

Santander Personal Accident Insurance Policy Document

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The cover

This policy booklet provides details of Santander's Personal Accident insurance policy, including limitations, exclusions and what to do if **you** have any questions or need to make a claim.

Santander's Personal Accident insurance policy is a contract between **you** and **us**. Cover under this policy is underwritten and administered by Sterling Insurance Company Limited.

It is important that **you** read this policy booklet carefully along with **your schedule** so that **you** can be sure of the cover provided. The level of cover **you** have chosen is shown in **your schedule**. Please keep all **your** insurance documents in a safe place.

Your policy booklet and **schedule** use words and phrases that have specific meanings. **You** will find these explained in the 'Definitions' section. Defined words are shown in '**bold**' wherever they appear.

Important phone number

If **you** have a question about **your** policy, want to make a claim for **you** or an **insured person** or have a query regarding an ongoing claim, please phone **us** on the helpline below.

Calls may be recorded or monitored.

Customer Service Helpline



0870 224 7557

This helpline is open between 8am and 6pm Monday to Friday and 9am and 1pm Saturday.

Changing your mind

This insurance is optional and **you** have a statutory right to cancel **your** cover within 14 days (the cooling off period) from the day of purchase or the day on which **you** receive **your** policy documentation in the post, whichever is the later.

If **you** wish to do so, **you** will be entitled to a full refund of any premium paid for this period. If **you** have made a claim during this 14 day period and then cancel within the statutory cooling off period, **we** may seek to recover any monies paid to **you** in settlement of the claim.

To exercise **your** right to cancel, please call:



0870 224 7557

Or please write to:



Customer Service Team
Santander Health Protection Unit
Sterling Insurance Company Limited
50 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4JX

If **you** do not exercise **your** right to cancel **your** policy, it will continue in force and **you** will need to pay the premiums due.

For **your** cancellation rights outside the statutory cooling off period, please refer to the 'Other important information' section on page 11.

Eligibility

You are eligible for this insurance if at the **start date you** are:

- aged 18 years or over but under 70; and
- living and present in the **United Kingdom**.

If **you** have chosen 'individual and **partner** cover' or 'family cover' **you** and **your partner** must meet the eligibility criteria above.

If **you** have chosen 'family cover' **your child** or **children** will be eligible for cover if at the **start date** he or she:

- is aged under 18 years; and
- lives permanently with **you** in the same household.

Please note: an individual can only be covered under one of **our** Personal Accident insurance policies at any one time.

Definitions

Certain words are defined and wherever they are used they will have the meanings shown below. To help **you** identify these words they have been printed in **bold** throughout this policy booklet.

Accident/accidental

A sudden and unforeseen event which happens by chance after the **start date** and results in **bodily injury**.

Accidental death

Death that occurs solely as a result of **bodily injury** and independently of any other cause.

Bodily injury

Physical damage resulting from external violent and visible means. This does not include any sickness, disease naturally occurring condition or degenerative process.

Child/children

Your natural, legally adopted or step child/children. This does not include a foster child.

Disability

Incapacity resulting solely from an **accident**.

Doctor

A medical practitioner (other than **you**, **your partner** or a member of **your** family) who holds a full qualification entitling him or her to full registration with the General Medical Council.

Fare paying passenger

A passenger travelling with a valid ticket in a plane, ship, train or bus that is a licensed common carrier.

Hospital

A legally registered establishment for ill or injured persons, which provides:

- medical and surgical treatment; and
- 24 hour nursing care by registered nurses.

This does not include:

- convalescent, self care or a rest home; or
- a hospital department which has a role of a convalescent or nursing home.

Hospitalisation

Staying in a **hospital** on the advice of a **doctor** because of an **accident**.

Insured person

The **schedule** shows the person or people insured under this policy by reference to the cover descriptions below:

- Individual cover insures the policyholder only.
- Individual and **partner** cover insures the policyholder and his or her **partner**.
- Family cover insures the policyholder, his or her **partner** and **children**.

Partner

Your legally married spouse or **your** registered civil partner under the Civil Partnership Act 2004, who permanently lives with **you**, or a person who is permanently living with **you** and has been for at least 6 months and the relationship is in the nature of a marriage although it has not been legally formalised.

Permanent total disability

A **disability** which medical evidence confirms will last for the rest of a person's life and which permanently and totally stops them from doing any paid work which their experience, education or training reasonably qualifies him or her to do.

Schedule

The document sent to **you** which shows details of the insurance cover. It should be read in conjunction with **your** policy booklet.

Start date

The **start date** shown in **your schedule**.

