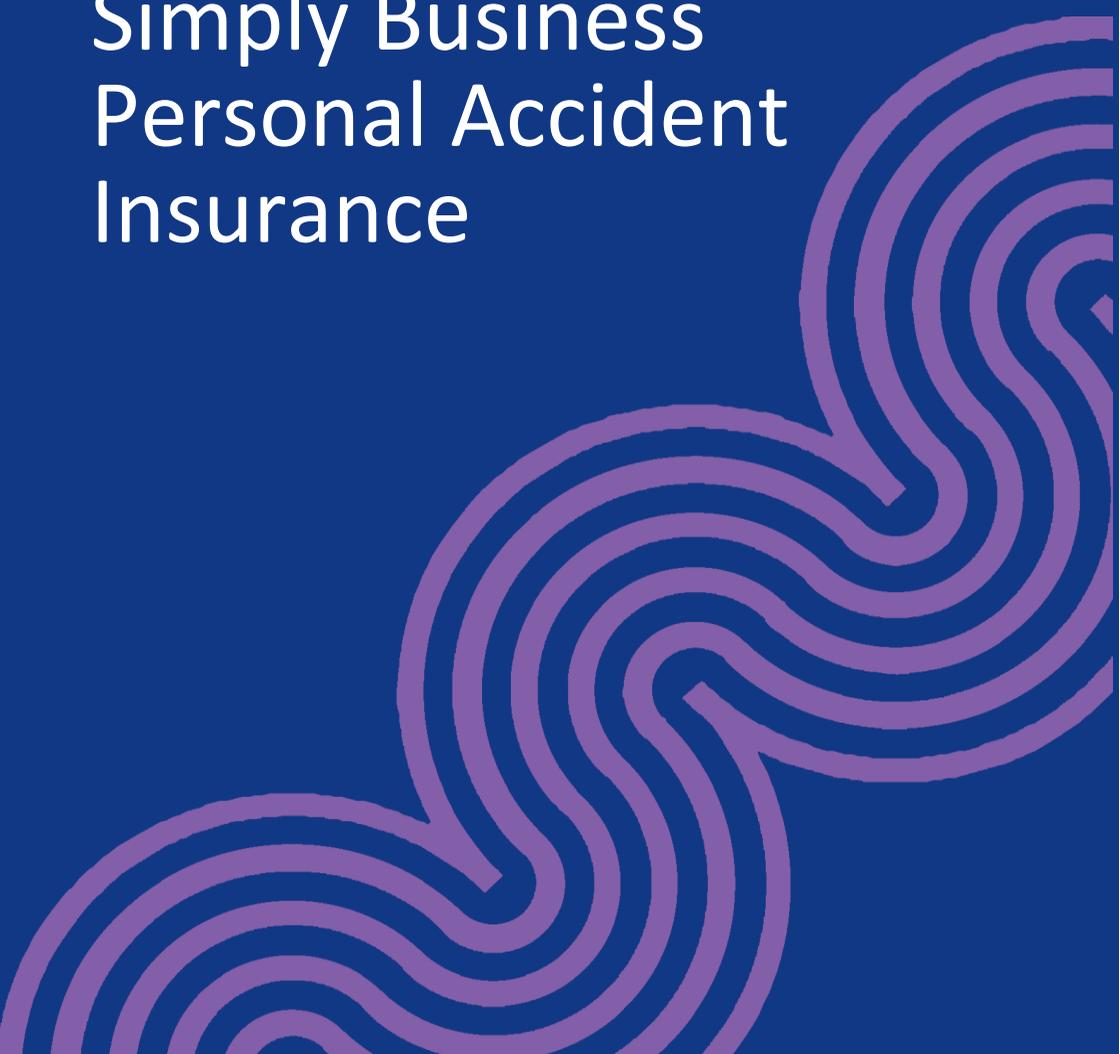




POLICY DOCUMENT

# Simply Business Personal Accident Insurance



Welcome .....3

How this policy works.....6

Contact details .....8

What this policy covers .....9

    SECTION A: If an accident causes death.....9

    SECTION B: Permanent disability, paralysis, loss of two or more limbs, or loss of sight in both eyes .....11

    SECTION C: Loss of sight in one eye, loss of hearing, loss of a body part or other permanent disability.....13

    SECTION D Fracture (break) of a bone .....15

    SECTION E: Dislocation of a joint or complete tear of a tendon or ligament.....16

    SECTION F: Overnight hospital stay .....18

    SECTION G: Temporary disability because of an accident.19

    SECTION H: Physiotherapy after a work-related injury .....21

Medical guidance, advice and support .....22

What this policy doesn't cover .....23

How to make a claim .....26

Making changes to the policy .....28

Cancelling the policy.....29

How to make a complaint.....31

How we use your personal information.....33

# Welcome

This personal accident policy is underwritten by American International Group UK Limited (AIG UK) and administered by Simply Business, who handle customer services on behalf of AIG UK. Simply Business is a trading name of Xbridge Limited. When we use 'we', 'our' or 'us' in this document, we mean AIG UK.

