



# Chauffeurs Personal Accident

Summary of cover

## Policy Summary

This is a summary of the insurance cover provided by the Pelican Underwriting Personal Accident Insurance **policy**. It does not contain the full terms and conditions of **your** insurance and does not form part of **your** insurance contract. This document provides a summary of the key features, benefits and limitations of the cover provided. **Your** full terms and conditions are shown in the **policy** wording.

## Type of Insurance

Personal Accident Insurance provides cover for a claim arising out an **accidental bodily injury** occurring during the **period of insurance** which within 12 months of the date of the **accident** solely or directly and independently of any other cause results in any of the benefits listed in the **policy schedule**.

## Sum insured

The sum insured available are:

	Death/Capital Benefits	Weekly Benefits
Bronze	£20,000	£200
Silver	£40,000	£400
Gold	£60,000	£600

Weekly benefits relate to claims for **temporary total disablement**. Claims for temporary partial disablement are limited to 60% of the weekly benefit.

## Deferment Period

**Temporary total** and **temporary partial disablement** benefits are payable for the agreed payment period and after the agreed **deferment period**.

## Features and Benefits

The **policy** provides compensation for **accidental bodily injury** that within 12 calendar months results in:

- Death
- **Capital Benefits\***: Paraplegia, quadriplegia, loss of hearing, loss of limb, loss of sight, loss of speech and permanent total disablement.
- **Temporary total disablement**
- **Temporary partial disablement**

\*If a claim is made for **capital benefits** then a claim for **permanent partial disablement** cannot also be made.

We will pay for the amounts during the **Period of Insurance** as stated in the **schedule**.

## Significant or unusual exclusions and limitations

Amongst others, the following exclusions apply to all sections:

- Change of occupation unless the Underwriters have been advised and the changes accepted in writing
- any gradually operating cause
- any naturally occurring condition or degenerative disease
- sickness or disease (unless resulting directly from **accidental bodily injury**)
- The person named in the **schedule** as the insured must be:
  - a) under 70 years old at the inception; and
  - b) legally resident in the United Kingdom of Great Britain and Northern Ireland, the Channel Islands and the Isle of Man

## Policy Duration

The **period of insurance** is 12 months unless otherwise agreed and is renewable each year.

## Details of the Insurer

**Your policy** is underwritten by Pelican Underwriting Management Limited on behalf of Great Lakes Reinsurance (UK) SE.

## Applicable Law

The law of England and Wales will apply to this **policy**.

## Cancellation Rights

**You** may cancel **your policy** within 14 days of receiving **your policy** documents or 14 days from the inception date of the **policy**, whichever is later.

## Making a Claim

To notify a **Claim** or **Circumstance** please contact:

DAC Beachcroft LLP  
Portwall Place  
Portwall Lane  
Bristol  
BS1 6NA

Email: [pelican@dacbeachcroft.co.uk](mailto:pelican@dacbeachcroft.co.uk)

Tel: +44 (0) 117 918 2636

## Making a Complaint

We aim to provide a first-class service. If **you** have any reason to complain about **your** insurance **policy**, or **us**, please use the complaints procedure below.

**Our** commitment to **you**:

- **We** will deal with **your** complaint promptly,
- **We** will resolve **your** complaint fairly,
- If **we** are not able to deal with **your** complaint immediately, **we** will conduct an investigation of **your** complaint,
- **We** will learn from **our** mistakes and use **your** feedback to improve **our** service.

If there is any occasion when service does not meet **your** expectations, in the first instance please contact:

Pelican Underwriting  
Camomile Court  
23 Camomile Street  
London  
EC3A 7LL

Email: [complaints@puml.co.uk](mailto:complaints@puml.co.uk)

Tel: (0)207 743 0970

**We** will review **your** complaint and hope to resolve the issue.

**We** will investigate the circumstances regarding **your** complaint and write to **you** within two weeks with **our** response.

If **you** are not satisfied with **our** response, **you** may have the right to refer **your** case to the Financial Ombudsman Service. To qualify for this right as a business, **you** must have annual turnover and/or net assets below €2M and fewer than ten staff. The Service can be contacted at:

Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

Tel: 0800 023 4567 or 0300 123 0123 (mobile users)

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

## Financial Services Compensation Scheme

The Insurer is a member of the Financial Services Compensation Scheme (FSCS) and **you** may be entitled to compensation from the scheme if **we** are unable to meet **our** liabilities under this insurance. This depends on the type of business and the circumstances of the claim. The first £2,000 of any claim is protected in full and 90% of the remainder of the claim will be met. For compulsory classes of insurance the claim will be met in full. Further information about the FSCS arrangements can be obtained on request or by visiting the website at [www.fscs.org.uk](http://www.fscs.org.uk).