Terrorism

Any act or acts, including (but not limited to):

- a) the use or threat of force and/or violence; and
- b) harm or damage to life or to property (or the threat of such harm or damage), harm or damage by nuclear and/or chemical and/or biological and/or radiological means;

caused or occasioned by any person(s), or group(s) of persons, or so claimed, in whole or in part, for political, religious, ideological or similar purposes.

Total loss of hearing or speech

Complete, permanent and irrecoverable loss of hearing or speech.

Total loss of sight

Complete, permanent and irrecoverable loss of sight.

Total loss of use of a shoulder, elbow, wrist, hip, knee or ankle

Complete, permanent and irrecoverable loss of movement of the affected joint.

Total loss of use of a thumb, finger or toe

Complete, permanent and irrecoverable loss of use or loss by physical separation of the entire thumb, finger or toe.

Total loss of use of limb(s)

Complete, permanent and irrecoverable loss of use or loss by physical separation of the limb at or above the wrist or ankle.

UK resident

Living permanently in the **United Kingdom** for at least 40 weeks in any 52 week period following the **start date**.

United Kingdom

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

War risks

- war;
- invasion;
- act of foreign enemies;
- civil war;
- rebellion; or
- being on naval, military or air force duty, service or operations.

We/us/our

Sterling Insurance Company Limited.

You/your

The person named in your **schedule** as the policyholder.

What is covered

The basis on which benefit is payable is detailed below. The following sections should be read in conjunction with the:

- table of benefits which is detailed on page 08 of this policy booklet;
- details of **insured persons** under this policy (see **your schedule** for the relevant cover description); and
- level of cover **you** have chosen, which is detailed in **your schedule**.

Standard benefits

You or your partner

If **you** or **your partner** have an **accident** which results in **bodily injury** or **accidental death**, then **we** will pay the appropriate benefit shown in the table of benefits on page 08.

Child

If **you** have chosen 'family cover' and **your child** has an **accident** which results in **bodily injury** or **accidental death**, then **we** will pay 10% of the appropriate benefit shown in the table of benefits on page 08.

Aged 65 years or over

When any person covered under this policy reaches their 65th birthday they will no longer be eligible for **permanent total disability** benefit. They will still be entitled to all other benefits but **we** will only pay 50% of the appropriate benefit shown in the table of benefits on page 08.

If any person covered under this policy is 65 years old at the **start date** they will not be eligible for **permanent total disability** and all other benefits will be reduced by 50%.

Hospitalisation benefit

The daily **hospitalisation** benefit rate shown in the table of benefits:

- is for each complete 24 hour period in **hospital**;
- excludes the first 5 days in **hospital** for any one **accident**; and
- is subject to a maximum of 120 days in **hospital** for each **accident**.

A single lump sum **hospitalisation** benefit will be made after 14 continuous days in **hospital**. Only one lump sum payment will be paid for the same **accident**.

Maximum benefits and limitations

■ Individual cover:

The maximum **we** will pay for all claims during the life of this policy is a sum equal to the **total loss of sight** in both eyes benefit. This amount will be reduced by 50% if **you** are aged 65 or over at the date of the **accident**.

When the limit has been reached the policy will end.

This limit does not apply to a claim for **permanent total disability** whilst travelling as a **fare paying passenger** (benefit 1a) when the maximum for all claims in total will be a sum equal to benefit 1a. For a claim under benefit 1a, any other sums paid to **you** or due to be paid to **you** before **your** claim will be deducted from the amount due to **you** under benefit 1a.

If **you** are aged 65 or over at the date of the **accident**, **you** are not eligible for **permanent total disability** (benefit 1).

■ Individual and partner or family cover:

The maximum **we** will pay for each person covered under the policy is a sum equal to their **total loss of sight** in both eyes benefit, subject to a maximum, for all claims during the life of this policy of a sum equal to twice the **total loss of sight** in both eyes benefit.

These limits will be reduced by 50% for each person covered under the policy who is aged 65 or over at the date of the **accident**.

When the limit has been reached the policy will end.

These limits do not apply to a claim for **permanent total disability** whilst travelling as a **fare paying passenger** (benefit 1a), when the maximum for all claims in total will be a sum equal to twice benefit 1a. For a claim under benefit 1a, any other sums paid to **you** or due to be paid in respect of the person suffering the **accident** under this policy before **your** claim will be deducted from the amount due to **you** under benefit 1a.

If **you** are aged 65 or over at the date of the **accident**, **you** are not eligible for benefit 1.

