

# Personal Accident Insurance

for businesses

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CERTIFICATE OF INSURANCE

LLOYD'S

## NOTICES

Documentation	This document including the Schedule and Schedule of Benefits contained in it and any endorsement(s) attaching to it constitute this <b>Certificate</b> and sets out the terms, conditions and exclusions of this insurance, and should be kept in a safe place.
Understanding this Certificate	This <b>Certificate</b> must be read by the <b>Policyholder</b> in its entirety, as terms, conditions and exclusions apply. If the <b>Policyholder</b> thinks there is a mistake in or changes need to be made to this <b>Certificate</b> , then the <b>Policyholder</b> must immediately inform their Insurance Broker who deals with this insurance; the Insurance Broker's contact details can be found in the Schedule.
Defined Terms	Certain words or phrases in this <b>Certificate</b> have specific meaning as defined under the Definitions section. Wherever these defined words or phrases appear in bold within this <b>Certificate</b> these meanings apply.
How to Make a Complaint	The procedure for making a complaint about the service provided in connection with this <b>Certificate</b> can be found under the Consumer Information section.
How to Make a Claim	Information on how to make a claim under the insurance provided by this <b>Certificate</b> can be found under the Consumer Information section.
Amounts Payable	Benefits payable under this insurance are limited as to amount and, in some cases, the period over which a payment may be made. These limitations can be found in this <b>Certificate</b> .
Cooling Off Period	If, after reading this <b>Certificate</b> , the <b>Policyholder</b> decides this insurance is not suitable, the <b>Policyholder</b> can cancel this <b>Certificate</b> in accordance with the 14 days cooling off period procedure, which is detailed under the Consumer Information section. This cancellation provision does not apply where the <b>Period of Insurance</b> is one month or less.
Accidents Occurring	<p>The <b>Accident</b> that causes the <b>Bodily Injury</b> must occur:</p> <ul style="list-style-type: none"><li>• during the <b>Operative Time</b> which must be during the <b>Period of Insurance</b>, and</li><li>• within the Geographical Limits as shown in the Schedule.</li></ul> <p>This is detailed in this <b>Certificate</b> and in particular under the definition of <b>Accident / Accidental</b> in the Definitions section.</p>

## Schedule of Benefits

This **Certificate** includes only those benefits listed below in this Schedule of Benefits that have an amount entered by them. Any benefits not included under this **Certificate** have the words "Not Covered" by them in this Schedule of Benefits.

<b>Maximum Amounts Payable Any One Accident Involving More Than One Insured Person</b>	
<p>If the maximum amounts payable any one <b>Accident</b> shown immediately below are exceeded then the amount payable to each <b>Insured Person</b> shall be proportionally reduced, the calculation of which can be found under the "Reduced Payments to Insured Persons" condition under the Conditions section of this <b>Certificate</b>.</p>	
<p>Maximum amount payable any one <b>Accident</b> involving more than one <b>Insured Person</b>.</p>	<p>GBP 10,000,000</p>
<p>Maximum amount payable any one <b>Accident</b> which is caused by <b>Terrorism</b> and involves more than one <b>Insured Person</b>, where covered.</p>	<p>GBP 2,500,000</p>
<p>Maximum amount payable any one <b>Accident</b> involving an <b>Aircraft</b> and more than one <b>Insured Person</b>, where those <b>Insured Persons</b> are in or on the <b>Aircraft</b>.</p>	<p>GBP 5,000,000</p>
<p>This maximum amount payable shall apply if such an <b>Accident</b> involving an <b>Aircraft</b> is caused by <b>Terrorism</b>.</p>	<p>GBP 2,500,000</p>

The maximum amounts payable in the table immediately above are subject to the applicable maximum amount(s) payable any one **Insured Person** shown in the table immediately below.

17	<b>Rehabilitation</b> subject to the following:  <div style="text-align: right;"><b>Excess</b></div> This <b>Excess</b> will apply to each <b>Accident</b> each <b>Insured Person</b> irrespective of the number of claims arising from that one <b>Accident</b> .	<b>GBP</b>	<b>Not covered</b>
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\* If a payment is made under **Temporary Total Disablement** and/or **Temporary Partial Disablement** and a subsequent payment is made under one of the other **Core Benefits (1 to 9)** above for the same **Insured Person** and the same **Accident**, then the amount paid for the **Temporary Total Disablement** and/or **Temporary Partial Disablement** will be deducted from the amount payable under the applicable **Core Benefit (1 to 9)**.