This document tells you what your policy covers you for, as well as what isn't covered. Along

with a document called the policy schedule it makes up a contract between us and the policyholder, so make sure you keep it safe.

Please read through this document carefully. It should answer any questions you have about your insurance. If you're still unsure about anything, or if something doesn't look right, the policyholder can contact Simply Business on +44 (0)333 014 6683.



This is an agreement between us and the policyholder. Nobody else has any rights under this agreement, other than the policyholder's legal representative. If the policyholder is an individual, this includes anyone else they choose to carry out their wishes if they die.

When we say 'insured person' we mean anyone covered under this policy. This includes where the policyholder is an individual, for example a sole trader. All adults insured under this policy must be under the age of 75. When any insured person reaches their 75<sup>th</sup> birthday, we'll stop covering them on the date the next premium is due.

When we say 'policyholder' we mean the person or business that applied for this policy. They'll be named as the policyholder on the policy schedule. When we say 'you' in relation to a claim, we mean the policyholder.

Sections A-H of this policy are designed to cover insured persons if they're injured in an accident.

## **What is an accident?**

When we say 'accident', we mean an event that's sudden or unexpected. The accident must be identifiable and cause physical injury to you.

To give an example, if you slip a disc in your back just by the movement of lifting a heavy box, you wouldn't be covered as there is no sudden or identifiable event. But if you drop a box on your foot, or you slip and fall and break a bone, you would be.

For example, events that are reportable to the Health and Safety Executive under RIDDOR would be classed as an accident under this policy.

We don't cover anything that's solely caused by, or is a symptom of, wear-and-tear, like carpal tunnel syndrome, or tennis elbow. We don't cover illness or disease. This includes for example, heart attacks, strokes or cancer.

The insured person must be able to identify when, where and how the accident happened if the policyholder wants to make a claim.

We'll also cover injury to an insured person as a result of being exposed to extreme weather conditions.

Section H also covers insured persons for physiotherapy treatment arising from work-related injuries. For more information, please see Section H.

This policy covers residents of the United Kingdom (UK), the Isle of Man and the Channel Islands.

If any insured person leaves the UK the Isle of Man and the Channel Islands for longer than 183 days in a row, please let us know as they will no longer be covered.

All terms and conditions are provided in English, and we'll only ever communicate with you in English.

Please contact us if this policy document is needed in a different format, including larger print or braille.

# How this policy works

This policy is designed to cover an insured person if they are injured in an accident.

The policy starts and ends on the dates shown on the policy schedule and we'll only cover accidents that happen between that start date and end date.

The policyholder can make claims for accidents that happen between those dates, even after the policy has ended. This policy will end if either we or the policyholder cancel it.

Insured persons are the policyholder (if an individual), or directors or employees of the policyholder. Cover for any insured person will end when their employment with the policyholder ends.

If a claim is made under sections A-G, any injuries or disabilities need to have first appeared no more than 2 years after the accident.

This policy document details everything that's covered, as well as what's not. It's important you read it along with the policy schedule to make sure you have

the cover you need. If an insured person is injured in an accident, we'll pay the amount shown in the tables in this document that matches their injury.

## The premium

The premium is the amount the policyholder pays us so we can provide the insurance. The premium can be paid yearly, or the Policyholder can spread the cost by paying monthly. Simply Business will let the policyholder know what options are available. The premium is shown on the policy schedule.

It's important the policyholder keeps up to date with their payments. We won't cover claims if there are any unpaid premiums.

If the policyholder misses a payment, they have 30 days to pay and for the policy to stay in force. If it still goes unpaid we'll cancel the policy from the date the unpaid premium was due.

The premium may change if the cost of providing this insurance changes. If this happens we will let the policyholder know in writing.

## **If an insured person has a pre-existing condition**

Sections A-G of this policy cover injuries directly and solely caused by an accident. If an insured person had a pre-existing condition or disability that got worse because of their accident, we'll take this into account when dealing with claims under Sections A-C. We'll work out the difference between their condition or disability before and after the accident and pay an amount based on this.

To do this, we'll need to talk to the medical consultant that treated the insured person. They'll assess the insured person's condition, and we'll use this to work out how much we'll pay. If the medical consultant can't do this, we'll ask another qualified medical consultant or specialist to do it.

For example, the insured person may have been partially blind

before the policyholder took out this policy. If they then had an accident that left them completely blind, we'd ask a medical consultant to assess the difference in their vision before and after the accident. If their vision before the accident was 50%, and they lost the other 50% in the accident, we'd pay 50% of the covered amount.

## **Giving us the facts**

It's important the policyholder gives us complete and accurate information at all times. If the policyholder notices any information isn't right, or if circumstances change, the policyholder should tell us straight away. If they don't tell us the truth, or if they mislead us or exaggerate a claim, we may cancel the policy or treat it like it never existed. If we do this, we won't refund any premiums paid to us.