Death within 12 months of an accident

If **we** have paid any earlier payment(s) for benefits 3 and 5 to 11 shown in the table of benefits and the **insured person** then dies within 12 months as a result of the same **accident**, **we** will reduce the sum **we** pay for **accidental death** by the amount of any earlier payment(s) for that **accident**.

Total loss of use of shoulder, elbow, wrist, thumb, hip, knee, ankle, finger or toe

If **we** have paid any earlier payment(s) under this benefit and the **insured person** suffers any subsequent **bodily injury** to the same limb, **we** will reduce the sum **we** pay for **permanent total disability** or **total loss of use of limb(s)** by the amount of any earlier payment(s).

If **you** have claimed benefit for a **total loss of use of limb(s)** then **we** will not pay benefit for the total loss of use of the other parts of that limb.

If **you** claim benefit for the loss of use of more than one part of a limb, then the total amount **we** will pay for all parts of that limb will not exceed the benefit payable for the **total loss of use of one limb**.

Where **we** have made payment under benefits 3 and 5 to 11 the amount payable under benefits 1, 2 and 4 in respect of any subsequent **bodily injury** will be reduced by the amount already paid.

Where the effects of the accident are made worse by sickness or disease

If the effects of an **accident** are made worse because the person affected already has a sickness, disease, injury or degenerative process then **we** will ask a **doctor** to assess the effect this has on the **bodily injury** and **we** will reduce the benefit by an amount decided by the **doctor** to take this into account.

Table of benefits

The level of cover **you** have chosen is shown in **your schedule**. The table of benefits should be read in conjunction with 'What is covered' on page 06 which details the standard and maximum benefits and limitations which may apply.

Table of benefits				
In the event of an accident causing:	You or your partner			
	Level 1	Level 2	Level 3	Level 4
1. Permanent total disability as a result of: a) being a fare paying passenger . b) any other accident .	a) £100,000 b) £40,000	a) £150,000 b) £60,000	a) £200,000 b) £80,000	a) £250,000 b) £100,000
2. Total loss of sight in both eyes	£40,000	£60,000	£80,000	£100,000
3. Total loss of sight in one eye	£20,000	£30,000	£40,000	£50,000
4. Total loss of use of two limbs	£40,000	£60,000	£80,000	£100,000
5. Total loss of use of one limb	£20,000	£30,000	£40,000	£50,000
6. Total loss of speech	£20,000	£30,000	£40,000	£50,000
7. Total loss of hearing	£20,000	£30,000	£40,000	£50,000
8. Total loss of hearing in one ear	£4,000	£6,000	£8,000	£10,000
9. Total loss of use of: ■ shoulder or elbow ■ wrist, thumb, hip, knee or ankle ■ any finger or big toe ■ any other toe	£8,000 £6,000 £2,000 £1,000	£12,000 £9,000 £3,000 £1,500	£16,000 £12,000 £4,000 £2,000	£20,000 £15,000 £5,000 £2,500
10. Daily hospitalisation benefit	£40 per day	£60 per day	£80 per day	£100 per day
11. Lump sum hospitalisation benefit	£400	£600	£800	£1,000
12. Accidental death	£20,000	£30,000	£40,000	£50,000

What is not covered

We will not pay benefit for any **accident** that is directly or indirectly caused by the following:

1. **War risks.**
2. **Terrorism.**
3. Riding on a motorcycle, moped or motorised scooter as a driver or passenger.
4. Scuba-diving.
5. Rock climbing or mountaineering of any type.
6. Pot-holing or parachuting.
7. Competing in any race other than on foot or whilst swimming.
8. The manufacture or use of explosives.
9. Flying except as a **fare paying passenger**.
10. Exposure to exceptional danger (except in an attempt to save human life).
11. The illegal acts of the person who has suffered the **accident**.

12. Suicide or self-inflicted injury whether of a sound mind or not.
13. Being under the influence of or being affected by alcohol or drugs unless under the advice of a **doctor** for a condition other than alcohol or drug addiction.
14. Radiation or contamination or the effects of radiation.
15. HIV, AIDS, any sickness, disease, injury or degenerative process.

In addition, **we** will not pay benefit for:

16. Benefits 2 – 12 within the table of benefits, if this happens more than 12 months after the **accident**.
17. An **accident** which occurs prior to the **start date** or after the cover ends.
18. An **accident** which happens to an **insured person** who has been outside the **United Kingdom** for more than 12 weeks in the preceding 52 week period. This exclusion does not apply, if **we** have agreed to provide this cover.
19. **Permanent total disability** if **you** are aged 65 or over at the date of the **accident**.

Making a claim

It is important **you** register a claim as soon as possible.