17	<b>Rehabilitation</b> subject to the following:  <p style="text-align: right;"><b>Excess</b></p> This <b>Excess</b> will apply to each <b>Accident</b> each <b>Insured Person</b> irrespective of the number of claims arising from that one <b>Accident</b> .	<b>GBP 20.00</b>	<b>GBP 500</b>
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\* If a payment is made under **Temporary Total Disablement** and/or **Temporary Partial Disablement** and a subsequent payment is made under one of the other **Core Benefits (1 to 9)** above for the same **Insured Person** and the same **Accident**, then the amount paid for the **Temporary Total Disablement** and/or **Temporary Partial Disablement** will be deducted from the amount payable under the applicable **Core Benefit (1 to 9)**.

17	<b>Rehabilitation</b> subject to the following:  <div style="text-align: right;"><b>Excess</b></div> This <b>Excess</b> will apply to each <b>Accident</b> each <b>Insured Person</b> irrespective of the number of claims arising from that one <b>Accident</b> .	<b>GBP 20.00</b>	<b>GBP 500</b>
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\* If a payment is made under **Temporary Total Disablement** and/or **Temporary Partial Disablement** and a subsequent payment is made under one of the other **Core Benefits (1 to 9)** above for the same **Insured Person** and the same **Accident**, then the amount paid for the **Temporary Total Disablement** and/or **Temporary Partial Disablement** will be deducted from the amount payable under the applicable **Core Benefit (1 to 9)**.

## Policy Compliance

The **Insurer** shall not be liable to pay a claim or claims under this **Certificate** unless the **Policyholder** complies and ensures that **Insured Persons** comply with the terms, conditions and exclusions of this **Certificate**.

## Disclosure and Accuracy of Information

The **Policyholder** must take reasonable care to give accurate and complete information relating to the insurance provided by this **Certificate**.

The **Policyholder** is required to disclose to the **Insurer** information including material circumstances that fairly present the risks that are or would be insured under this **Certificate**.

A fair presentation of the risks means that the **Policyholder** must:

1. disclose to the **Insurer** every material circumstance which the **Policyholder** knows or ought to know or, failing that, sufficient information to alert the **Insurer** that the **Insurer** need to make further enquiries; and
1. make such disclosure in a reasonably clear and accessible manner; and
2. ensure that, in such disclosure, any material representation as to:
  - a. a matter of fact is substantially correct; and
  - b. a matter of expectation or belief is made in good faith.

A circumstance or representation is material if it would influence the **Insurer's** judgement (as a prudent underwriter) in determining whether to insure the **Policyholder** and, if so, on what terms. If the **Policyholder** is in any doubt as to the whether a circumstance or representation is material then the **Policyholder** should disclose it.

If the **Policyholder** becomes aware that the information they have given to the **Insurer** is inaccurate or incomplete or the **Policyholder** has any particular concerns about any of the information they have provided or should provide, before or after the start date of this insurance as shown in the **Period of Insurance**, then the **Policyholder** must advise the **Insurer**.

If the information the **Policyholder** have given the **Insurer** in relation to this insurance proves to be inaccurate or incomplete, then the **Insurer** may:

- a. amend the terms of this **Certificate**, which may be applied as if they were already in place prior to any claim where the validity of that claim was impacted by the inaccurate or incomplete information, or
- a. increase the premium/reduce the amount the **Insurer** pays on a claim in the proportion the premium paid bears to the premium the **Insurer** would have charged the **Policyholder** had the information not been inaccurate or incomplete, or
- b. treat this **Certificate** as if it never existed, which means no claims will be paid and the premium paid under it will be returned to the **Policyholder**. This will only be done if this insurance would not have been provided.

## Consumer Information

### How to make a claim

In the event of a claim or potential claim or **Accident**, incident or circumstance likely to give rise to a claim, the **Policyholder** shall:

- give notice immediately or as soon as reasonably practicable to:

Cega, of:

Cega Claims Service, PO Box 127, Chichester, West Sussex PO18 8WQ

telephone: +44 (0) 1243 218417

e-mail: [claims@cegagroup.com](mailto:claims@cegagroup.com):

Cega has been authorised by the **Insurer** to handle claims under this **Certificate** on its behalf.

