necessary for the performance of the contract that **we** have with **you**;

- is in the public or **your** vital interest: or
- for **our** legitimate business interests.

If **we** are not able to rely on the above, **we** will ask for **your** consent to process **your** data.

### **How we store and protect your information**

All personal information collected by **us** is stored on secure servers which are either in the United Kingdom or European Union.

**We** will need to keep and process **your** personal information during the period of insurance and after this time so that **we** can meet **our** regulatory obligations or to deal with any reasonable requests from **our** regulators and other authorities.

**We** also have security measures in place in **our** offices to protect the information that **you** have given **us**.

### **How you can access your information or correct anything which is wrong**

**You** have the right to request a copy of the information that **we** hold about **you**. If **you** would like a copy of some or all of **your** personal information please contact **us** by email or letter as shown below:

Email address: [data.protection@collinsongroup.com](mailto:data.protection@collinsongroup.com)

Postal Address: Sussex House, Perrymount Road, Haywards Heath, Sussex RH16 1DN

This will normally be provided free of charge, but in some circumstances, **we** may either make a reasonable charge for this service, or refuse to give **you** this information if **your** request is clearly unjustified or excessive.

**We** want to make sure that **your** personal information is accurate and up to date. **You** may ask **us** to correct or remove information **you** think is inaccurate.

If **you** wish to make a complaint about the use of **your** personal information, please contact **our** Complaints manager using the details above. **You** can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at <https://ico.org.uk/>

### **Financial Crime Policy Statement**

**We** will not provide any cover or be liable to provide any payment or other benefit under this policy where doing so would breach any prohibition or restriction imposed by law or regulation.

If any such prohibition or restriction takes effect during the Period of Insurance, **We** may cancel this policy immediately by recorded delivery letter to the correspondence address shown on the Schedule of Insurance. Please note that **you** will not be entitled to a pro-rata refund of premium under these circumstances.











Call 0151 363 5290  
[www.forcesmutual.org](http://www.forcesmutual.org)

**Forces**  
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