

## KBIS BGA Personal Accident Insurance



### Insurance Product Information Document

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This document provides a summary of the cover, exclusions and restrictions. The full terms and conditions of this insurance can be found in the policy document which is available on request. All bold and italic terms in this document shall have the same meaning as in the policy documentation unless stated otherwise.

#### What is this type of insurance?

This is a personal accident insurance policy to insure the **Insured Person** against **Bodily Injury** sustained whilst in the course of, or in connection with their occupation including apprenticeships and college sponsored work placements, but excluding commuting to and from home and place of work (**Operative Time**)

 What is insured?	 What is not insured?
<ul style="list-style-type: none"> <li>✓ This policy covers <b>Bodily Injury</b> to the <b>Insured Person</b>. It will pay the benefit shown in the Schedule of Benefits (please refer to <b>Your</b> policy documentation) if they suffer <b>Bodily Injury</b> during <b>Operative Time</b> and during the <b>Period of Insurance</b> which results in their:               <ul style="list-style-type: none"> <li>✓ Accidental Death</li> <li>✓ <b>Loss of Sight</b> in One or Both Eyes (due to <b>Accident</b>);</li> <li>✓ <b>Loss of Limb</b> – One or More (due to <b>Accident</b>);</li> <li>✓ <b>Loss of Hearing</b> in One or Both Ears (due to <b>Accident</b>);</li> <li>✓ <b>Loss of Speech</b> (due to <b>Accident</b>);</li> <li>✓ <b>Permanent Total Disablement</b> (due to <b>Accident</b>);</li> <li>✓ <b>Temporary Total Disablement</b> (due to <b>Accident</b>)</li> </ul> </li> <li>✓ This policy also provides some dental cover for necessary <b>Dental Treatment</b> performed by a qualified dental practitioner, including the repair or provision of <b>Dentures</b>, following loss of or damage to <b>Insured Person's</b> teeth or <b>Dentures</b> caused by an <b>Accident</b>.</li> <li>✓ In addition, this policy provides a hospital benefit along with cover for some <b>Medical Expenses</b>.</li> </ul> <p>There are different Levels of Cover – Bronze / Silver / Platinum – and the level applying is stated in the Certificate. The different levels of cover are stated in the policy document.</p>	<p>This policy does not cover claims in any way caused or contributed by</p> <ul style="list-style-type: none"> <li>✗ Physical or mental conditions or disabilities of a recurring or chronic nature from which the <b>Insured Person</b> suffered, and was known to suffer, prior to the commencement of the policy or subsequent renewal;</li> <li>✗ Any person under 16 or over 75 years of age.</li> <li>✗ <b>Illness</b>, other than <b>Illness</b> resulting from an <b>Accident</b>;</li> <li>✗ War, whether war be declared or not, hostilities or any act of war or civil war;</li> <li>✗ The actual or threatened malicious use of pathogenic or poisonous biological or chemical materials, whether in the context of <b>Terrorism</b> or not;</li> <li>✗ Nuclear reaction, nuclear radiation or radioactive contamination;</li> <li>✗ Engaging in or taking part in armed forces service or operations, other than reserve or volunteer training;</li> <li>✗ Engaging in flying of any kind other than as a passenger;</li> <li>✗ Intentional self-injury, suicide or attempted suicide, provoked assault, fighting (except in self-defence);</li> <li>✗ Venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;</li> <li>✗ Deliberate exposure to exceptional danger (except in an attempt to save human life);</li> <li>✗ The <b>Insured Person's</b> own criminal act or whilst engaged in or taking part in civil commotions or riots of any kind;</li> <li>✗ Being under the influence of alcohol or drugs;</li> <li>✗ Neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type;</li> <li>✗ Wear, tear or gradual deterioration of teeth or <b>Dentures</b>;</li> <li>✗ The cost of fitting or the cost of making good faulty workmanship or design of <b>Dentures</b>;</li> <li>✗ <b>Dental Treatment</b> involving the use of precious metals;</li> </ul>

	<ul style="list-style-type: none"> <li>✘ Riding or driving in any kind of race;</li> <li>✘ Being in a state of insanity, whether temporary or otherwise;</li> <li>✘ Undertaking any stunt riding or activity related to stunt riding;</li> <li>✘ Any <b>Cyber Act</b> or <b>Cyber Incident</b> or any loss of data;</li> <li>✘ Coronavirus disease (COVID-19), Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2); or any mutation or variation of SARS-CoV-2; or from any fear or threat of these.</li> </ul>
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### Are there any restrictions on cover?

! The maximum benefit payable under the **Temporary Total Disablement** benefit is limited to 65% of the **Insured Person's** weekly salary, or the sum listed in the Schedule of Benefits (whichever is less). The policy will not pay for the first 21 days of **Your** disablement

! Endorsements may apply to **Your** policy. These will be shown in **Your** policy documents.



### Where am I covered?

✓ **You** are covered anywhere in the world unless otherwise stated in the Certificate of Insurance.



### What are my obligations?

- At the beginning of the **Period of Insurance** or when making changes to **Your** policy, **You** must give complete and accurate answers to any questions **You** are asked relating to the insurance.
- **You** must tell **Us** as soon as practicable if **You** become aware of any inaccuracies or changes in the information **You** have provided to **Us**, whether happening before or during the **Period of Insurance**.
- In event of an **Accident** or **Illness** which may result in a claim under this insurance **You** must:
  - seek the attention of a duly qualified medical adviser as soon as practicable who **You** must allow to examine **You** for the purpose of reviewing the claim.
  - notify KBIS as soon as practicable and complete a claim form.
  - provide **Us** with the necessary authorisations to obtain **Your** medical information and correspondence relating to the subject of the claim or a related pre-existing condition.
  - provide **Us** and KBIS with all the information **We** reasonably require.

**Failure to meet Your obligations could result in a claim being rejected, a reduction in the amount We pay or the cancellation of Your policy.**



### When and how do I pay?

- **You** can pay **Your** premium annually (every 365 days) or calendar monthly (every calendar month). Annual premium must be paid within 60 days of the start date; or if paid monthly, premium must be paid when the instalment is due. Payment can be made by Cheque, Credit or debit card or direct debit



### When does the cover start and end?

- This insurance cover is for a 12 month period and the start date and end date of the cover are specified in **Your** Certificate of Insurance



### How do I cancel the contract?

- **You** can cancel this insurance at any time by contacting KBIS. After the 14 day cooling off period, provided **You** have not made a claim, **You** will be entitled to a refund of any premium paid, subject to a deduction for any time for which **You** have been covered and the British Grooms Association Membership Fee.