- provide Cega with:
  - a) all the assistance requested by Cega, including:
    - (i) access to the applicable **Insured Person's** medical records and/or any confidential records that are relevant to a claim under this **Certificate**,
    - (ii) allowing an adviser acting on behalf of the **Insurer** and/or independent qualified physician to examine (including a post-mortem) and/or interview an **Insured Person** in any respects that are relevant to a claim under this **Certificate**;
  - b) all applicable materials (paper, electronic or otherwise) required by Cega and/or the **Insurer** and/or its authorised representative including but not limited to: all records, receipts, correspondence, statements, reports, police reports and post mortem reports, immediately or as soon as reasonably practicable.
  - c) a signed undertaking that a full refund will be made to the **Insurer** if a payment is made in respect of the **Disappearance** cover provided by this **Certificate** and the applicable **Insured Person** is subsequently found to be living.

There are further obligations in respect of claims and mitigation of loss provisions imposed under this **Certificate**, these can found in this **Certificate**.

### How to make a complaint

- If the **Policyholder** has any questions or concerns about this **Certificate** or the handling of a claim under it, they should, in the first instance, contact:

Self Assured Underwriting Agencies Limited

address:

5 – 6 Kingfisher Court, Northfield Farm Lane, Witney, Oxfordshire OX28 1UF



e-mail: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

website: [www.financial-ombudsman.org.uk/consumer/complaints.htm](http://www.financial-ombudsman.org.uk/consumer/complaints.htm)

- If you are unsure whether FOS will consider your complaint, please contact them directly for advice.
- The service FOS provides is free and impartial and contacting them at any stage does not affect your legal rights to take action.

## Compensation

The **Insurer** is covered by the Financial Services Compensation Scheme (FSCS). The **Policyholder** may be entitled to compensation from the scheme if in the unlikely event the **Insurer** is unable to meet its obligations under this **Certificate**. If the **Policyholder** were entitled to compensation under the scheme, the level of compensation payable would depend on the nature of the insurance granted under this **Certificate**.

Further information about the scheme is available from the FSCS at the address immediately below or on their website: [www.fscs.org.uk](http://www.fscs.org.uk)

Financial Services Compensation Scheme  
10<sup>th</sup> Floor  
Beaufort House  
15 St. Botolph Street  
London  
EC3A 7QU

## Sanctions

The **Insurer** shall not be liable to provide the insurance under this **Certificate** or to pay any claims where to do so would breach applicable sanctions, prohibitions or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, England & Wales and the United States of America.

## Insurance Premium Tax

The premium payable under this **Certificate** is subject to compulsory tax(es) at the appropriate rate and shall be paid by the **Policyholder**. The applicable tax and the amount are shown in the Schedule.

## Cancellation

### Cancellation during the first 14 days (Cooling Off Period)

If the insurance provided under this **Certificate** does not meet the **Policyholder's** requirements and provided that:

- the **Period of Insurance** is longer than one month in duration, and
- no claim has been made under this **Certificate** or the **Policyholder** is not aware of any **Accident**, incident or circumstance likely to give rise to a claim under this **Certificate**, then

the **Policyholder** can cancel this **Certificate** within 14 days of:

**Insurance.** The cancellation will take effect 30 days after the day the written notice is received by the **Policyholder**.

If the **Insurer** cancels for non-payment of premium the cancellation will take effect from the day immediately following the last day for which premium has been paid or, if no premium has been paid, the start date shown in the Schedule under **Period of Insurance**.

## Data Protection Statement

Information provided to the **Insurer** in connection with this **Certificate** will be used for the purpose of providing insurance and claims and assistance services. The information will be handled in compliance with the provisions of the Data Protection Act 1998.

The **Insurer** may disclose information which it holds on the **Policyholder** and the **Insured Persons** to third parties for the purposes of providing the services under this **Certificate** and managing its business.

The **Insurer** may be required by law to provide the information which it holds on the **Policyholder** and the **Insured Persons** to a Government authority or regulatory body or to a law enforcement agency in connection with the prevention and investigation of crime, including fraud and money laundering.

If the **Insurer** is required to transfer the information which it holds on the **Policyholder** and the **Insured Persons** outside the European Economic Area, the **Insurer** will take steps to protect the information.

The **Policyholder** must ensure that all **Insured Persons** are notified of this Data Protection Statement and that they give their consent to the use of their personal data as provided for in this statement.

