



expatriate  
GROUP

# Personal Accident and Illness Policy Wording

v. 20230701 HDI Non-EEAEU

Non-EEAEU

HEALTHCARE

TRAVEL

LIFE

INCOME PROTECTION

In return for payment of the premium shown in the **Certificate of Insurance**, the **Underwriters** agree to insure the **Insured Person**, subject to the terms and conditions contained in or endorsed on this insurance, against **Bodily Injury** and/or **Illness** in the manner and to the extent provided in this insurance and as confirmed in the **Certificate of Insurance** during the **Period of Insurance**.

### Important information

This document, the **Certificate of Insurance**, and any **Endorsement(s)** attached form **Your** insurance. This insurance sets out the conditions of the insurance between the **Underwriters** and the **Assured/Insured Person**. Please read the whole document carefully and keep it in a safe place.

It is important that:

- **You** check that the information contained in the **Certificate of Insurance** is accurate and that the **Certificate of Insurance** reflects the coverage sections **You** have requested (see the “Information **You** have given **Us**” section below);
- **You** notify **Us** of any inaccuracies in the information contained in the **Certificate of Insurance**, or of any changes to that information (see the “Notifying **Us** of any changes or inaccuracies” section below);
- **You** comply with the “Conditions” and **Your** duties under the insurance as a whole.

Failure to comply with the above could adversely affect **Your** insurance or any claim **You** make.

### Information You have given Us

In deciding to accept this insurance and in setting the terms and premium, the **Underwriters** have relied on the information the **Assured/Insured Person** has given them. The **Assured/Insured Person** must take care when answering any questions the **Underwriters** ask by ensuring that all information provided is accurate and complete.

If the **Underwriters** establish that the **Assured/Insured Person** deliberately or recklessly provided the **Underwriters** with false or misleading information they will treat this insurance as if it never existed and decline all claims.

If the **Underwriters** establish that the **Assured/Insured Person** carelessly provided them with false or misleading information it could adversely affect this insurance and any claim. For example the **Underwriters** may:

- treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. The **Underwriters** will only do this if they provided the **Assured/Insured Person** with insurance cover which they would not otherwise have offered; or
- amend the terms of this insurance. The **Underwriters** may apply these amended terms as if they were already in place if a claim has been adversely impacted by the **Assured's/Insured Person's** carelessness; or
- charge the **Assured/Insured Person** more for this insurance or reduce the amount the **Underwriters** pay on a claim in the proportion the premium paid bears to the premium the **Underwriters** would have charged; or
- cancel this insurance in accordance with the Cancellation condition of this policy.

We will write to **You** if the **Underwriters**:

- intend to treat this insurance as if it never existed; or
- need to amend the terms of this insurance; or
- require the **Assured/Insured Person** to pay more for this insurance.

### Notifying Us of any changes or inaccuracies

If the **Assured/Insured Person** become aware that information they have given to the **Underwriters** is inaccurate or has changed, they must inform the **Underwriters**, via Expatriate Group, as soon as practicable.

When the **Underwriters** are notified that information previously provided is inaccurate, or of any changes to that information, Expatriate Group will tell the **Assured/Insured Person** if this affects this insurance. For example, the **Underwriters** may amend the terms of this insurance or require the **Assured/Insured Person** to pay more for this insurance or cancel this insurance in accordance with the Cancellation condition of this policy.

If the **Assured/Insured Person** fails to notify the **Underwriters** that information provided to them is inaccurate, or they fail to notify the **Underwriters** of any changes, this insurance may become invalid and the **Underwriters** may not pay a claim, or any payment could be reduced.

## Definitions

In this insurance, where the following terms appear in bold in this Policy they have the following meaning:

"**Accident**" shall mean a sudden, unexpected, unusual, specific event, which occurs at an identifiable time and place during the **Period of Insurance**.

"**Accidental Death**" shall mean the death of the **Insured Person** from **Bodily Injury**.

"**Assured**" shall mean the third party affecting the insurance on behalf of the **Insured Person** and as specified in the **Certificate of Insurance** Brokers Insurance Document if applicable. Where there is no **Assured** and this insurance is issued direct to an **Insured Person**, all references to "**Assured**" in this insurance shall be deemed will be considered to be references to "**Insured Person**" and this insurance shall will operate accordingly.

