

Policy Document

Dial Direct Personal Accident Cover

Underwritten and administered by Avon Insurance plc. This policy is designed to meet the demands and needs of Dial Direct policyholders aged 18 or over and under 70 at the time of application who want to ensure that they will receive a lump sum benefit in the event of an **accident** which results in their hospitalisation, disability or death.

You should read this policy carefully as **you** are responsible for deciding that it meets **your** requirements as Avon Insurance plc, Dial Direct and BISL Limited are not making a personal recommendation that it is suitable for **your** individual needs.

1. Schedule

Policy Number:

The Insured

Date of Birth:

StartDate:

Monthly Premium

Benefit number:	If you have an accident that, within 12 months, directly causes you :	The benefit for the insured is:
1	Permanent total disability (which does not result in your death)	£100,000
2	Total, permanent, irreversible loss of: a. sight in both eyes b. speech c. hearing in both ears	£75,000 £25,000 £25,000
3	Total, permanent, loss of use through physical damage or separation at or above the wrist or ankle of one or more limbs	£37,000
4	Total, permanent, entire physical separation from the body of one or more fingers or toes	£5,000
5	Total, permanent, irreversible loss of movement of one or more damaged joints: a. shoulder or knee b. hip or ankle	£10,000 £5,000
6	Admission to hospital on the advice of a doctor for up to a maximum of 270 days	£50 per day
7	Death	£15,000

The benefit payable may be reduced if a pre-existing condition has caused or contributed to **your** **bodily injury**. Other limitations also apply (see section 6).

2. Meaning of words

Wherever the words below appear in bold, they will have the following meanings.

Accident	A sudden and unexpected event which happens at an identifiable time and place while the policy is in force and results in bodily injury .
Bodily injury	Physical harm not caused by sickness, disease or any other naturally occurring condition or gradual deterioration.
Day	A 24 hour period.
Doctor	A legally qualified medical practitioner other than you , anyone you live with or a member of your immediate family, who is currently registered with the General Medical Council in the United Kingdom to practice medicine.
Hospital	A registered establishment providing medical and surgical treatment and 24-hour nursing care by registered nurses for ill or injured people. This does not include a convalescent, self-care or rest home, or a department in a hospital that has the role of a convalescent or nursing home.
Monthly premium	The amount payable by you to us each month (or any other frequency, if agreed by us in advance) for the cover provided under this policy.
Payment instruction	Full details of a current valid UK bank or credit/debit card account and continuing authorisation intended to make regular payment of your monthly premium to us .
Permanent total disability	Bodily injury which prevents you from undertaking any paid job for reward or profit, which your experience, education or training reasonably qualifies you to do.
Start date	The date described in the Schedule as the start date .
United Kingdom	England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man
We, us or our	Avon Insurance plc.
You, your or yourself	The person named in the Schedule as the Insured.

3. Benefits

Once **you** have applied for cover, if **you** have an **accident**:

- that, within 12 months, directly causes a condition detailed in **your** Schedule,
- that is after the **start date** and before the policy ends as defined in section 7, and is outside any period during which cover is suspended by mutual agreement,
- and provided **we** have collected **your monthly premium** when it becomes due,

you will be entitled to the corresponding benefit detailed in **your** Schedule, subject always to the terms of this policy.

We will pay the benefits to **you** or, in the event of **your** death, to **your** estate.

We will only pay benefits 1 – 5 if **you** survive the **accident** for at least 30 **days**.

This policy has no cash-in or maturity value.

4. Premiums

The first 6 months cover from the **start date** will be free. At the end of the first 6 months the full **monthly premium** will apply.

5. Exclusions

A. **We** will not pay **you** benefits for an **accident** that is directly or indirectly the result of:

- war, invasion, hostilities (whether war is declared or not), civil war, rebellion or being on naval, military or airforce active duty or operations;
- riding on a motorcycle or moped;
- scuba-diving, rock climbing or mountaineering of any type, potholing or parachuting;
- racing or practising for racing, other than on foot or while swimming;
- making or using explosives;
- taking part in any flying activity, other than as a passenger in a commercially licensed aircraft;
- **you** committing suicide or **your** deliberate self-harm;
- exposing **yourself** to danger:
 - a) deliberately (except in an attempt to save human life); or
 - b) when **your** judgement or actions are impaired while **you** are under the influence of alcohol, or any drug not prescribed or taken as prescribed by a **doctor**.

B. **We** will not pay **you** any benefit if **your** permanent residence is outside the **United Kingdom** at the time and date of the **accident**.

6. Limitations

The most **we** will pay in total for all claims under this policy is limited to an amount equal to the **permanent total disability** benefit (benefit 1).

The hospitalisation benefit for any one **accident** is limited to a maximum of 270 **days in hospital** for each **accident**. Further **days in hospital** because of the same **accident** will only be covered if **you** have to go into **hospital** again within 12 months of the same **accident**.

We will not pay **you** the relevant benefit for any **accident** unless **you** have sought medical treatment within 30 **days** of the **accident**.

Except where benefits 1, 2 and 3 have been paid to **you**, if **you** claim for other benefits and then die within 12 months from and as a result of the same **accident**, **we** will only pay up to the maximum death benefit for the **accident**.

Benefit 3 will be reduced by any payment made under benefits 4 or 5 in respect of the same limb.

If, prior to **your accident**, **you** already had a sickness, disease, naturally occurring condition or injury that has contributed to any of the conditions listed under benefits 1 - 5 and 7 of the Schedule or has lengthened **your** period of hospitalisation under benefit 6, then **we** will ask a **doctor** to assess the impact and **we** will reduce **your** benefit accordingly.