## Choice of Law and Jurisdiction

The **Policyholder** and the **Insurer** are free to choose the law applicable to this insurance. Unless specifically agreed to the contrary, this insurance shall be subject to English Law and any disputes shall be handled by the Courts of England and Wales.

## Regulators

Self Assured Underwriting Agencies Limited is authorised and regulated by the UK Financial Conduct Authority (FCA), with the following Financial Services Register number: 304373

The Society of Lloyd's is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA); with a Financial Services Register number of: 202761

Tokio Marine Kiln Syndicates Limited is regulated by the FCA and the PRA and authorised by the PRA; with a Financial Services Register number of: 204909

Further details on the above can be found at:  
[www.bankofengland.co.uk](http://www.bankofengland.co.uk) for the PRA  
[www.fca.gov.uk](http://www.fca.gov.uk) for the FCA

- **Employee** means: any person under a contract of service or apprenticeship with the **Policyholder**.
- **Excess** means: the amount shown in the Schedule of Benefits which the **Policyholder** must bear or pay, where applicable, before the **Insurer** makes any payment in respect of a valid claim.
- **Exposure** means: an **Insured Person's** unexpected, unavoidable and prolonged exposure to severe climatic conditions and/or extreme temperatures as a result of a mishap to a conveyance in which that **Insured Person** is travelling. Provided the mishap to the conveyance occurs during the **Period of Insurance** and the **Operative Time** and within the Geographical Limits, all as shown in the Schedule.
- **Full Time Education** means: undergoing a programme of learning provided by a recognised educational body or accredited institutional body, with the intention of gaining a qualification by examination or assessment. This programme of learning can include work experience provided at least two-thirds of the course time is spent on study.
- **Gross Weekly Wage** means: the weekly amount of an **Insured Person's** annual basic gross salary (before the deduction of tax or National Insurance payments) payable by the **Policyholder** that that **Insured Person** would have received for each week during a period of **Temporary Total Disablement** or **Temporary Partial Disablement**.

All as set out in that **Insured Person's** contract of service with the **Policyholder**.

For the purposes of this definition, the annual basic gross salary excludes: loans (whether repayable or otherwise), profit share payments, overtime, payments for expenses or benefits in kind. If any of these excluded items have been included in the estimated or actual amounts provided when the premium was calculated, they shall not be excluded here.

- **Home Adaption Expenses** means: costs incurred by the **Policyholder** or an **Insured Person** for adapting the **Insured Person's** home to cater for the practical changes required as a direct result of that **Insured Person** becoming disabled.
- **Hospitalisation / Hospitalised**: means admission to a hospital registered as such in the country where it is located as an inpatient on the advice of a qualified medical practitioner.
- **Insured Person** means: any person who is an **Employee** as shown in the Schedule.
- **Insurer** means: the insurer(s) as shown under the Insuring Agreement section of this **Certificate**.
- **Loss of Hearing** means: permanent total and irrecoverable loss of hearing which lasts 12 consecutive months and at the expiry of that period is beyond hope of improvement.
- **Loss of Limb** means: permanent loss by physical separation of a hand or hands at or above the wrist, or of a foot or feet at or above the ankle and includes permanent total irrecoverable loss of use of a hand(s), arm(s) or leg(s).

- **Urgent Expenses Following Accidental Death** means: urgent expenses including but not limited to additional expenditure such as transportation costs necessary for completing documentation relevant to the applicable **Insured Person's** death whilst the deceased **Insured Person's** estate is being arranged. It does not include funeral expenses.
- **Waiting Period** means: the period during which no **Temporary Total Disablement** or **Temporary Partial Disablement** benefits are payable as shown in the Schedule of Benefits, and commences at the beginning of a period of **Temporary Total Disablement** or **Temporary Partial Disablement**.
- **Working Day** means: each complete day during which an **Insured Person** who is an **Employee** would normally be engaged in their usual occupation with the **Policyholder**.

## Conditions

The **Policyholder** must comply with the terms, conditions and exclusions of this **Certificate** and must ensure that **Insured Persons** comply with the terms, conditions and exclusions of this **Certificate**. Failure to comply may prejudice the **Policyholder's** position to recover a claim or claims under this **Certificate**.

### (1) Premium Payment

This insurance is not operative unless the premium shown in the Schedule has been paid in accordance with the terms, conditions and exclusions of this **Certificate**.