# Contact details

If the policyholder wants to make any changes to the cover, cancel the policy, or to make a complaint about sales or service:

## Simply Business

### By phone

+44 (0) 333 014 6683

Lines are open:

9:00am to 5:30pm Monday to Wednesday,

9:30pm to 4:15pm Thursday,

9:00am to 5:30pm Friday

9:00am to 2:00pm on Saturdays.

Please check the website for any changes to these opening times.

### By email

support@simplybusiness.co.uk

### By post

Simply Business Customer Services,  
Northampton 900  
900 Pavilion Drive,  
Northampton NN4 7RG.

If the policyholder wants to make a claim, or to make a complaint about a claim:

### By phone

+44 (0) 333 207 0560

Lines are open 24 hours a day, 7 days a week.

### By email

simplybusiness@uk.sedgwick.com

### By post

Simply business Claims Team  
PO Box 76  
Oakleigh House  
14-16 Park Place  
Cardiff  
CF10 3DQ

# What this policy covers



## SECTION A:

### If an accident causes death

You can claim for multiple injuries across sections A - H for one accident. For this section, you can claim up to £50,000 per accident.

You can also claim for medical costs related to an accident across sections A - C. We'll pay up to 25% of the claim amount. The most we'll pay in medical costs in total across sections A-C is £1,000.

If an insured person dies as a result of an accident, we'll cover them up to the amount shown in the table below. If it's the policyholder who dies, we'll pay their legal representative or executor.

	AMOUNT
If an insured person dies	£40,000
If an insured has dependent children, we'll pay an extra £2,500 for each child up to the amount shown. When we say 'dependent child', we mean the insured person's children up to their 18th birthday. If they're in full-time education, we'll cover them up until their 23rd birthday. This includes adopted, foster and stepchildren.	£5,000

	<b>AMOUNT</b>
Funeral costs This doesn't include the cost of food and drink, death notices or obituaries.	£5,000

We'll cancel cover for the insured person that died from the date we pay their claim.

If an insured person dies within 13 weeks due to the accident, we'll cover their death only. If, due to the accident, the insured person dies after this time, but within 2 years, we'll cover their death as well as their injuries.

We'll only cover deaths that are directly caused by accidents. If the insured person had a medical condition or disability at the time of their accident, we'll take this into consideration. For more information, see the section "How this policy works" on page 6.

We'll also pay out under this section if an insured person disappears, but only once a death certificate has been issued by a coroner. If it later turns out they didn't die as the result of the accident, you, your legal representative or executor will need to pay us back the full amount.

## SECTION B:

# Permanent disability, paralysis, loss of two or more limbs, or loss of sight in both eyes

You can claim for multiple injuries across sections A – H for one accident. For this section, the most we'll pay in total is £20,000 per accident.

You can also claim for medical costs related to an accident across sections A – C. We'll pay up to 25% of the claim amount. The most we'll pay for medical costs in total across sections A-C is £1,000.

When we talk about losing a limb in this section, we can mean two things. It can include the physical loss of a limb, but it can also include no longer being able to use a limb. For example, if a leg is permanently paralysed.

If an insured person is permanently injured in an accident, we'll cover them up to the amounts shown in the table below.

	AMOUNT
Paralysis of arms, legs and torso.	£20,000
Loss of three limbs. Losing a limb includes losing a foot or a hand.	£20,000
Paralysis on one side of the body.	£20,000
Paralysis from the waist down.	£20,000
Loss of two limbs.	£20,000
Loss of sight in both eyes. To claim this the insured person's sight must be permanently damaged so that their remaining vision is less than 3/60 on the Snellen Scale. This means they see at 3 feet what most can see at 60 feet.	£10,000

	<b>AMOUNT</b>
<p>If the insured person's injuries are permanent and stop them from being able to do their usual work for the rest of their life.</p> <p>The insured person needs to be at least 17 years old and below UK state retirement age at the time of their accident to claim for this. We'll ask a medical consultant to confirm their injuries are permanent.</p>	£20,000

We'll only cover injuries that are directly caused by accidents. If an insured person had a medical condition or disability at the time of their accident, we'll take this into consideration. For more information, see the section "How this policy works" on page 6.

If an insured person loses a limb in an accident, you won't be able to make a claim for any other part of that limb. For example, if you make a claim for a lost arm, you can't also make a claim for the lost hand on that arm.

If we agree to pay a claim under this section, we'll cancel cover for the insured person that was injured from the date we pay your claim.

## SECTION C:

# Loss of sight in one eye, loss of hearing, loss of a body part or other permanent disability

You can claim for multiple injuries across sections A – H for one accident. The most you can claim under this section is £10,000 per accident.

You can also claim for medical costs related to an accident across sections A – C. We'll pay up to 25% of the claim amount. The most we'll pay for medical costs in total across sections A-C is £1,000.

When we talk about losing a limb in this section, we can mean two things. It can include the physical loss of a limb but can also include no longer being able to use a limb. For example, if a leg is permanently paralysed.

If an insured person loses sight in one eye, their hearing or a body part in an accident, they're covered up to the amount shown in the table below.