7. When does this policy end?

This policy ends when:

- **we** have paid the maximum total benefit **we** are liable to pay under this policy;
- **you** cancel the policy as set out in section 11;
- **we** cancel the policy as set out in section 11;
- **you** reach the age of 70; or
- **you** die.

If **we** receive notification that the **payment instruction** **you** provided to **us** is no longer valid, **we** will write to **you** at the last known address **we** hold. **Your** cover will continue if **you** provide **us** with a valid **payment instruction** within 19 days of the letter date. If **you** don't do this, **your** policy will be cancelled:

- from the date of the notification if within 6 months of the **start date**, or
- from the date **your** next **monthly premium** is due if more than six months after the **start date**.

8. Claims

You must notify **us** of a potential claim as soon as possible. If **we** are disadvantaged by any delay in notifying **us**, **we** will reduce the benefit to reflect the disadvantage caused by the delay.

To tell **us** about a claim and obtain a claim form, please contact **us** using the details shown in the 'Our contact details' section of this Welcome Pack.

The claimant will need to provide certificates, information or evidence to support the claim at their own expense.

9. Complaints

If **you** are not satisfied with any part of **our** service, please contact **us** using the details shown in the 'Our contact details' section of this Welcome Pack. If **you** are not satisfied with the way in which **we** have dealt with **your** complaint, the Financial Ombudsman Service may review the complaint if referred to them by **you**. There is no charge for this service. Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR. Phone 0800 0 234 567. The Ombudsman's decision is binding on **us**, but **you** can reject it, and doing so will not affect **your** legal rights.

10. Important information

The quoted **monthly premium** includes Insurance Premium Tax. If there is any future change in the rate of Insurance Premium Tax, **we** have the right to adjust the **monthly premium** accordingly. Any alteration in the rate of tax will be announced publicly.

11. Cancelling this policy

You can tell **us** that **you** wish to cancel **your** policy at any time by contacting **us** using the details shown in the 'Our contact details' section of this Welcome Pack.

If **you** do this within six months of the **start date**, cover will cease with immediate effect. If **you** give notice to cancel more than six months after the **start date**, **your** policy will finish when the next **monthly premium** is due and **we** will not refund any **premiums**.

We have the right to cancel this policy if there is any attempt to fraudulently claim on this policy by the policyholder.

We may cancel the policy at any time by giving **you** 60 days written notice at **your** last known address.

12. The law applicable to the contract

The laws of England and Wales are applicable to this policy unless:

- at the **start date** **you** are resident in Scotland or Northern Ireland, in which case the laws applicable to **your** place of residence shall apply; or
- **you** and **we** agree otherwise.

13. Data protection

For the purposes of the Data protection Act 1998 (the Act), both Avon Insurance plc ("Avon") and BISL Limited ("BISL") are data controllers.

Uses made of **your** information

Both Avon and BISL shall process personal information that they obtain from **you** and from third parties in accordance with the Act and may use **your** personal information, including any sensitive personal data (within the meaning of the Act) for the purposes of insurance provision, administration and renewal, claims handling, complaints handling, underwriting, for market research and analysis and for the purpose of fraud and crime prevention.

It may be necessary for Avon and/or BISL and/or other companies processing **your** data to undertake the processing outside of the European Economic Area for any of the above purposes and/or for systems administration, but in all cases **your** data will be kept securely. By proceeding with this contract, **you** are signifying **your** consent to **your** information being used for the purposes set out in this statement.

Disclosure of **your** information

Both Avon and BISL may check and/or pass some or all of the personal information (including sensitive personal data) they obtain in connection with **your** insurance or claim to their appointed service providers, reinsurers and agents and to other insurance companies (either directly or via those acting for the insurer such as loss adjusters or investigators). Both Avon and BISL may also search or pass information to regulatory or other organisations and to public bodies (including the police or fraud prevention agencies) to ensure that they each comply with their respective obligations.

Marketing and market research

Both Avon and BISL would like to use **your** personal information to keep **you** informed about other products and services which they, or their group companies, provide. They may also like to contact **you** to conduct market research. If **you** do not wish **your** personal data to be used for these purposes, please write to the address shown in the 'Our contact details' section of this Welcome Pack.

Your rights

The Act gives **you** the right to access information held about **you**. If **you** would like to know what personal information Avon and/or BISL holds about **you** or more details about how they will process **your** information, please write to the address shown in the 'Our contact details' section of this Welcome Pack. There may be a charge for this.

14. Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS), which means that **you** may be entitled to compensation from the scheme if **we** cannot pay what **we** owe under this policy. This depends on the type of policy **you** have purchased and the circumstances surrounding **your** claim. **You** can find out more at www.fscs.org.uk or by calling 0207 741 4100 or 0800 678 1100.

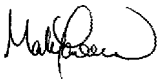
15. Other

This policy is underwritten and administered by Avon Insurance plc. **We** are authorised and regulated by the Financial Services Authority (FSA) for general insurance.

If **you** want to check **our** statutory status on the FSA's register, or that of BISL Limited, **you** can do so by visiting the FSA website (www.fsa.gov.uk/register/) or by contacting the FSA on 0845 606 1234. **Our** FSA registration number is 202029. The FSA registration number for BISL Limited is 308896.

The contract and other documents are written in English. **We** will communicate with **you** in English throughout the duration of the policy.

BISL Limited only offer Personal Accident Cover from Avon Insurance plc, the single provider.



Mark Townsend
Managing Director
Dial Direct

Dial Direct is a trading name of BISL Limited (Registered in England No 3231094).
Registered Office: Pegasus House, Bakewell Road, Orton Southgate, Peterborough PE2 6YS.
Authorised and regulated by the Financial Services Authority.

How to Contact us regarding your Personal Accident Cover
write to us at Dial Direct PO Box 148, Stratford Upon Avon,
Warwickshire CV37 6TX

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