### (2) Non-Assignment

The **Insurer** shall not be bound to accept or be affected by a trust, change in lien or assignment relating to or other dealing with this **Certificate**, other than otherwise provided for under the "Payments to **Insured Persons**" condition below.

### (3) Eligibility of **Insured Persons**

For an individual to qualify as an **Insured Person** under this **Certificate**, the individual must be a member of the **Policyholder** at the time of **Accident** giving rise to a claim under this **Certificate** in respect of that **Insured Person**.

### (4) Payments to **Insured Persons**

Irrespective of the Non-Assignment condition above, the **Policyholder** can, in relation to any valid claim under this **Certificate**, at its discretion authorise the **Insurer** to pay any benefit directly to a named **Insured Person**. Receipt of such payment by the named **Insured Person** shall discharge the **Insurer** of any further liability in respect of the benefit concerned.

### (5) Reduced Payments in respect of each **Insured Persons**

If an **Accident** gives rise to one or more claim(s) under this **Certificate** involving more than one **Insured Person** and the total amount(s) payable from that **Accident** would otherwise exceed the applicable maximum amount payable any one **Accident** limit as shown in the Schedule of Benefits then to ensure that the applicable **Accident** limit is not exceeded the amount payable in respect of the **Insured Person** for that **Accident** shall be reduced to the proportion of that **Insured Person's** claim which the applicable **Accident** limit shown in the

- (5) sickness or disease, other than sickness or disease directly resulting from **Bodily Injury** to an **Insured Person** for which a valid claim is payable under this **Certificate** in respect of that **Insured Person**;
- (6) death or disablement of an **Insured Person** whilst that **Insured Person** is piloting or performing duties as a crew member of an **Aircraft**;
- (7) war whether declared or not and within the United Kingdom;
- (8) **Terrorism** involving the use or release or the threat to use or release any:
- nuclear weapon or device,
  - chemical agent,
  - biological agent;
- (9) radioactive contamination;
- (10) death or disablement of an **Insured Person** where that **Insured Person** is engaged or taking part in:

- a) the following winter sports:

free-style skiing	repetitive travel in ski run helicopters
ski jumping	competitive winter sports activities
ice hockey	use of bobsleighs or skeletons
off piste skiing unless accompanied by a suitably experienced guide	

- b) the following scuba diving activities:

unaccompanied diving	dives involving visits to wrecks or caves
dives below a depth of 30 metres	dives for gain or reward

Any other scuba diving unless the **Insured Person**:

- holds a valid British Sub Aqua Club "Sports Diver" certificate or the Professional Association of Diving Instructors "Open Water" certificate and follows the respective Club or Association rules and guidelines at all times, or
- dives under the constant supervision of a properly licensed diving school and follows their rules and instructions at all times.

- c) the following activities:

potholing	white water skiing
caving	bungee jumping
hang-gliding	paragliding
parachuting	parascending
mountaineering or rock climbing necessitating the use of picks, ropes or other specialist equipment, or free solo climbing	any kind of racing on land, in or over water or in the air, whether as driver or passenger as applicable

## Cover Provided

### Core Benefits

Subject to the benefit being shown as covered in the Schedule of Benefits, the Insurer will pay to the Policyholder the applicable benefit shown in the Schedule of Benefits under items 1 to 11, if an Insured Person suffers **Bodily Injury** that results in:

1. **Death**
2. **Permanent total loss of sight in one eye or both eyes**
3. **Loss of Limb**
4. **Loss of Hearing** in one ear
5. **Loss of Hearing** in both ears
6. **Loss of Speech**
7. **Permanent Total Disablement**
8. **Paraplegia**
9. **Quadriplegia**
10. **Temporary Total Disablement**
11. **Temporary Partial Disablement**

within 12 months from the date of the **Accident** causing the **Bodily Injury**.

In respect of each **Insured Person**, the Insurer shall only pay one of the benefits from items 1 to 11, however:

- a) if the **Bodily Injury** caused by the **Accident** also results in **Temporary Total Disablement** and/or **Temporary Partial Disablement** as well as a valid claim under one of the benefits under items 1 to 9, then payment(s) under benefits 10 and 11 will be paid until:
  - (i) the applicable benefit under items 1 to 9 is paid, or
  - (ii) the applicable maximum amount payable limit for **Temporary Total Disablement** and/or **Temporary Partial Disablement** as shown in the Schedule of Benefits is reached,

whichever the sooner.

