

Personal Injury Cover



Welcome to Admiral's Personal Injury Cover

This booklet describes **your** contract of Personal Injury Cover. Please read it carefully along with Your Car Insurance Guide or Your Van Insurance Guide. This is important, as these booklets will outline the full terms of the agreement. Please also check that the information described on **your** current Policy Schedule is up to date and correct.

This policy meets the demands and needs of those who wish to ensure that in the event of a motoring **accident** an **insured person** will be covered for **bodily injury** as described in the policy.

Admiral does not make personal recommendations as to the suitability of the policy to individual circumstances. **You** are solely responsible for deciding whether the policy is suitable for **your** needs.

Important Numbers

Single Car Customers

To make a claim	0333 220 2051
Customer Services	0333 220 2000

MultiCar Customers

To make a claim	0333 220 2051
Customer Services	0333 220 2001

Van Customers

To make a claim	0333 220 2051
Customer Services	0333 234 0198

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About your Personal Injury Cover

Thank **you** for taking out **our** Personal Injury Cover. **We** are confident **our** friendly, fast and efficient service will ensure **you** remain a satisfied customer now and for years to come.

This booklet explains the cover **you** have bought, but if **you** have any queries please call Admiral Customer Services who will be happy to help:

Single Car customers: **0333 220 2000**

MultiCar customers: **0333 220 2001**

Van customers: **0333 234 0198**

Whenever a word is bolded in this policy booklet it takes on the meaning given in Section 1: Definitions. This policy booklet sets out the details of **your** insurance cover. Please read this policy carefully.

This policy provides benefits to an **insured person** in the event that they suffer a motoring **accident** causing **bodily injury**. **You** must pay or agree to pay the premium for this insurance, and cover is for one **period of insurance** at a time.

Section 1: Definitions

Please find below an explanation of the words used in this policy.

Accident

A sudden and unforeseen event which occurs after the start date and results in **bodily injury** including **assault**.

Cover extends to:

- all **insured persons**:
 - as a driver of the **insured vehicle**
 - whilst travelling in, entering or exiting an **insured vehicle** which is being used by an **insured person**
 - for camper vans, cover is only provided whilst travelling in the **insured vehicle** which is driven by an **insured person**
- **policyholder** only:
 - cover is extended to: travelling in, entering or exiting any **other vehicle** within the **UK**

About your Personal Injury Cover (cont.)

Assault

A sudden and unexpected attack by an unknown third party with deliberate intent to cause **bodily injury** at an identifiable time and place immediately following a road **accident** within the **UK**.

Associated motor policy

The valid motor insurance arranged by **EUI Limited**. For policies with multiple vehicles only, cover will be determined for each individual **insured vehicle** and not the policy as a whole.

Bodily injury

Any injury to the **insured person** which is caused by a road traffic **accident** and which, within 52 weeks from the date of the **accident**, solely and independently of any other cause, results in death or any of the injuries listed in the Benefits Table in Section 2.

Burns

Full thickness burn or burns (third degree) covering more than 10% of the body surface.

EUI Limited

Admiral is a trading name of EUI Limited.

Fracture

A break in the full thickness of the bone (i.e. a complete break across the whole width of the bone).

Hospital

An institution which has accommodation for in-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 home.

Hospital daily payment benefit

If the **insured person** is admitted to a **hospital** following **bodily injury** or if their condition is treated by a doctor or a nurse in an Accident and Emergency department, **we** will pay the sum shown in the Benefits Table for each 24 hour stay in **hospital**.

About your Personal Injury Cover (cont.)

Insured person

You and any other persons named on the **associated motor policy** (including any temporary drivers covered by **your associated motor policy** at the time of an **accident**).

Insured vehicle

The vehicle defined in **your associated motor policy**.

Loss of hearing

Total, permanent and irrecoverable **loss of hearing** in one or both ears.

Loss of speech

Total, permanent and irrecoverable **loss of speech**.

Loss of sight

The permanent and total **loss of sight** which shall be considered as having occurred:

- in both eyes, if the **insured person's** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist.
- in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen scale (meaning the **insured person** sees at 3 feet what they should see at 60 feet).

Loss of tooth/teeth

A chip, break or total dislodgement of a tooth/teeth as a result of an **accident**.

Loss (in relation to limbs, hands, thumbs, fingers, feet, toes and internal organs)

Complete, permanent and irrecoverable **loss** of use or **loss** by physical separation.

Limb(s)

Arm(s) or leg(s) at or above the wrist or ankle (excluding **hands** and **feet**).

Hand(s)

All the **fingers** and the **thumb** of a hand.

Thumb(s)

The entire thumb or thumbs.

About your Personal Injury Cover (cont.)