"**Bodily Injury**" shall mean identifiable physical injury which is caused by an **Accident**, which occurs during the Period of this Insurance and which solely and independently of any other cause, (except **Illness** directly resulting from, or medical or surgical treatment rendered made necessary by such **Bodily Injury**), occasions the death or disablement of the **Insured Person** within twelve months from the date of the **Accident**.

"**Certificate of Insurance**" means the separate document showing details of the **Assured/Insured Person**, the sums insured, the **Period of Insurance** and the sections of this insurance which apply.

"**Endorsement(s)**" means a change in the terms and conditions of this insurance.

"**Excess**" shall mean of days stated in the Schedule of Compensation **Certificate of Insurance** at the beginning of each and every period of **Temporary Total Disablement** for which no benefit is payable. If any **Temporary Total Disablement** arising from the same **Bodily Injury** or **Illness** reoccurs within 180 days of recovery then no **Excess** shall will apply and any benefits shall will be payable in aggregate to those previously received.

"**Loss of or loss of use of eye(s) and/or limb(s)**" means loss by physical separation or total and irrecoverable loss of use of eye(s) and/or limb(s) as defined within the Scale of Permanent Disabilities detailed in the **Certificate of Insurance** herein.

"**Illness**" shall mean **Illness** or disease of the **Insured Person**, which first **Manifests** itself during the **Period of Insurance** and which solely and independently of any other cause results in the disablement of the **Insured Person** within twelve consecutive months after the symptoms first appear.

"**Insured Person/You/Your**" shall mean the person upon whom the defined risk is operative and whose name appears in the Brokers Insurance Document **Certificate of Insurance** as the 'Insured'.

"**Manifest/Manifesting**" shall mean when the **Illness** is diagnosed by a medical practitioner, or when the **Assured Insured Person** first exhibits symptoms of an **Illness**, which is reasonably capable of diagnosis by a medical practitioner.

"**Maximum Benefit Period**" shall mean the maximum number of weeks in respect of all **Bodily Injury** and **Illness** causing **Temporary Total Disablement** for which benefit will be payable by the **Underwriters** and as shown in the **Certificate of Insurance**.

"**Period of Insurance**" means the time for which this insurance is in place as shown in the **Certificate of Insurance**.

"**Permanent Total Disablement**" and "**Permanently Totally Disabled**" shall mean complete and total physical inability of the **Insured Person** arising from **Bodily Injury** or **Illness** which entirely prevents the **Insured Person** from attending to their usual occupation as stated in the Brokers Insurance Document **Certificate of Insurance** and which lasts for twelve continuous months and at the end of such time there is no hope of recovery. Where **Underwriters**' can clearly determine that the **Insured Person** is **Permanently Totally Disabled** and beyond hope of recovery, before the twelve-month period has expired, they may choose to settle a valid claim earlier at their sole discretion.

"**Pre-existing Condition**" shall mean any condition or any other known physical defect, infirmity, medical condition or chronic or recurring **Illness** which existed at or prior to the date of entry of the **Insured Person** into this insurance, including any related, secondary, foreseeable or associated conditions. This includes any condition as detailed in **Your** Proposal Form, unless otherwise specifically accepted by **Us** in writing.

"**Temporary Total Disablement**" and "**Temporarily Totally Disabled**" shall mean disablement of the **Insured Person** arising from **Bodily Injury** or **Illness** which entirely prevents the **Insured Person** from attending to his all aspects of their usual occupation as stated in the **Certificate of Insurance**. In the event of **Bodily Injury** or **Illness** first **Manifesting** itself during the **Period of Insurance** then the **Underwriters**, after the **Excess** period, as specified in the Schedule **Certificate of Insurance**, will pay to the **Insured Person** the weekly benefit which will not exceed the **Insured Person's** net average weekly wage, as specified in the **Certificate of Insurance**.

"**Underwriters**" shall mean HDI Global Specialty SE who are the insurer participating in this contract.

HDI Global Specialty SE is authorised and regulated by the Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin). Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. (FRN: 659331). Registered office: HDI-Platz 1, 30659, Hannover, Germany (HRB 211924). Branch office: 20 Gracechurch Street, London, EC3V 0BG.