Any such amounts payable under **Temporary Total Disablement** and/or **Temporary Partial Disablement** shall be deducted from the amount payable under the applicable benefit 1 to 9.

- b) if a valid claim is payable for **Permanent Total Disablement** and the **Bodily Injury** from the same **Accident** also results in **Paraplegia** or **Quadriplegia**, then benefits 8 or 9 respectively will be paid in addition to item 7.
- c) If in respect of the same **Accident** to an **Insured Person**, the **Policyholder** could claim more than one of the benefits under items 2 to 7 for that **Insured Person**, then the Insurer will pay the benefit with the greatest sum insured shown in the Schedule of Benefits.

If no benefit is shown under item 1 (Death) in the Schedule of Benefits and an **Insured Person** suffers **Bodily Injury** which results in their death within 12 months from the date of the **Accident** causing

## Additional Benefits

One or more of the following Additional Benefits are only payable if the applicable **Insured Person** suffers **Bodily Injury** and, for some of the additional benefits, there needs to be a valid claim payable for one Core Benefit shown immediately above, this is detailed below separately for each Additional Benefit.

- **Domestic Services Expenses**  
(item 12 under the Schedule of Benefits)

In the event of a valid claim in relation to an **Insured Person** for a benefit in respect of:

- Permanent total loss of sight in one eye or both eyes;
- **Loss of Limb;**
- **Loss of Hearing** in one ear;
- **Loss of Hearing** in both ears;
- **Loss of Speech;**
- **Permanent Total Disablement;**
- **Paraplegia;**
- **Quadriplegia;**
- **Temporary Total Disablement,**

the Insurer will pay to the **Policyholder Domestic Service Expenses** incurred in respect of that **Insured Person** and directly as a result of the **Bodily Injury** that has given rise to the valid claim, subject to:

- the **Domestic Service Expenses** having been agreed in advance by Cega whose contact details can be found under the Consumer Information section of this **Certificate**, and
- the payment by the Insurer of the **Domestic Service Expenses** ceasing:
  - a) once the sum insured limit, as shown in the Schedule of Benefits, has been reached, or
  - b) the **Temporary Total Disablement** benefit, if applicable, ceases to be paid, or
  - c) 12 months from the date of the **Accident** causing the **Bodily Injury**,

whichever occurs first.

- **Home Adaption Expenses**  
(item 13 under the Schedule of Benefits)

In the event of a valid claim in relation to an **Insured Person** for the benefit of:

- **Permanent Total Disablement** and **Paraplegia** or **Quadriplegia**,

the Insurer will pay to the **Policyholder Home Adaption Expenses** incurred in respect of that **Insured Person** and directly as a result of the **Bodily Injury** that has given rise to the valid claim up to the maximum amount shown in the Schedule of Benefits, subject to:

- **Hospitalisation**

(item 16 under Schedule of Benefits)

If an **Insured Person** suffers **Bodily Injury** and solely as a result of that **Bodily Injury** that **Insured Person** is **Hospitalised** for a continuous period greater than 48 hours, then the **Insurer** will pay to the **Policyholder** the amount shown in the Schedule of Benefits for every continuous and uninterrupted 24 hour period that **Insured Person** is **Hospitalised** after the first 48 continuous hours of **Hospitalisation**, up to the maximum amounts as shown in the Schedule of Benefits.

There will be no payment for:

- the first 48 hour continuous period, or
- part of a continuous 24 hour period, or
- **Hospitalisation beyond the Benefit Payment Period**

- **Rehabilitation**

(item 17 under Schedule of Benefits)

In the event of a valid claim in relation to an **Insured Person** for a benefit in respect of:

- Permanent total loss of sight in one eye or both eyes;
- **Loss of Limb;**
- **Loss of Hearing** in one ear;
- **Loss of Hearing** in both ears;
- **Loss of Speech;**
- **Permanent Total Disablement;**
- **Paraplegia;**
- **Quadriplegia;**
- **Temporary Total Disablement,**

the **Insurer** will pay to the **Policyholder** costs incurred for the **Rehabilitation** of that **Insured Person** and directly as a result of the **Bodily Injury** that has given rise to the valid claim up to the maximum amount shown in the Schedule of Benefits, subject to:

- the **Rehabilitation** costs having been agreed in advance by Cega whose contact details can be found under the Consumer Information section of this **Certificate**;
- the **Excess**.