	AMOUNT
Permanent loss of hearing. To claim for this, a qualified medical consultant must confirm the insured person can't hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz.	£10,000
Loss of sight in one eye. To claim for this, the insured person's sight must be permanently damaged so that their remaining vision is less than 3/60 on the Snellen Scale. This means they see at 3 feet what most can see at 60 feet.	£5,000
Permanent loss of the whole of one limb, like a leg or arm, hand or foot.	£10,000

	<b>AMOUNT</b>
Permanent loss of the use of a whole shoulder, elbow, hip, knee, wrist or ankle.	£10,000
Permanent loss of a:	
Whole thumb.	£1,000
Whole index finger.	£1,000
Whole middle, ring or little finger.	£500
Whole big toe.	£500
Any other whole toe.	£250
<p>■ This includes if they are removed or if an insured person can't use them anymore.</p>	
Permanent loss of use of the whole spine, without damage to the spinal cord or nerves.	£10,000
<p>If an insured person is permanently disabled in an accident in a way other than those listed above.</p> <p>■ For more information, see the section 'If an insured person is permanently disabled in a way other than those listed' section on page 15.</p>	£10,000

You can't claim for the loss of a limb under this section as well as for the loss of two or more limbs under Section B. You can only claim for one or the other. The same applies to the loss of sight in one eye – you can only claim if you haven't already claimed for complete loss of sight under Section B.

If a limb is lost in an accident, you won't be able to make a claim for any other part of that limb. For example, if you make a claim for a lost arm, you can't also make a claim for the lost elbow, wrist and fingers or thumb on that arm.

We'll only cover injuries that are directly caused by accidents. If an insured person had a medical condition or disability at the time of their accident, we'll take this into consideration. For more information, see the section "How this policy works" on page 6.

## Loss of the use of part of a limb, or partial damage to sight or hearing

If this happens, we'll pay a percentage of the amount shown in the table. For example, if the insured person loses 50% of their hearing, we'll pay 50% of the amount we would've paid if an accident had left them completely deaf. For more information, see the Section "How this policy works" on page 6.

## If an insured person is permanently disabled in a way other than those listed

If an insured person is permanently disabled in a way not shown in the table, you may still be able to make a claim. We'll ask the medical consultant that treated the insured person to assess how severe their injuries are. We may use the American Medical Association's guidelines, or similar, to decide how much we'll pay.

The amount shown in the table represents what we'd pay if the insured person's whole body was permanently disabled. We'll pay a percentage of this, based on how much body function the insured person has lost. For example, loss of the sense of taste and smell in an accident. If a medical consultant equates this to losing 5% of the body's function, we'll pay 5% of the amount shown. This means you'd get £500 – 5% of £10,000.

If the medical consultant is unable to assess the insured person's condition, we'll ask an independent medical consultant to do it instead. The medical consultant might need to examine the insured person or check their medical records. We might also ask their medical consultant to check over the assessment, so they can reach a joint agreement with the independent medical consultant. We'll use this assessment to decide how much to pay.

## SECTION D

# Fracture (break) of a bone

You can claim for multiple injuries across sections A – H for one accident. For this section, you can claim up to £1,500 per accident.

If an insured person suffers single or multiple fractures of the same bone in an accident, we'll cover you up to the amounts shown in the table below.

	AMOUNT
Single or Multiple fractures of a: Leg, hip, pelvis, ankle, foot or any vertebrae in the spine (excluding coccyx).	£300
Shoulder, collar bone, breastbone, elbow, wrist or arm, hand, skull or jaw.	£200
Finger, toes or coccyx.	£100
Another bone that we haven't mentioned.	£50
The most we'll pay for all fractures from a single accident is:	£1,500
If an insured person needs physiotherapy to help them recover from any of the above within 26 weeks of the accident.	£100 for each physiotherapy session – for up to 5 sessions

If an insured person is riding a motorbike or motorised scooter at the time of the accident, including one with three wheels, we'll pay 50% of the amount shown.

If an insured person is diagnosed with a condition that weakens their bones after you take out this policy – e.g. osteoporosis – you can only claim under this section once. For example, if you make a claim for a fractured ankle, you won't be covered if an insured person later fractures any other bone. The new condition will not be covered when the policy renews.

## SECTION E: Dislocation of a joint or complete tear of a tendon or ligament

You can claim for multiple injuries across sections A – H for one accident. For this section, you can claim up to £1,000 per accident.

If an insured person dislocates a joint or tears a tendon or ligament in an accident that requires medical treatment from a medical practitioner or professional, we'll cover you up to the amounts shown in the table below.