"**Us/We/Our**" shall mean Strategic Insurance Services Limited trading as Expatriate Group.

## What is covered

Subject to the cover **You** have selected, the **Underwriters** will pay the benefit shown in the **Certificate of Insurance** if **You** suffer **Illness** or **Bodily Injury** during the **Period of Insurance** which results in **Your**:

1. **Accidental Death.**
2. **Permanent Total Disablement** from usual occupation following **Accident.**
3. **Permanent Total Disablement** from usual occupation following **Illness.**
4. Loss of and or loss of use of eye(s) and /or limb(s) following **Accident.**
5. Loss of and or loss of use of eye(s) and /or limb(s) following **Illness.**
6. **Temporary Total Disablement** from usual occupation following **Accident.**
7. **Temporary Total Disablement** from usual occupation following **Illness.**
8. Permanent Partial Disablement following **Accident.**
9. Permanent Partial Disablement following **Illness.**

## Conditions

These are the terms and conditions which the **Insured Person** will need to keep to as their part of the contract. If they do not, a claim may be rejected, or payment could be reduced or the policy might be invalid.

The following are general conditions and are precedent to **Underwriters'** liability to pay compensation under this insurance:

1. Notice must be given to **Underwriters** as soon as reasonably practicable of any **Accident** or **Illness** which causes or may cause disablement or **Bodily Injury** within the meaning of this insurance, and the **Insured Person** must, as early as possible, place himself themselves under the care of a duly qualified independent medical practitioner. Notice must be given to **Underwriters** as soon as reasonably practicable in the event of death of the **Insured Person** resulting or alleged to result from an **Accident.**
2. It is a condition precedent to **Underwriters'** liability to pay compensation to the **Assured** or their representatives, that the **Insured Person** must ensure that all medical records, notes and correspondence referring to the subject of a claim or a related **Pre-existing Condition** shall will be made available on request to any representative of the **Underwriters** or medical adviser appointed by or on behalf of the **Underwriters** and that such medical adviser or advisers will shall, for the purposes of reviewing the claim, be allowed so often as may be deemed considered

necessary to make examination of the **Insured Person** and to make an autopsy in case of death, where it is not forbidden by law.