Step 1

Please have **your** Santander Personal Accident insurance policy number ready when **you** call.

Step 2

Call:



0870 224 7557

between 8am and 6pm Monday to Friday and 9am and 1pm on Saturday.

Step 3

We will then send **you** a claim form.

Step 4

The claim form should be completed as soon as possible and returned to **us** at the following address:



Customer Service Team
Santander Health Protection Unit
Sterling Insurance Company Limited
50 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4JX

Things to keep in mind when claiming

- In the event of an **accident**, the **insured person** must consult a **doctor** as soon as possible.
- All claims must be submitted within three calendar months of the date of the **accident** or as soon as possible.
- **You** must supply and pay for all reasonable information or evidence **we** ask for to support the initial claim and throughout the claim. If **we** ask for proof, **you** need to be able and willing to supply it.
- The **insured person** must agree to any medical examination which **we** arrange and pay for.

- If **we** do not receive all the information **we** need (for example declarations and medical questionnaires) or if these documents are not acceptable to **us** the claim may be delayed.
- If the claim is for **permanent total disability**, assessment of the benefit will be delayed for 12 months from the date the claim is received by **us** so that a **doctor** of **our** choice can assess the claim. However, if it is shown by medical evidence that the **disability** is total and permanent, then **we** may at **our** discretion pay a benefit before the end of the 12 months.

Payment of benefits

If the claim is for **you**, **your partner** or **your child**, the benefit will always be made payable and sent by cheque direct to **you**. In the event of **your** death, the benefits will be paid to **your** legal personal representative.

Payment of benefit may be made by Sterling Insurance Group Limited on behalf of Sterling Insurance Company Limited. Such payment will constitute a full discharge of **our** liability.

When does cover end

The cover provided by this policy will end, if any of the following happens and **you** (or **your** legal personal representative) will need to contact **us** to stop the collection of **your** premiums:

- **You** die.
- **You** cease to be a **UK resident**.

The cover provided by this policy will end and the collection of **your** premiums will cease if any of the following happens:

- **You** reach 75 years of age.
- **You** have not paid **your** premiums when they are due.
- **You** cancel this insurance.
- **We** cancel this insurance by giving **you** 30 days' notice in writing.
- **We** have paid the maximum benefit to which **you** are entitled under this policy.

If **you** have 'individual and **partner** cover' or 'family cover', **your partner** will cease to be covered, if any of the following happens:

- **Your partner** reaches 75 years of age.
- **Your partner** stops living permanently with **you**.
- **Your partner** ceases to be a **UK resident**.
- **We** have paid the maximum benefit to which **your partner** is entitled under this policy.

If **you** have 'family cover', **your child/children** will cease to be covered, if any of the following happens:

- **Your child** reaches 18 years of age.
- **Your child** stops living permanently with **you**.
- **Your child** ceases to be a **UK resident**.
- **We** have paid the maximum benefit to which **your child** is entitled under this policy.

If **your partner** or **child** cease to be eligible for cover call:



0870 224 7557

We will make the appropriate amendment to **your** monthly premium.

Other important information

What you pay

Your monthly premium is shown in **your schedule** and is payable monthly by Direct Debit.

The premium includes insurance premium tax at the current rate. If there is a future change in the rate of insurance premium tax **we** will automatically adjust the premium **you** pay.

Changes in cover

We may vary or amend any of the terms and conditions of this policy at any time by giving 30 days' notice in writing to **you** at **your** last known address.

If **you** wish to amend **your** policy, for example if **you** no longer require cover for **your partner** or **child** or they cease to be eligible under the policy, please call **us** on 0870 224 7557 and **we** will make the appropriate amendment to **your** monthly premium.

If an **insured person** ceases to be a **UK resident** due to being outside the **United Kingdom** for more than 12 weeks in the preceding 52 week period, cover in respect of that person will cease on the last day of the 12th week.

However, if **you** wish to extend cover to include such absences, please provide **us** with full details before the **insured person** leaves the **United Kingdom**. **We** will then decide whether **we** are able to extend cover whilst they are abroad. If **we** do, **we** will send **you** a written endorsement confirming this extended cover.

Escalation benefit

Your premium will increase by 5% of **your** starting amount on each anniversary of **your** policy.

Your benefit will also increase by 5% of the starting amount shown in the table of benefits.

If **you** are aged 65 or over at the relevant anniversary **your** premium will increase by 5% and **your** benefit will increase by 2.5% of the starting amount. If **you** have chosen family cover, the benefit payable for **your child** will be 10% of the appropriate benefit shown in the revised table of benefits.