	<b>AMOUNT</b>
Dislocation of the following which needs medical treatment:	
Spine.	£150
Hip.	£150
Knee.	£150
Elbow.	£150
Ankle.	£150
Shoulder.	£150
Finger or thumb or toe.	£30
Any other joints.	£75
The most we'll pay per accident is:	£1,000
Complete tear of the following tendons that needs medical treatment:	
Hamstring.	£150
Quadri-cep.	£150
Achilles.	£150
Rotator cuff.	£150
Bicep.	£150
The most we'll pay per accident is:	£1,000

Complete tear of ligaments in the knee, ankle or foot that needs medical attention.	£225
The most we'll pay per accident is:	£225

We'll only cover each dislocated joint once in a 12-month period. This means, if the insured person dislocates their left wrist and they dislocated it again within 12-months of their first dislocation we will not pay a second claim. We'll only cover a claim for a ligament or tendon tear once in a 12-month period.

This means, if an insured person tears their left Achilles tendon, for example, they won't be covered if they tear it again within 12 months.

We'll only cover injuries that are directly caused by accidents.

## SECTION F: Overnight hospital stay

You can claim for multiple injuries across sections A – H for one accident.

If an insured person needs to stay in hospital overnight in the United Kingdom, Isle of Man and the Channel Islands because they were injured in an accident, we'll cover up to the amounts shown in the table below.

	AMOUNT
If an insured person needs to stay overnight in a hospital because of their injuries in an accident. We'll pay the amount shown up to a maximum of 180 nights.	£75 a night
Travel costs for visitors if an insured person stays overnight in a hospital. We'll only pay this if the hospital is over 10 miles away from where the insured person lives, and they use public transport to get there.	£2,500

If an insured person is over the UK state retirement age at the time of their accident, we'll pay 50% of the amount shown in the table.

The insured person must stay overnight as an inpatient at a hospital. We won't cover stays in hospices, rehab centres, nursing homes or accident and emergency departments.

We'll only cover injuries that are directly caused by accidents.

Any visitors must get receipts for their travel costs. We might not be able to pay claims if they don't.

# SECTION G: Temporary disability because of an accident

You can claim for multiple injuries across sections A – H for one accident.

We may ask for proof of the insured person’s salary before we pay a claim under this section. When we say ‘salary’ in this section, we mean the total annual payment they receive from their employment with the policyholder, before tax. If the insured person is paid weekly, we’ll work out their average annual salary using their weekly salary. If the insured person is the policyholder and is self-employed, we’ll work out their salary based on the policyholder’s share of pre-tax profit. We may also ask for evidence from the tax authorities.

**Salary doesn’t include any bonuses, insurance payments, early retirement pensions, or money earned from renting out property or owning shares.**

If an accident leaves an insured person temporarily disabled, and as a result they can’t go to work, we’ll cover you up to the amount shown in the table.

We won’t cover you for the first two weeks they’re temporarily disabled. From week 3 onwards, we’ll provide cover for the amount shown in the table below for each week the insured person is temporarily disabled. We’ll pay this for up to 52 weeks in total.

	AMOUNT
Payable after the first two weeks	£700 per week, for the 6 weeks after the first two weeks.
If the insured person is still disabled after 8 weeks	70% of the insured person’s weekly wage before they had the accident or £700, whichever amount is lower.

We also won’t cover you if the insured person is unemployed at the time of the accident.

When we say unemployed we mean you as the policyholder or an insured person is not in paid work and has no paid work organised.

If we pay 70% of the insured person's salary instead of the £700 per week, we'll average their earnings from the last year they worked before their accident. In some cases, we may choose to average their salary from a different year. We'd only do this if that year was a better example of what they would usually earn.

We shall need a completed claim form and statement of fitness to work certificates (Fit note), to evidence your inability to go to work. If you are still unable to work after six weeks we may require additional medical evidence. If your Fit note states you are temporarily disabled for less than a week, after the first two weeks in which you are not covered, we'll pay a proportionate amount of the weekly amount for each day you are unable to work.

We will also pay up to £60 for any charge made by the doctor or consultant for completing their part of the claim form.

We'll only cover injuries that are directly caused by accidents.

## SECTION H: Physiotherapy after a work-related injury

You can claim for multiple injuries across sections A – H for one accident. You can also claim under this section if you suffer an injury that is not as a result of an accident.

For this section, the most you can claim for is £500 in any one 12-month policy period. This is also limited to a maximum of two claims.

We don't cover anything that's caused by, or is a symptom of, any illness or disease. This includes for example heart attacks, strokes or cancer.

We don't cover any pre-existing conditions or any pre-existing disability under this section.

If an insured person suffers a work-related accident or injury, we'll cover the cost of physiotherapy, following a doctors referral. We'll cover up to the amounts shown in the table below.

	AMOUNT
If the insured person's doctor refers them to a physiotherapist to help them recover from a work-related accident or injury.	Up to £100 for each physiotherapy session and up to maximum of £500 in any one 12-month policy period.

We won't pay more than £500 in total for all physiotherapy treatment received in a 12-month policy period. As an example, this means we will pay for the treatment of one injury at £500 or two injuries of £250 each totalling £500.

The insured person must be able to confirm when, where and how the accident or injury happened to make a claim. Their doctor must refer the insured person to a physiotherapist for treatment within 26 weeks from the date of the work-related accident or injury.

If you suffer a fracture, you can only claim once, under either Section D or this Section H, not both.