4. Any claim made under this insurance in respect of **Permanent Total Disablement** will be subject to the approval of two independent medical referees, one to be appointed by the **Insured Person** and one by **Underwriters**. In the event of the aforesaid independent medical referees being unable to concur, in their opinion that the **Insured Person** is **Permanently Totally Disabled**, a third independent medical referee will be appointed by them and their decision will be final and binding upon all parties. **Underwriters** or the **Insured Person** reserve the right at their own discretion to apply this same procedure in respect of any **Temporary Total Disablement** claim made hereunder this policy.
5. The **Insured Person** is deemed considered to have made a recovery when they are able to perform their duties and related activities associated with their usual occupation as specified in the **Certificate of Insurance**.
6. Reasonable Precaution: The **Insured Person** must at all times take reasonable precautions to prevent, avoid or minimise any **Accident**, injury or loss.
7. Evidence of Claim: All certificates, information and evidence to support a claim must be provided at the expense of the **Insured Person** and shall be in a form as required by the **Underwriters**. (The **Underwriters** will only request information relevant to the claim). The **Insured Person** must as often as required submit to medical examination at the expense of the **Underwriters**. The **Underwriters** will in the event of the death of the **Insured Person** be entitled to have a post-mortem examination at their own expense, where it is not forbidden by law.
8. Benefit(s) 1 to 9 of the Schedule of Compensation as detailed in the **Certificate of Insurance** are only insured where there is an amount inserted against them in the Schedule of Compensation "Sums Insured" section. Where benefit(s) are not insured, the words "Not Insured" are inserted. Notwithstanding the benefits insured in the Schedule of Compensation the following limitations will apply:
  - 8.1 Compensation will not be payable under more than one of items 1 or 2 or 3 or 4 or 5 of the Schedule of Compensation;
  - 8.2 Compensation will not be payable concurrently under more than one of items 6 or 7 of the Schedule of Compensation;
  - 8.3 Benefits 6 or 7 may be payable in addition to benefit 1 however payment of benefits 6 or 7 will cease upon the death of the **Insured Person**;
  - 8.4 (a) Benefits 6 or 7 may be payable in addition to, but not concurrently with, benefits 2 or 3;  
(b) Benefits 6 or 7 may be payable in addition to benefits 4, 5, 8 or 9;
  - 8.5 Benefits 6 or 7 payable for a fractional part of a week will be indemnified on the basis of one-seventh of the applicable weekly benefit for each day of disablement for which **Underwriters** are liable;
  - 8.7 From the date at which the **Insured Person** is determined to be **Permanently Totally Disabled**, benefits 6 or 7 will cease with effect from that date;
  - 8.8 In the case of benefit 1 of the Schedule of Compensation not being insured, no compensation will be payable in respect of benefits 2 or 3 or 4 or 5 or 8 or 9, in the event that an **Accident** gives rise to the death of the **Insured Person**;
  - 8.9 The total sum payable under items 1 or 2 or 3 or 4 or 5 or 8 or 9 in respect of one or more claims will not exceed in all the largest benefit under any one of the items 1 or 2 or 3 or 4 or 5 or 8 or 9 contained in the Schedule of Compensation.
9. The **Certificate of Insurance**, including any **Endorsement** and policy wording attachment and proposal form, if any, forms the entire contract. No change in this will be valid until approved by **Us** on behalf of the **Underwriters** and unless such approval has been endorsed hereon or attached hereto these documents. No person has authority to change this insurance or any of its terms or conditions, other than authorised signatories of **Us**.
9. Any fraud, concealment, or deliberate misstatement either in the application on which this insurance is based or in relation to any other matter affecting this insurance or in connection with the making of any claim hereunder shall render this insurance null and void and all claims hereunder shall be forfeited.
  - i. If the **Insured Person** makes a fraudulent claim under this insurance contract, then the **Underwriters**:
    - (a) Are not liable to pay the claim; and
    - (b) May recover from the **Insured Person** any sums paid by the **Underwriters** to them in respect of the claim; and
    - (c) May by notice to the **Insured Person** treat the contract as having been terminated with effect from the time of the fraudulent act.
  - ii. If the **Underwriters** exercise their right under clause i(c) above:
    - (a) The **Underwriters** will not be liable to the **Insured Person** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to the **Underwriters'** liability under the

insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,  
(b) The **Underwriters** will not return any of the premiums paid.

#### Fraudulent claims – group insurance

If this insurance contract provides cover for any person who is not a party to the contract (“a covered person”), and a fraudulent claim is made under the contract by or on behalf of a covered person, the **Underwriters** may exercise the rights set out in clause (1) above as if there were an individual insurance contract between the **Underwriters** and the covered person. However, the exercise of any of those rights will not affect the cover provided under the contract for any other person.

Nothing in these clauses is intended to vary the position under the Insurance Act 2015.

11. If the **Insured Person** shall engages in any occupation, sport, pastime or activity in which greater risk may be incurred than in the usual occupation stated in the **Certificate of Insurance** without first notifying **Us** and obtaining **Our** written agreement, on behalf of **Underwriters** (and subject to the payment of any additional premium as the **Underwriters** may reasonably require as the consideration for such agreement), then no claim will be payable in respect of any **Bodily Injury** or **Illness** arising out of or in the course of such occupation, sport, pastime or activity.

12. Cancellation:

The **Assured/Insured Person** may cancel cover up to 14 days after purchase of this policy, subject to no claim having been made under this cover, and the **Underwriters** will refund any premium paid (cooling off period). To cancel, please contact Strategic Insurance Services Limited.

The **Assured** or **Insured Person** may cancel this insurance at any other time, outside of the cooling off period, by giving 7 days' written notice or surrender of the policy. 7 days written notice must be given to Strategic Insurance Services Limited. Any premium due for time on risk will be calculated on a short rate proportional basis, or as deemed appropriate by **Us**. For example, if the **Assured/Insured Person** has been covered for six (6) months, the deduction for the time on cover will be half the annual premium.

The **Underwriters** can cancel this insurance by giving the **Assured/Insured Person** thirty (30) days' notice in writing. The **Underwriters** will only do this for a valid reason. Examples of valid reasons include, but are not limited to:

- non payment of premium (and the **Assured/Insured Person** has not rectified this within the time allowed);
- a change in risk occurring which means that the **Underwriters** can no longer provide the **Assured/Insured Person** with insurance cover;
- non-cooperation or failure to supply any information or documentation the **Underwriters** request; or
- threatening or abusive behaviour or the use of threatening or abusive language.