Finger(s)

The entire finger (excluding **thumbs**).

Foot (Feet)

All the **toes** of a foot.

Toe(s)

The entire toe.

Internal organs - category one

Lung(s), kidney(s), liver, large intestine, small intestine, stomach, reproductive organ(s) and bladder.

Internal organs - category two

Spleen, gallbladder and pancreas.

Medical Practitioner

A doctor or specialist, registered or licensed to practise medicine under the laws of the country in which they practise who is neither:

- the **insured person**, or
- a relative of such **insured person** unless approved by **us**
- an employee of the **insured person**

Other vehicle

A privately insured car or van, which is manufactured to carry up to eight passengers and does not exceed 3.5 tonnes gross vehicle weight.

Period of insurance

The period between the start date and end date of this policy.

Permanent total disablement

Means physical disablement caused other than by **loss of limb(s)**, **loss of sight**, **loss of hearing** or **loss of speech**, which has lasted for 52 consecutive weeks and will, in all probability, prevent the **insured person** from engaging in employment of any and every kind for the remainder of their life.

About your Personal Injury Cover (cont.)

Prescribes

Advice or authorisation of treatment from a **medical practitioner**. This advice or authorisation must be given prior to the treatment being undertaken.

Remedial therapies

If, as a result of **your** injury, a **medical practitioner prescribes** either physiotherapy or cognitive behavioural therapy, **you** may benefit from the relative amount in the Benefits Table upon receipt of **supporting medical evidence**. Please note following the initial session at least one appointment must be attended.

Surgery

A surgical procedure or other invasive surgical intervention under general anaesthetic which takes place in a **hospital**. The procedure must be required as a result of the insured event and not related to a claim under any other benefit found within the Benefits Table (aside from the **hospital daily payment benefit**).

Supporting medical evidence

This includes GP (doctors), **hospital** or consultants reports or a **hospital** discharge form. The evidence **we** require will depend on the benefit claimed.

UK

The United Kingdom, Channel Islands and Isle of Man.

Underwriters

Admiral Insurance (Gibraltar) Limited.

We, Us, Our

EUI Limited trading as Admiral and/or the **underwriters**.

You, Your, Policyholder

The person named as the **policyholder** on **your** current Certificate of Motor Insurance.

About your Personal Injury Cover (cont.)

Section 2: What is covered

The Benefits Table should be read in conjunction with Section 1 Definitions. The **insured person** will be entitled to the following benefits provided they reside in the **UK** and the **insured person** has, or is named, on the active **associated motor policy**. For the **policyholder** only cover is extended to; travelling in, entering or exiting any **other vehicle** within the **UK**. If the **insured person** has a road traffic **accident** in the **period of insurance** which results in:

Item	Description	Benefit Payable (£)	
		Personal Injury	Personal Injury Plus
1	Death	50,000	100,000
2	Permanent total disablement	50,000	100,000
3	A, loss of sight in both eyes	50,000	100,000
	B, loss of sight in one eye	15,000	30,000
4	A, loss of hearing in both ears	50,000	100,000
	B, loss of hearing in one ear	15,000	30,000
5	Loss of speech	50,000	100,000
Loss of:			
6	A, two or more limbs	50,000	100,000
	B, one limb	15,000	30,000
7	A, both hands or both feet	25,000	50,000
	B, one hand or one foot	12,500	25,000
8	A, both thumbs	7,000	15,000
	B, one thumb	3,500	7,000
9	A, more than one finger	5,000	10,000
	B, one finger	2,000	4,000
10	A, both big toes	5,000	10,000
	B, one big toe	2,500	5,000

cont...

About your Personal Injury Cover (cont.)

Item	Description	Benefit Payable (£)	
		Personal Injury	Personal Injury Plus
Loss of:			
11	A, more than one toe (excluding big toes)	1,000	2,000
	B, one other toe (excluding big toes)	500	1,000
12	A, internal organ(s) – category one	10,000	20,000
	B, internal organ(s) – category two	2,500	5,000
13	Burns	5,000	10,000
14	Surgery	3,000	6,000
Fractures to:			
15	A, the pelvis, arm, leg, skull, vertebrae, jaw, knee, hand or facial bones (excl nose)	2,000	4,000
	B, the foot , shoulder blade, elbow, sternum, wrist, ankle, collar bone or coccyx	1,000	2,000
	C, any other bodypart (incl. nose)	400	800
16	Remedial Therapies	500	1,000
17	Hospital Daily Payment benefit	200	400
18	A, loss of one tooth	500	1,000
	B, loss of two or more teeth	2,000	4,000
Maximum policy benefit		50,000	100,000

The maximum benefit **we** will pay under this policy for all claims made by an **insured person** following each motoring **accident** is £50,000 for Personal Injury cover or £100,000 for Personal Injury Plus cover. These limits apply to each **insured person**, per motoring **accident**.