# Medical guidance, advice and support

## Virtual medical care

You can access medical guidance and advice at no extra cost through the Virtual Medical Care service.

This service is provided by Teladoc Health UK Ltd, a specialist virtual medical healthcare provider. Details can be found on their website: [www.teladochealth.org.uk](http://www.teladochealth.org.uk)

This gives unlimited, round the clock access to GPs for medical consultations and advice as well as prescriptions or medical referrals. All GPs available are licensed by the General Medical Council (GMC). If an insured person's condition is complex, or they need a second medical opinion, they can speak to experts through the Expert Case Management service. Virtual Medical Care can also provide you with a Statement of Fitness to Work (Fit note).

You can access Virtual Medical Care:

By phoning

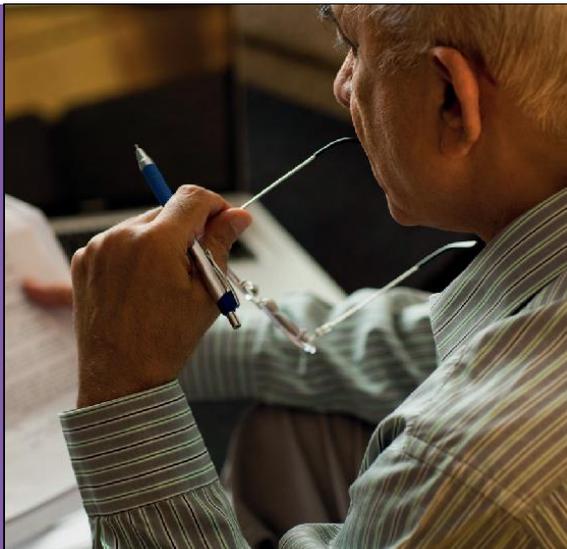
[+44 \(0\)203 499 0658](tel:+442034990658)

Or by visiting

[www.VirtualMedicalCare.co.uk](http://www.VirtualMedicalCare.co.uk).

Select Login and click on the Create Your Account link. You will need your verification code, which is **SBHC0822**.

# What this policy doesn't cover



## Illnesses or diseases

We won't cover any illnesses or diseases. This includes, for example, heart attacks, strokes and cancer.

We also don't cover conditions that develop over time and aren't caused by a single accident. For example, we won't cover you if an insured person loses their hearing or sight gradually or if they develop carpal tunnel syndrome, tennis elbow, arthritis or osteoporosis.

## Injuries and conditions we don't cover

We won't cover injuries that result from fibromyalgia, complex regional pain syndrome (CRPS) or myalgic encephalomyelitis (ME).

These are long-term conditions that cause pain or extreme tiredness.

We won't cover injuries caused by wear and tear to a joint, ligament or tendon other than under Section H.

We won't cover mental illnesses, even if they're the result of an accident. This includes post-traumatic stress disorder, anxiety, or any disease of the nervous system.

We won't cover any self-inflicted injuries. This includes if an insured person injures themselves while trying to take their own life.

## Crime

We won't cover you if doing so would mean we're breaking any laws or regulations.

We also won't cover injuries that result from an insured person breaking the law or taking part in any criminal activity. For example, if an insured person drives while under the influence of alcohol.

## Medicine and drugs

We won't cover injuries caused by an insured person being under the influence of medicine where the instructions weren't followed. This includes both instructions that come with the medicine or that are given to an insured person by a doctor.

We also won't cover an insured person if they are using drugs or take medication to treat a drug addiction.

## Wars, riots and terrorism

We won't pay claims for anything that results from an insured person taking part in war, riots or terrorism.

## Other things we don't cover

We won't provide any cover or

benefits, or pay any claims, if doing so would breach any sanctions, laws or regulations that apply to us or our parent companies. Sanctions, laws and regulations can prevent us from doing business with or involving certain countries, groups, companies and people.

We won't cover injuries caused by flying accidents, unless an insured person is a passenger in a commercial flight. For example, an insured person isn't covered if they are injured while parachuting, hang-gliding or paragliding.

We won't cover injuries caused by an insured person deliberately putting themselves in danger, unless they are trying to save their life, or someone else's.

We won't cover injuries caused by an insured person taking part in a professional or semi-professional sport. This includes playing, practising and training.

We also won't cover any injuries that happen when an insured person is on a quadbike.

We won't cover claims for injuries resulting from a medical professional acting carelessly or recklessly.

# How to make a claim

## Telling us about the accident

The policyholder should get in touch with our UK-based claims experts as soon as possible if an insured person is injured in an accident. If the policyholder doesn't – and they can't get the information they need – we might need to reduce the amount we pay or reject the claim altogether.

The policyholder is also responsible for forwarding any payments to the insured person.

The injuries need to have first appeared no more than 2 years after the date of the accident.

The policyholder should contact our claims handlers to get a claim form using the contact information below.

### By phone

+44 (0)333 207 0560

Lines are open 24 hours a day, 7 days a week.