## Scale of Permanent Disabilities

The percentage of the sum insured under Items 2, 3, 4 or 5 in the Schedule of Compensation in respect of Permanent Total or Permanent Partial Disablement will be as follows:

### Permanent Total Disablement

Total loss of sight of both eyes .....	100%
Total incurable insanity .....	100%
Loss of both arms or both hands .....	100%
Complete deafness of both ears, of traumatic origin.....	50%
Removal of lower jaw .....	50%
Loss of speech.....	50%
Loss of one arm and one leg.....	100%
Loss of one arm and one foot .....	100%
Loss of one hand and one foot.....	100%
Loss of one hand and one leg.....	100%
Loss of both legs.....	100%
Loss of both feet .....	100%

### Permanent Disablement – Head

Loss of osseous substance of the skull in all its thickness	
surface of at least 6 sq. cm.....	20%
surface of 3 to 6 sq. cm.....	10%
surface of less than 3 sq. cm.....	10%
Partial removal of the lower jaw, rising section in its entirety or half of the maxillary bone.....	20%
Loss of one eye .....	40%
Complete deafness of one ear .....	10%

### Permanent Partial Disablement - Upper Limb

	Right	Left
Loss of one arm or one hand	50%.....	40%
Considerable loss of osseous substance of the arm (definite and incurable lesion)	30%.....	20%
Total paralysis of the upper limb (incurable lesion of the nerves)	45%.....	35%
Total paralysis of the circumflex nerve	15%.....	10%
Shoulder ankylosis	20%.....	15%
Elbow ankylosis – in favourable position (15% degrees round the right angle)	15%.....	10%
In unfavourable position	25%.....	20%
Extensive loss of osseous substance of the two bones of the forearm (definite and incurable lesion)	20%.....	15%
Total paralysis of the median nerve	25%.....	15%
Total paralysis of the radial nerve at the torsion cradle	25%.....	20%
Total paralysis of the forearm radial nerve	20%.....	15%
Total paralysis of the hand radial nerve	15%.....	10%
Total paralysis of the cubital nerve	20%.....	15%
Ankylosis of the wrist in favourable position (straight and in pronation)	15%.....	10%
Ankylosis of the wrist in unfavourable position (flexion of strained extension or supine position)	20%.....	15%
Total loss of thumb	15%.....	10%
Partial loss of thumb (ungual phalanx)	10%.....	5%
Total ankylosis of thumb	15%.....	10%
Total amputation of forefinger	10%.....	5%
Amputation of two phalanges of forefinger	10%.....	8%
Amputation of the unguial phalanx of Forefinger	5%.....	3%
Simultaneous amputation of thumb and Forefinger	25%.....	15%
Amputation of thumb and a finger other than forefinger	15%.....	10%

Amputation of two fingers other than thumb and forefinger	10%	6%
Amputation of three fingers other than thumb and forefinger	15%	10%
Amputation of four fingers including thumb	25%	15%
Amputation of four fingers excluding thumb	15%	10%
Amputation of median finger	10%	8%
Amputation of a finger other than thumb, forefinger and median	7%	3%

#### Permanent Partial Disablement - Lower Limbs

Amputation of thigh (upper half)	60%
Amputation of thigh (lower half) and leg	50%
Total loss of foot (tibio-tarsal disarticulation)	35%
Partial loss of foot (sub-ankle-bone disarticulation)	25%
Partial loss of foot (medio-tarsal disarticulation)	20%
Partial loss of foot (tarso-metatarsal disarticulation)	15%
Total paralysis of lower limb (incurable nerve lesion)	60%
Complete paralysis of the external popliteal sciatic nerve	20%
Complete paralysis of the internal popliteal sciatic nerve	15%
Complete paralysis of two nerves (popliteal sciatic external and internal)	25%
Anchylosis of the hip	25%
Anchylosis of the knee	15%
Loss of osseous substance from the thigh or both bones of the leg (incurable condition)	35%
Loss of osseous substance of the knee-pan with considerable separation of the fragments and considerable difficulty of movements in stretching the leg	25%
Loss of osseous substance of the knee-pan while the movements are preserved	15%
Shortening of the lower limb by at least 5 cm	30%
Shortening of the lower limb by 3 to 5 cm	20%
Shortening by 1 to 3 cm	10%
Total amputation of all the toes	15%
Amputation of four toes including big toe	10%
Amputation of four toes	10%
Anchylosis of the big toe	10%
Amputation of two toes	5%
Amputation of one toe other than big toe	3%

Anchylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) will only entitle to 50% of the compensation, which would be due for the loss of these parts of the body the said members.