About your Personal Injury Cover (cont.)

Section 3: What is not covered

In relation to the Benefits Table:

1. In the event of **loss of limb(s)** (Item 6) no additional benefit will be paid for **loss of hand(s), foot (feet), finger(s), thumb(s) or toe(s)** (Item 7,8,9,10,11)
2. In the event of **loss of hand(s) or foot (feet)** (Item 7) no additional benefit will be paid for **loss of thumb(s), finger(s) or toe(s)** (Items 8,9,10,11)
3. Only one benefit can be claimed under each item, other than for fractures (Item 15) and **hospital daily payment benefit** (Item 17)
4. Benefit will only be paid upon receipt of **supporting medical evidence**. The cost of obtaining this evidence will be paid by **us** provided they are incurred with **our** consent.
5. Under **hospital daily payment benefit** (Item 17), no benefit will be paid unless **you** are admitted into **hospital** or **your** condition is treated by a doctor or a nurse in an Accident and Emergency department. Payment will only be made once **we** have received a completed claim form and evidence of this assessment and/or admittance.
6. If the **insured person** has a pre-existing condition, sickness, disease or injury, then **we** will assess the effect of the **accident on your bodily injury**, and **we** will reduce the benefit by an appropriate amount to take this into account. Expert medical advice will be gained to ensure any reduction in the payment is proportionate to the preexisting condition.
7. Where any **insured person** is being carried as a passenger in the cargo area of the vehicle.
8. For injury that happens in a hazardous location - Power stations, nuclear installations or establishments, refineries, bulk storage or production premises in the oil, gas or chemical industries or in the explosive, ammunition or pyrotechnic industries, Ministry of Defence premises and Military bases, Rail track-side or Airport – other than in any area designated for access or parking by the general public.

About your Personal Injury Cover (cont.)

Section 4: Conditions of your cover

We shall not be liable in respect of any claim:

1. Directly or indirectly as a result of:
 - a. When the **insured person**:
 - is found to be over the prescribed limit of alcohol
 - is driving whilst unfit through drink or drugs, whether prescribed or otherwise
 - fails to provide a sample of breath, blood or urine when required to do so, without lawful reason
 - b. The **insured person** fails to make sure the condition of the vehicle is roadworthy and this, or the conduct of the **insured person** has caused or contributed to the **accident**.
 - c. The **insured person** committing, or attempting to commit suicide or intentional self-injury.
 - d. The **insured vehicle** or any vehicle in which **you** are a passenger being used on the Nurburgring Nordschleife, or for racing formally or informally against another motorist, pace-making, competitions, rallies, track days, trials or tests, speed trials or speed tests, either on a road, track, or at an off-road 4x4 event.
 - e. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, insurrection or military or usurped power and any act of terrorism.
 - f. Any claim where the **insured vehicle** is being used for a purpose not on the certificate of motor insurance.
 - g. Where any **insured person** is being carried in the cargo area of the vehicle.
 - h. For injury that happens in a hazardous location including power stations, nuclear installations or establishments, refineries, bulk storage or production premises in the oil, gas or chemical industries or in the explosive, ammunition or pyrotechnic industries. Defence premises and military bases, rail track-side or airport - other than in any area designated for access or parking by the general public.
2. Use of vehicles other than those detailed in **your associated motor policy**. For **policyholders** only, cover is extended to travelling in, entering or exiting any **other vehicle** within the **UK**.
3. For any injury not specifically listed in the Benefits Table (Section 2. What is covered).

About your Personal Injury Cover (cont.)

4. Where the **insured vehicle** is driven by an **insured person** who does not hold a valid driving licence or are breaking the conditions of their driving licence.
5. Where the **insured person** is using the vehicle for criminal purposes, or to deliberately cause damage or fear of damage to **other vehicles** or property, or to deliberately cause injury to any person and/or to put any person(s) in fear of injury.
6. **We** will not pay a claim which is in any part fraudulent, false, exaggerated or if **you** or anyone acting for **you** makes a claim in a fraudulent or false way, or where **we** have been given any documents which are false or stolen. **We** will seek to recover any costs **we** have incurred and **we** will not return any premium. If false or inaccurate information is provided and fraud is identified details will be passed to fraud prevention agencies.
7. If **you** fail to provide **us** with all the information **we** need.
8. Where the **insured person** driving the **insured vehicle** at the time of the **accident** has been removed from the **associated motor policy**, whether before or after the **accident**, because their risk was deliberately or recklessly misrepresented on the **associated motor policy**.