### By email

[simplybusiness@uk.sedgwick.com](mailto:simplybusiness@uk.sedgwick.com)

### By post

Simply Business Claims Team  
PO BOX 76  
Oakleigh House  
14-16 Park Place  
Cardiff, CF10 3DQ

## Getting a claim form

The policyholder, the insured person and their doctor or consultant will need to fill out the claim form. Send it to Simply Business to make your claim.

We will pay up to £60 for any charge made by the doctor or consultant for completing their part of the claim form.

You can download claim forms from the Simply Business website <https://www.simplybusiness.co.uk/insurance-claims/business-and-landlord-claims/>, or give them a call on +44 (0)333 207 0560 and they'll send you one. These lines are open 24 hours a day, 7 days a week.

Please tell us when making a claim if you or an insured person requires any additional support due to your or their personal circumstances. We will look to

adapt the claims process to meet your or the insured person's additional needs where possible.

## Information we might need to handle your claim

We might need to ask for some extra information so we can handle your claim. For example, we might ask for evidence that the insured person's injuries were caused by the accident. We might also ask a medical consultant to examine their injuries. We'll cover the cost of any examinations and reports, as well as travel costs, as long as they're reasonable and we've agreed to this in advance. If we asked for a medical report, the insured person can ask to see it before it's sent to us. If the insured person doesn't attend their doctor's appointments without a proper reason, we might need to reject your claim.

We'll also need the insured person's permission to access their medical records and contact their doctor or consultant for their medical history. The insured person can ask to see this information before it's sent to us.

If an insured person dies, we might need to ask for a post-mortem to confirm they died from an accident.

If we're not able to get the information we need, we might not be able to pay the claim.

For claims made under Section G, we'll need a completed claim form and statement of fitness to work certificates (Fit note). This is to evidence the insured person's inability to go to work. If they are still unable to work after six weeks, we may require additional medical evidence.

We will accept the insured person self-certifying for a period of up to 7 days before they obtain the first fit note at the start of the claim. If the insured person can't get to see their doctor to obtain a fit note, Virtual Medical Care are authorised to issue them. Please phone +44 (0)203 499 0658 to access this service.

To make the claims process quicker, the insured person may want to take the claim form with them when they see their doctor or consultant. They can then complete their section during the appointment. We will pay up to

£60 for any charge made by the doctor or consultant for completing their part of the claim form.

We might ask for updates on the insured person's condition from time to time to see how they are recovering. We may ask to speak to their doctor or consultant if we have a query with their fit note.

We might require a representative of ours to visit them and interview them at their home.

We will make claims payments to the insured person. Payments will

normally be made every 4 weeks in arrears provided we have received a fit note for the period the insured person could not work. If a fit note is for less than a week, we'll pay one-seventh of the benefit for each day it specifies they couldn't work.

Sometimes claims take a while to process and be paid. If this is the case, and the cause of the delay is outside of our control, we won't pay any interest on the amount we pay. This will be the case even if the payment is delayed.

## Making changes to the policy

The policyholder must tell us if circumstances change for anyone covered by this policy, as this might affect the cover. If an adult insured by the policy moves to a new home or changes their name, the policyholder should let Simply Business know straight away.

### By phone

+44 (0) 333 014 6683

Lines are open  
9:00am to 5:30pm Monday to  
Wednesday

9:30pm to 4:15pm Thursday,  
9:00am to 5:30pm Friday  
9:00am to 2:00pm on Saturday.  
Please check the website for any  
changes to the opening times.

### By email

[support@simplybusiness.co.uk](mailto:support@simplybusiness.co.uk)

### By post

Simply Business  
Customer Services  
Northampton 900  
900 Pavilion Drive,  
Northampton NN4 7RG.

The policyholder should also use the contact details above to let us know if they want to add or remove anyone from the policy.

## If we need to make changes to this policy

We might sometimes make changes to the policy and the amount the policyholder pays.

We'll always give the policyholder at least 30 days' notice before making any changes to the policy, by writing to them at their last known address. If they're not happy with any changes we make, they can cancel the policy. For more information about how to cancel, see the 'Cancelling the policy' section.

## Cancelling the policy

The policyholder can cancel this policy at any time by contacting us or Simply Business.

The policyholder is responsible for promptly telling anyone else insured under this policy that the policy has been cancelled.

### By phone

+44 (0)333 014 6683

Lines are open

9:00am to 5:30pm Monday to Wednesday

9:30pm to 4:15pm Thursday

9:00am to 5:30pm Friday

9:00am to 2:00pm on Saturday.

Please check the website for any changes to the opening times.

### By email

[support@simplybusiness.co.uk](mailto:support@simplybusiness.co.uk)

### By post

Simply Business

Customer Services

Northampton 900

900 Pavilion Drive

Northampton NN4 7RG

## Cancelling within 14 days

We'll give a full refund if the policyholder cancels this policy within 14 days of buying it or receiving their first set of documents – whichever is later. We won't be able to do this if a claim has been made within this period.