Permanent disabilities not mentioned above will be compensated in accordance with their seriousness as compared with that of those mentioned, the occupation of the **Insured Person** not being taken into consideration.

The partial or total "functional" disablement, not specifically dealt with in the Scale of Permanent Disabilities, of a limb or an organ is treated like the partial or total loss of the said limb or organ.

The total compensation payable in respect of several disablements due to the same **Accident**, is arrived at by adding together the various sums, sums, but will not exceed the total sum insured under Item 2 of the Schedule of Compensation.

If the **Insured Person** is left-handed the percentage set out above for the various disabilities of the right upper limb and left upper limb will be transposed.



## Exclusions

This insurance does not cover death or disablement directly or indirectly arising out of or consequent upon or contributed to by:

1. Nuclear reaction, nuclear radiation or radioactive contamination
2. The **Insured Person** committing suicide or attempted suicide or committing or attempting to commit an intentional self-injury;
3. The **Insured Person** being incapable due wholly or partly to mental **Illness** or emotional or behavioural conditions;
4. The **Insured Person's** deliberate exposure to exceptional danger (except in an attempt to save human life), or the **Insured Person's** own criminal act;
5. The **Insured Person** being under the influence of alcohol exceeding those levels defined by law for the use of a motor vehicle in the country in which the **Insured Person** is domiciled;
6. The **Insured Person** being under the influence of drugs or narcotics that are not lawfully available or which have not been prescribed by or taken in accordance with the instructions of an independent qualified medical practitioner;
7. The **Insured Person's Temporary Total Disablement** arising from pregnancy, childbirth, miscarriage or abortion; the **Insured Person's Permanent Total Disablement** arising from pregnancy, childbirth, miscarriage or abortion unless such **Permanent Total Disablement** is caused by a medical complication;
8. The death of the **Insured Person** arising from **Illness**;
9. The **Insured Person** engaging in or taking part in naval, military or air force service or operations;
10. The **Insured Person** committing or attempting to commit a criminal act;
11. A **Pre-existing Condition**. However, injury or **Illness** for which treatment has not been rendered received or treatment or advice medically recommended during the thirty (30) consecutive months prior to the date of entry of the **Insured Person** into this insurance, will not be considered a **Pre-existing Condition** unless otherwise specifically excluded.
12. **Illness** sustained after an **Insured Person's** 65th birthday.
13. Human Immunodeficiency Virus (HIV) and/or HIV related **Illnesses** including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof, however caused.
14. Sanction Limitation and Exclusion Clause: No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
15. Nuclear/Chemical/Biological Terrorism Exclusion: It is agreed that, regardless of any contributory cause(s), this insurance does not cover any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.  
For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of violence and/or the threat thereof, of any person or group(s) of persons, whether acting or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
16. War, Terrorism and Mass Destruction Exclusion: Notwithstanding any provision to the contrary within this policy wording or any **Endorsement** thereto, it is agreed that This cover excludes any loss or expense of any nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss or expense;
  1. War, hostilities or warlike operations (whether war be declared or not);
  2. Invasion;
  3. Act of an enemy foreign to the nationality of the **Insured Person** or the country in, or over, which the act occurs;
  4. Civil war;
  5. Riot;
  6. Rebellion;
  7. Insurrection;
  8. Revolution;
  9. Overthrow of the legally constituted government;

10. Civil commotion assuming the proportions of, or amounting to, an uprising;
11. Military or usurped power;
12. Explosions of war weapons;
13. Utilisation of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined;
14. Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the **Insured Person** whether war be declared with that state or not;
15. Terrorist activity.