A revised **schedule** will be issued confirming **your** new cover and premium. The table below shows examples for the premium and benefit escalation, for a 5 year period, if aged under 65.

* Please note: Maximum benefits and limitations apply and these are detailed on page 07 of this policy booklet.

	Level 1		Level 2		Level 3		Level 4	
	Standard Benefit*	Monthly Premium						
Year 1	£40,000	£5.85	£60,000	£7.05	£80,000	£9.05	£100,000	£11.10
Year 2	£42,000	£6.15	£63,000	£7.40	£84,000	£9.51	£105,000	£11.65
Year 3	£44,000	£6.43	£66,000	£7.76	£88,000	£9.95	£110,000	£12.21
Year 4	£46,000	£6.73	£69,000	£8.11	£92,000	£10.41	£115,000	£12.76
Year 5	£48,000	£7.02	£72,000	£8.46	£96,000	£10.87	£120,000	£13.31

Cancellation

If **you** do not pay any premium or other amounts due under this cover, **we** will cancel the cover with effect from the date the premium became due, irrespective of when **you** have chosen to set up **your** Direct Debit, by writing to **you** at **your** last known address.

Following the expiry of **your** statutory cooling off period of 14 days, **you** have the right to cancel **your** cover at any time during its term.

To exercise **your** right to cancel, please call:



0870 224 7557

Or please write to:



Customer Service Team
Santander Health Protection Unit
Sterling Insurance Company Limited
50 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4JX

We can cancel the policy at any time by sending 30 days' notice in writing to **you** at **your** last known address.

Fraud

If any claim is in any respect fraudulent or if any fraudulent means are used to obtain benefit by **you** or anyone acting on **your** behalf, including exaggeration of the claim or submission of forged or falsified documents **you** will not be entitled to any benefit under this policy and criminal proceedings may follow.

The Financial Services Compensation Scheme

We are members of the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme if **we** cannot meet **our** obligations, depending on the type of insurance and the circumstances of **your** claim.

Further information about compensation scheme arrangements is available from the Financial Services Compensation Scheme:



www.fscs.org.uk



The Financial Services Compensation Scheme
7th Floor
Lloyd's Chambers
Portsooken Street
London E1 8BN

Rights of third parties

Except as expressly provided in this policy or required by law, no term or any part is intended to be enforceable by a person who is not a party to this contract. If **you** have individual and **partner** or family cover, **your partner** and/or **children** are not parties to this contract.

Choice of Law

The law of England and Wales will apply to this contract unless **you** and **we** agree otherwise before the **start date**.

Transfer / selling of rights

You cannot transfer or sell the rights or benefits under this policy.

Use of language

Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be in English.

Our promise to you

Our aim is to give excellent service to all **our** customers but **we** recognise that things do go wrong occasionally. **We** take all complaints **we** receive seriously and aim to resolve all problems promptly. To ensure that **we** provide the kind of service **you** expect **we** welcome **your** feedback. **We** will record and analyse **your** comments to make sure **we** continually improve the service **we** offer.

What will happen if you complain?

- **We** will acknowledge **your** complaint promptly.
- **We** will keep **you** informed of the progress of **your** complaint.
- **We** will try our best to deal with **your** complaint within 4 weeks. If **we** need more time **we** will let **you** know.

Most concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, **we** will contact **you** with an update and give **you** an expected date of response.

What to do should you be dissatisfied

If **you** have a complaint regarding **your** policy, please write to:

 Complaints Department,
Santander Health Protection Unit
Sterling Insurance Company Limited
50 Kings Hill Avenue
Kings Hill
West Malling
Kent ME19 4JX

Or call:

 0870 224 7557
Our helpline is open between 8am and 6pm Monday to Friday and 9am and 1pm Saturday.

Calls may be recorded or monitored.

Once **you** have given **us** the chance to put things right, if **you** are still unhappy **you** can contact the Financial Ombudsman Service (FOS). The contact details are:

 Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR

Or call:

 0800 023 4567 for people phoning from a "fixed line" (for example, a landline at home)
0300 123 9 123 free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02

Notes

1. The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve it and **you** are a private policyholder. If, however, **we** do not resolve **your** complaint within 8 weeks, the Financial Ombudsman Service will accept a direct referral.
2. Whilst **we** are bound by the decision of the Financial Ombudsman Service, **you** are not.
3. Following the complaints procedure does not affect **your** right to take legal action. For further information about **your** legal rights, contact your local authority trading standards department or the Citizens Advice Bureau.

Santander is able to provide literature in alternative formats. The formats available are: large print, Braille and audio CD. If you would like to register to receive correspondence in an alternative format please give us a call.

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