Section 5: How to make a claim

If **you** have had an **accident** in the **insured vehicle**, please call **0333 220 2033**.

If **you** are a **Policyholder** and had an **accident** in any **other vehicle**, please call **0333 220 2051**.

Or **you** can email **us** on: PUClaims@admiralgroup.co.uk

Please have **your** address and policy number available when notifying **us** of a claim.

Section 6: Cancellation

This cover ends automatically as soon as one of the following happens:

1. The day and time **your associated motor policy** ends.
2. **You** die. The cover for other individuals named in **your associated motor policy** will also end if they die.
3. **Your associated motor policy** is declared void or ceases to be in force for any reason.

About your Personal Injury Cover (cont.)

1. Your cancellation rights

You may cancel this policy at any time by contacting **our** Customer Service department. **You** can cancel a policy immediately or from a later date. **You** cannot cancel a policy from an earlier date.

Single Car Customers

Customer Services **0333 220 2000**

MultiCar Customers

Customer Services **0333 220 2001**

Van Customers

Customer Services **0333 234 0198**

You can also contact **us** in writing by sending any correspondence to:

EUI Limited
Ty Admiral
David Street
Cardiff
CF10 2AA

2. Our cancellation rights

If **your associated motor policy** is cancelled, this product will also be cancelled. If **we** cancel **your** policy, **you** will be charged on a daily pro rata basis for the time **you** have had on cover.

If **you** or anyone acting for **you** recklessly or deliberately misrepresents information that would;

1. impact the terms and conditions
2. affect **our** ability to offer cover

We will as a result:

1. cancel or void **your** policy
2. cancel or void any other policies to which **you** are connected through **EUI Limited**.
3. not return any premium
4. seek to recover any costs **we** have incurred.

About your Personal Injury Cover (cont.)

3. Outstanding Premium and Charges following cancellation

You may cancel this product and receive a full refund, if **you** inform **us** within 14 days from receipt of the confirmation letter or email.

Should **you** cancel outside the 14 days, **you** will be charged on a daily pro rata basis for the time **you** have had on cover.

However should **you** cancel **your associated motor policy**, please refer to “Your Agreement with EUI Limited” for a list of relevant charges.

If a claim is made or has arisen during the **period of insurance**, the full premium is payable and no refund will be given.

Section 7: How to make a complaint

EUI Limited aims at all times to provide a first class standard of service. However, there may be occasions when **you** feel that this objective has not been achieved. Any enquiry or complaint regarding this policy should be addressed to:

The Complaint Manager, **EUI Limited**, Ty Admiral, David Street, Cardiff CF10 2AA.

Tel: **0330 333 5888**

Email: customerassurance@admiral.com

If **we** have given **you our** final response and **you** are still unhappy, or more than 8 weeks have passed since **we** received **your** original complaint, **you** may refer **your** complaint to the Financial Ombudsman Service (FOS). Their details are as follows:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

www.financial-ombudsman.org.uk

Tel: **0800 0 234 567**

Or: **0300 123 9 123**

Email: complaint.info@financialombudsman.org.uk

About your Personal Injury Cover (cont.)

Section 8: Extra information about your policy

Data Protection

For information about how **EUI Limited** will process **your** personal information please visit www.admiral.com/your-privacy-and-security/

Governing law and language

This insurance shall be subject to English Law, unless specifically agreed to the contrary. All communication is to be conducted in English.

Rights of third parties

This agreement is made for the benefit of the parties to it and is not intended to benefit, or be enforceable by, any other person in accordance with the Contracts (Rights of Third Parties) Act 1999 or otherwise.

Providers and suppliers

This policy is arranged and administered by **EUI Limited** (FCA Registration No 309378), Ty Admiral, David Street, Cardiff CF10 2EH and is underwritten by Admiral Insurance (Gibraltar) Limited, 1st Floor, 24 College Lane, PO Box 575, Gibraltar GX11 1AA (Home State: Gibraltar).

EUI Limited is authorised and regulated by the Financial Conduct Authority. Admiral Insurance (Gibraltar) Limited is licensed and regulated by the Gibraltar Financial Services Commission under the Financial Services (Insurance Companies) Act 1987 of Gibraltar.

About your Personal Injury Cover (cont.)

Financial Services Compensation Scheme

EUI Limited and Admiral Insurance (Gibraltar) Limited are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claims costs. **You** can get more information about the compensation scheme arrangements from the FSCS. The contact information is:

The FSCS, 10th floor Beaufort House
15 St.Botolph Street
London,
EC3A 7QU

Tel: **0207 741 4100** or **0800 678 1100**

Email: enquiries@fscs.org.uk

Notes

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