For the purpose of this exclusion;

- i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).
  - ii) Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
  - iii) Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
  - iv) Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.
17. Any benefits for **Bodily Injury** or **Illness** accidentally caused by the use of, or inability to use, any application, software or programme in connection with any electronic device (for example a computer, laptop, smartphone, tablet or internet-capable electronic device) that are caused by a deliberate, unauthorised, malicious or criminal acts.

Also excluded hereon is any loss or expense of any nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of (1) to (17) above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder will remain in full force and effect.

### General Conditions

Reasonable Precaution: The **Insured Person** must at all times take reasonable precautions to prevent accidents, loss, destruction or damage.

Claims: On the happening of any event likely to give rise to a claim the **Insured Person** must shall:

- (a) provide written notice to the **Underwriters** as soon as reasonably practical and provide all particulars and evidence documentary and otherwise at the expense of the **Insured Person** and do all such things as the **Underwriters** may reasonably require.
- (b) when required the **Insured Person** must submit to medical examination on behalf of the **Underwriters** at the **Insured Person's** expense in respect of any alleged **Bodily Injury**, or **Illness**.

Multiple Coverage: If at the time any claim arises there is any other insurance covering the same loss, the **Underwriters** shall not be liable to pay or contribute more than its rateable proportion of any such claim and costs and expenses in connection therewith.

Cancellation: The **Assured** may cancel this insurance at any time by giving 7 days' written notice or surrender of the policy. 7 days written notice must be given to **Us**. Any premium due for time on risk will be calculated on a short rate pro-rata basis, or as deemed appropriate by **Us**. Utmost Good Faith: The due observance and fulfilment of the terms, conditions and limitations of this cover insofar as they relate to anything to be done or complied with by the **Insured Person** and the truth of the statements and answers in the said Proposal shall be conditions precedent to any liability of the **Underwriters** to make any payment under this insurance The **Assured** must inform **Us** as soon as reasonably practicable of any change of risk relating to the **Insured Person** including change of residence, usual occupation (as stated in the **Certificate of Insurance** attached hereto) or immediately upon ceasing to be employed or upon retirement.

If the **Assured/Insured Person** wishes to make a complaint, they can do so at any time by referring the matter to:

Strategic Insurance Services Limited/Expatriate Group  
Delmon House,  
36-38 Church Road,  
Burgess Hill,  
West Sussex,  
RH15 9AE  
United Kingdom  
Tel: +44 (0)20 3551 6634  
Fax: +44 (0)870 428 5141  
Email: [info@expatriategroup.com](mailto:info@expatriategroup.com)

If, having taken this action, the **Assured/Insured Person** still feels their complaint has not been handled satisfactorily they may be able to seek assistance from the UK Financial Ombudsman Service; their contact details are:

The Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR  
Tel: 0800 023 4567 (calls to this number are free from “fixed lines” in the UK)  
Tel: 0300 123 9123 (calls to this number cost the same as 01 and 02 numbers on mobile phone tariffs in the UK) Email:  
[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

If **You** purchased this insurance online **You** can also make a complaint via the EU’s online dispute resolution (ODR) platform. The website for the ODR platform is: <http://ec.europa.eu/odr> This complaints procedure does not affect **Your** right to take legal action.

Several Liability Notice: The subscribing insurers’ obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

Choice of law: The **Assured/Insured Person** and the **Underwriters** are free to choose the law applicable to this insurance. Unless specifically agreed to the contrary this insurance will be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England and Wales.

Third Parties: The only parties to this contract are the **Assured** and **Us**. No other person, including the **Insured Person**, has any right under the contracts (Rights of Third Parties) Act 1999 to enforce this Policy or any part of it. A person who is not a party to this insurance has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

### **How to Contact Us**

**Your** policy is administered by Strategic Insurance Services Limited sometimes trading as Expatriate Group. The administrator's address is:

Strategic Insurance Services Limited/Expatriate Group  
Delmon House,  
36-38 Church Road, Burgess Hill,  
West Sussex, RH15 9AE  
United Kingdom

Tel: +44 (0)20 3551 6634

Email: [hello@expatriategroup.com](mailto:hello@expatriategroup.com)

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### **Your Data**

Please read the Data Protection Statement for full details of how we handle **Your** data and our Document Retention Policy.