



POLICY SUMMARY

The purpose of this policy summary is to help an insured person understand the insurance by setting out the significant benefits, conditions and limitations of the group personal accident policy. Please read the group policy document for a full description of the terms of the insurance, including explanations of the policy definitions and refer to the schedule for the specific policy benefits, sums insured and the operative time which is available from the group policyholder. **This policy summary does not form part of the policy document and does not contain the full terms of the policy. The full terms of the policy can be found in the policy document.**

Insurance provider

This insurance is provided by AIG Europe Limited

Group policyholder

Fletewood School

Purpose of the insurance

This insurance provides cover for bodily injury as a result of an accident which occurs during the operative time of cover and period of insurance that results in death, permanent disabilities, paralysis from the neck down, brain damage, permanent facial scarring, dental and medical expenses as described below.

Significant product features, benefits, limitations and what is not covered

The cover provided is subject to certain terms, conditions and limitations. The table below sets out the significant features of the cover and the conditions and limitations that apply. To ensure the group policy is suitable, you are advised to read the group policy wording which sets out all of the features, benefits, conditions, limitations and what is not covered. The cover should be reviewed periodically to ensure it continues to meet the needs of insured persons. The amounts shown below are the maximum amounts available. The policy schedule will show all the amounts payable.

Significant covers	Significant features and benefits	Policy limits	Policy reference
Section A – Catastrophic injuries			
Paralysis from the neck down Brain damage	Provides lump sum compensation following disablement caused by injuries resulting from an accident.	£500,000 £500,000	Page 4 – Policy definitions Page 8 – What is not covered Page 9 – Benefit limitations
Section B – Permanent disabilities			
Permanent total disability Loss of sight in one or both eyes Loss of one or both hands or feet Loss of hearing in one or both ears Loss of speech Surgical removal or loss of: One lung One kidney The spleen Lower jaw Loss of four fingers Loss of one thumb Loss of each finger Loss of toes Loss of use of shoulder, elbow, hip, knee, ankle or wrist Other disabilities not specified above	Provides lump sum compensation following disablement caused by injuries resulting from an accident.	£500,000 maximum £400,000 maximum £400,000 maximum £150,000 £100,000 £100,000 £30,000 £15,000 £70,000 £100,000 maximum £75,000 £25,000 maximum £100,000 £80,000 maximum £400,000	Page 4 – Policy definitions Page 8 – What is not covered Page 9 – Benefit limitations
Section C – Death	Provides lump sum compensation following death resulting from an accident that occurs within 24 months of the accident.	£7,500	Page 4 – Policy definitions Page 8 – What is not covered Page 9 – Benefit limitations
Section D – Permanent facial scarring	Provides lump sum compensation following facial scarring	maximum £5,000	Page 4 – Policy definitions Page 8 – What is not covered Page 9 – Benefit limitations
Section E – Burns	Provides lump sum compensation following burns affecting: 27% or more of the body's surface 18% - 26% of the body's surface 9% - 17% of the body's surface 4.5% - 8% of the body's surface	£50,000 £40,000 £30,000 £15,000	Page 4 – Policy definitions Page 8 – What is not covered Page 9 – Benefit limitations
Section F – Dental expenses	Up to £500 for each tooth for dental costs, examination and treatment not including repairs or charges paid under dental care contracts.	maximum £2,000	Page 4 – Policy definitions Page 8 – What is not covered Page 9 – Benefit limitations
Section G – Medical expenses	Expenses incurred in connection with a valid claim under Sections B, D or E of the above benefits.	maximum £2,500	Page 4 – Policy definitions Page 8 – What is not covered Page 9 – Benefit limitations

What is not covered

We will not pay for bodily injury resulting from: war; intentional self-injury; suicide or attempted suicide; participation in any airborne activities, other than as a fare-paying passenger on a commercial flight; committing or attempting to commit a crime; taking a drug or drugs other than as prescribed by a doctor; taking a drug or drugs to treat drug addiction; being under the influence of alcohol or solvents; sickness or disease; any gradually operating cause; bodily injury resulting in a diagnosis of fibromyalgia, myalgic encephalomyelitis, chronic fatigue syndrome, post-traumatic stress disorder or other anxiety disorder, any mental disorder or any disease of the nervous system.

Page 8 – What is not covered

An insured person can only claim under one of the Sections A, B or C.

Page 9 – Benefit limitations

If an insured person dies within 26 weeks of the date of the accident we will only pay the benefit under Section C.

Law and jurisdiction

The group policy will be governed by English law, and the group policyholder and we agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless the group policyholder resides in Scotland, Northern Ireland or the Isle of Man, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by the group policyholder and us before the start date of cover.

The terms and conditions of the policy will only be available in English and all communication relating to the policy will be in English.

Period of insurance

Cover for an insured person starts from the date they were included in the group policy. Cover remains in force until the end of the period of insurance as specified in the group policy schedule provided that the premium is paid or may stop earlier as shown in the 'Start and finish of cover for an insured person' section of the group policy.

Rights of cancellation & Cooling off period

We may cancel the policy by giving 30 days notice in writing to the group policyholder at the group policyholder's last known address. The group policyholder may cancel the policy by giving 30 days notice in writing to us. The group policyholder is responsible for notifying insured persons that the policy has been cancelled.