## Cancelling after 14 days

The policyholder can also cancel this policy more than 14 days after buying it or receiving their first set of documents. We'll refund the premium based on the time remaining on the policy, as long as you haven't made a claim. Bear in mind that Simply Business charges an admin fee if the policyholder cancels after 14 days. This is confirmed in your Terms of Business Agreement provided by Simply Business.

## When we might cancel the policy

We can cancel this policy at any time if the terms and conditions in this document aren't followed, or we decide to stop offering this product. If we do, we'll give the policyholder at least 30 days' notice in writing.

We may also cancel this policy if payments aren't kept up-to-date, but we'll always write to the policyholder first. We'll give the policyholder 30 days to make the payment. If they don't pay in this time, we'll cancel the policy from the date the premium was due.

# How to make a complaint

We hope you're happy with your cover and the service you receive. But if you're unhappy about something, we'd like to try to put things right. Please contact us or Simply Business using the details below, providing the policy or claim number.

## To make a complaint about claims

### By phone

+44 (0)333 207 0560

Lines are open 24 hours a day, 7 days a week.

### By email

[simplybusiness@uk.sedgwick.com](mailto:simplybusiness@uk.sedgwick.com)

### By post

Simply Business Claims Team  
PO Box 76  
Oakleigh House  
14-16 Park Place  
Cardiff  
CF10 3DQ

## To make a complaint about sales, admin or anything to do with Simply Business.

The policyholder can contact Simply Business in the following ways:

### By phone

+44 (0)333 014 6683

Lines are open

9:00am to 5:30pm Monday to Wednesday

9:30pm to 4:15pm Thursday

9:00am to 5:30pm Friday

9:00am to 2:00pm on Saturday.

Please check the website for any changes to the opening times.

### By email

[support@simplybusiness.co.uk](mailto:support@simplybusiness.co.uk)

### By post

Simply Business  
Customer Services  
Northampton 900  
900 Pavilion Drive  
Northampton NN4 7RG

### Online

[www.simplybusiness.co.uk/support/complaints](http://www.simplybusiness.co.uk/support/complaints)

## To make a complaint about anything else

For all other complaints the policyholder can contact us in the following ways:

### **By phone**

0800 012 1301

If the policyholder is calling from outside the UK, please call on +44 (0)20 8649 6666.

Our lines are open Monday to Friday 9:15am – 5:00pm, except on public holidays.

### **By email**

[uk.customer.relations@aig.com](mailto:uk.customer.relations@aig.com)

### **By post**

Customer Relations Team  
The AIG Building  
2-8 Altyre Road  
Croydon  
CR9 2LG

### **Online**

[www.aig.co.uk/home/contact-aig-uk/complaints-and-feedback](http://www.aig.co.uk/home/contact-aig-uk/complaints-and-feedback)

## If you're not happy with our response

If you're not happy with how your complaint was handled – or 8 weeks have passed since you raised it – the policyholder may be able to contact the Financial Ombudsman Service. Please be aware the Financial Ombudsman Service may not be able to consider the complaint if the policyholder hasn't given us the chance to resolve it first.

The Financial Ombudsman Service is an independent complaints service that's free to use. You can find out more about them and how to complain at [financial-ombudsman.org.uk](http://financial-ombudsman.org.uk).

You can also contact them in the following ways:

### **By phone**

0800 023 4567 or 0300 123 9123

### **By email**

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

### **By post**

The Financial Ombudsman Service  
Exchange Tower  
Harbour Exchange Square  
London E14 9SR

Following this complaints procedure doesn't affect your right to take legal action.

The law of whichever part of the UK, the Channel Islands or the Isle of Man you live in will apply to this policy.

# How we use your personal information

In order to provide our products and services and to run our business, we will collect, use and disclose your Personal Information.

We do this for various purposes including to make decisions about whether to provide insurance, assistance or other services, to respond to your requests and to process claims. We may also use your Personal Information to detect, prevent and investigate crime (including fraud and money laundering).

We may share your Personal Information with our affiliates, service providers and other third parties for these purposes. Your Personal Information may be transferred outside the UK, to countries that have data protection regimes which are different to those in the UK. This includes countries which have not been found to provide adequate protection for Personal Information.

You have certain rights in relation to your Personal Information. More details about AIG's use of

Personal Information and your rights as a data subject can be found at: [aig.co.uk/privacy-policy](http://aig.co.uk/privacy-policy)

Or you may request a copy using the following contact details:

Data Protection Officer  
American International Group  
UK Limited  
The AIG Building  
58 Fenchurch Street  
London  
EC3M 4AB

Or by email at: [dataprotectionofficer.uk@aig.com](mailto:dataprotectionofficer.uk@aig.com)

You can find information about how Simply Business uses your personal information in your Terms of Business Agreement.

## The Financial Services Compensation Scheme (FSCS)

We're covered by the Financial Services Compensation Scheme (FSCS). This means that in the unlikely event we go out of business, the FSCS may be able to pay your claim.

You can find out more about the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) and by calling +44 (0)20 7741 4100 or 0800 678 1100.



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