Other than as described in the cooling-off period, an insured person may cancel their inclusion in the policy at any time by giving notice to the group policyholder. An insured person has no right to cancel the policy held by the group policyholder, only the right not to be included.

If the premium is paid in advance or is paid by or collected from an insured person, the premium for the period up to the date when the cancellation takes effect will be calculated and any unused portion of the premium that has been paid will be returned to the group policyholder. The group policyholder is responsible for passing any return premium to the insured person if the premium has been paid by them. If the premium is not collected from an insured person, no return will be given to an insured person.

We will not return any premium for an insured person who has made a claim unless the claim is made during the cooling off period.

Cooling off period

Where the insurance does not meet the insured person's needs and they have paid the premium, they can choose not to be covered by the policy by notifying the group policyholder and returning the documentation provided to them within 15 days of the date that the insured person was included or the date upon which the insured person receives their insurance documents, whichever is the later. If the premium has been paid by or collected from an insured person, the premium for the period up to the date when the cancellation takes effect will be calculated and any unused portion of the premium will be returned to the group policyholder, less any claims. The group policyholder is responsible for passing any return premium to the insured person.

Claim notification

We must be notified as soon as reasonably practicable after the accident, by completing a claim form and returning it to us. The claim may be rejected if it is made so long after the accident happens that we are unable to investigate the claim fully or may result in the insured person not receiving the full amount claimed if the amount claimed is increased as a result of the delay. Claims are to be notified to:

Personal Accident Claims Department, AIG Europe Limited, 2-8 Altyre Road, Croydon CR9 2LG.

Tele: +44 (0) 345 602 9429. Email: claimsuk@aig.com

Please quote the name of the group policyholder, the policy number, your name and contact details along with name of the person to whom the claim relates.

Your right to complain

Our commitment to you

What to do if you are unhappy with any aspect of your insurance

We believe that you deserve to be treated in a courteous, fair and prompt manner. **Our** goal is to provide an excellent service to all of **our** customers. If there is an occasion when you feel let down then please let **us** know immediately providing **us** with as much information as possible to help **us** resolve your concerns.

For Claims related complaints Please Contact:

In writing: Claims Manager, Personal Accident, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: +44 (0) 800 731 6396

Email: aigdirect.claims@aig.com

Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9am to 5pm, excluding public holidays.

All Other Complaints: The AIG Customer Relations Unit, which can be contacted as follows:

In writing: AIG Europe Limited, The AIG Building,

2-8 Altyre Road, Croydon CR9 2LG.

Telephone: +44 (0) 800 012 1301 or +44 (0) 20 8649 6666 (if calling from overseas)

Email: uk.customer.relations@aig.com

Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9.15am to 5pm, excluding public holidays.

We take all customer complaints seriously and we have established the following complaint procedure to resolve your concerns quickly, fairly and by the appropriate department.

Step 1: Within three business days of receiving your complaint:

In the first instance we would encourage you to contact the department you are unhappy with. Members of staff are empowered to support you and will aim to resolve your concerns within three business days, following receipt of your complaint. A written summary resolution communication will be provided to you if the complaint is resolved to your satisfaction.

Step 2: If your complaint cannot be resolved within three business days:

We will send you an acknowledgement letter to explain your complaint has been escalated to the Customer Relations Unit who will appoint a dedicated Complaint Manager to support you, keep you informed of progress and provide one of the following within 8 weeks:

- A final response letter explaining the outcome of our investigation, the reason for it and the next steps; or
- A holding letter confirming when we anticipate we will have concluded our investigation.

Step 3: Referring to the Financial Ombudsman Service:

After receiving our final response or if we have been unable to conclude our investigation within 8 weeks, you may be able to refer your complaint to the Financial Ombudsman Service. We will provide full details of how to do this in our final response or holding letter. The Financial Ombudsman Service can be contacted as follows:

In writing: Financial Ombudsman Service, Exchange Tower, London E14 9SR.

Telephone: +44 (0) 800 023 4567 or +44 (0) 300 123 9123

Email: complaint.info@financial-ombudsman.org.uk

Online: www.financial-ombudsman.org.uk

Please note that the Financial Ombudsman Service may not be able to consider a complaint if you have not provided us with the opportunity to resolve it.

If you wish to complain about an insurance policy purchased online you may be able to use the European Commission's Online Dispute Resolution platform, which can be found at <http://ec.europa.eu/consumers/odr/>.

Following this complaint procedure does not affect your rights to take legal action. Calls may be recorded for quality, training and monitoring purposes.

Are we covered by the Financial Services Compensation Scheme (FSCS)?

AIG Europe Limited is covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our financial obligations you may be entitled to compensation from the scheme, depending on whether you are an eligible claimant, the type of insurance and the circumstances of the claim.

Further information on the scheme is available from the FSCS at www.fscs.org.uk and by calling +44 (0) 20 7741 4100 or +44 (0) 800 678 1100.

This Insurance is underwritten by AIG Europe Limited. AIG Europe Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 202628). This can be checked by visiting the FS Register (<https://register.fca.org.uk/>).

AIG Europe Limited is a member of the Association of British Insurers. Registered in England: Company number 1486260. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom.