

YOUR TRANSMED OPTIONS POLICY

The Transmed OPTIONS Policy is made up of several parts which must be read together as they form the contract. Please take the time to read it to make sure that it meets the needs of both the **Policyholder** and the **Insured Person** and that the terms, conditions and exclusions are understood.

The parts of this Policy are:

- This introduction, the Definitions, General Conditions, the various contact and procedural information, all of which apply to all Sections of this Policy.
- The Sections of cover as selected by the **Policyholder** including the Conditions applicable to each Section.
- The Schedule, which states information specific to the **Insured Person** and the **Policyholder** and lists the Sections and amounts of cover selected and the **Geographical Areas** in which this Policy applies.

This Policy is available to Haulage and Coach Operators and provides for various activities as follows:

UK / COUNTRY OF RESIDENCE COVER

- Section 2 - Hospital Benefit
- Section 3 - Replacement Driver
- Section 4 - Occupational Accident
- Section 8 - Baggage & Money
- Section 9 - Return Home Costs

INTERNATIONAL COVER

- Section 1 - Medical and other Expenses
- Section 2 - Hospital Benefit
- Section 3 - Replacement Driver
- Section 4 - Occupational Accident
- Section 8 - Baggage & Money
- Section 9 - Return Home Costs

PERSONAL ACCIDENT COVER

- Section 5 - Personal Accident 24/ 7 - (Optional)
- Section 5 - Illness Benefits - (Optional)
- Section 7 - Medical Loss of Licence - (Optional)

This policy may include any or all of the three categories above and be extended or amended at any time. Various discounts are available depending on circumstances. All Sections are optional other than, Section 1 is mandatory for International Cover, Section 6 cannot be included without Section 5 and Section 8 is available in conjunction with a package of the other Sections.

Summary of Cover and Units

UK and International Travel and Personal Accident Cover

Section	Cover	Limit per person	Deductibles
1	Medical and Other Expenses	£ 5,000,000	£ 100 Franchise
2	Hospital Benefit	£ 600 per unit (Maximum 5 units)	Nil Nil Franchise
3	Replacement Driver: Travel fare Additional expenses	£ 1,000 per unit £ 400 (Maximum 5 units)	£ 40 £ 40 Franchise
4	Occupational Accident a) Death b) Loss of Eye (one or both eyes) c) Loss of Limb (one or both limbs) d) Permanent Total Disablement	£ 10,000 per unit £ 10,000 per unit £ 10,000 per unit £ 10,000 per unit (Maximum 5 units)	Nil Nil Nil Nil Franchise
5	Personal Accident a) Death b) Loss of Eye (one or both eyes) c) Loss of Limb (one or both limbs) d) Permanent Total Disablement e) Temporary Total Disablement - £ 100 per week	£ 10,000 per unit £ 10,000 per unit £ 10,000 per unit £ 10,000 per unit £ 100 per week during the period of disablement (Maximum 5 units)	Nil Nil Nil Nil Nil Franchise
6	Illness a) Permanent Total Disablement b) Temporary Total Disablement	£ 10,000 per unit £ 100 per week during the period of disablement (Maximum 5 units)	Nil Nil Franchise
7	Medical Loss of Licence a) Groups b) Person 39 - 40 years of age c) Person 40 - 49 years of age d) Person 50 - 59 years of age	2-5 years of employment £ 300 Up to 10 years £ 1,000 Over 10 years £ 5,000 £ 10,000 per unit £ 7,500 per unit £ 5,000 per unit (Maximum 5 units)	Nil Nil Nil Nil Franchise
8	Personal Baggage & Money a) For each Driver and Crew member in respect of Valuables b) For each Crew member in respect of Money c) In respect of any one Single Item	£500 per insured person per unit £400 £200 (Maximum 5 units) £200	£ 25 £ 25 £ 25 £ 25 Excess
9	Return Home Costs	£ 500 per unit (Maximum 5 units)	£ 40 Franchise 48 hours in respect of the Vehicle breakdown

DEFINITIONS

Wherever the following words and phrases appear in this Policy they will always have the meanings shown below:-

Accident:

A sudden unexpected, unusual, specific, violent, external event which occurs at an identifiable time and place during the **Period of insurance**. Cover also includes an **Accident** resulting from a mishap to a conveyance in which the **Insured Person** is travelling and **Disappearance** (as defined herein).

Bodily Injury:

Identifiable physical injury which is caused by an **Accident** and solely and independently of any other cause, except **Illness** directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the **Insured Person's** death, **Loss of Eye(s)** or **Loss of Limb(s)** or disablement within 12 months from the date of the **Accident**.

Business Associate:

Anyone who works at the **Insured Person's** place of business and who, if both were away from work at the same time, would prevent the business from functioning properly.

Close Relative:

The **Insured Person's** husband, wife, parent, grandparent, parent-in-law, child, grandchild, brother, brother-in-law, sister, sister-in-law, fiancé(e), common law partner who is resident in the **Insured Person's** country of residence.

Consequential Loss:

Any other loss, damage or additional expense following on from the event for which the **Insured Person** is claiming is not covered under this Insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of **earnings** following **Bodily Injury** or **illness** other than a claim under Sections 5 or 6.

Crew:

Insured Person(s) being driver, second driver, relief driver, driver's mate, porter or other person(s), gainfully employed on the **Trip** by or for the **Policyholder**.

Disappearance:

If the **Insured Person** is not found within 12 months of disappearing and sufficient evidence is produced satisfactory to the **Insurers** that leads them inevitably to the conclusion that the **Insured Person** have sustained **Bodily Injury** and that such injury has caused the **Insured Person's** death, the **Insurers** shall forthwith pay any death benefit where applicable under this insurance provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the **Insurers** if the **Insured Person** is subsequently found to be living.

Earnings:

Insured person's total income (receipts) less expenses which is subject to personal taxation prior to deduction of personal allowances. It doesn't include any part of **earnings** which is not lost through incapacity (for example company dividends lost solely due to reduction in turnover or profit).

Geographical Areas:

- | | |
|---------|--|
| Area A | The country where the Insured Person normally lives. |
| Area BI | EU Only - All member countries of the European Union. |
| Area B | All countries in Western Europe to 25°E including Poland, Slovak Republic, Hungary, Romania and Bulgaria. |
| Area C | All countries in Eastern Europe including Turkey, Estonia, Latvia, Lithuania, Kaliningrad Region, Belarus, Ukraine, Moldova and beyond to 60° E. |
| Area D | All countries in North Africa bordering the Mediterranean and all countries in the Middle East to 60°E but excluding Iran and Iraq. |
| Area E | Worldwide only in respect of Sections 5, 6 & 7 of this Policy whilst not engaged in Occupational Duties |

DEFINITIONS CONTINUED

Home:

The address where the **Insured Person** normally lives.

Illness:

Sickness or disease of the **Insured Person** which solely and independently of any other cause first manifests itself during the **Period of Insurance** and causes the **Insured Person Permanent Total Disablement** or **Temporary Total Disablement** within 12 months after manifesting itself.

Intrinsic Value:

The actual cash value of the item at the time of loss or damage including appropriate deduction for wear and tear.

LGV or PCV:

Any **vehicle** defined as such in the latest United Kingdom road traffic legislations.

Loss of Eye(s):

Permanent loss of one or both eye(s) and includes the permanent and irrecoverable loss of sight of one or both eye(s).

Loss of Limb(s):

Permanent loss by physical separation of one or both hand(s) at or above the wrist or of one or both foot/feet at or above the ankle and includes the permanent and irrecoverable loss of use of hand(s), arm(s) or leg(s).

Material Fact:

A **Material Fact** is a fact known to the **Insured Person** and/or the **Policyholder** which is likely to influence **Our** acceptance or assessment of this insurance (for example the **Insured Person's** own state of health or that of a **Close Relative**). If there is any doubt as to whether a fact is a **Material Fact** then it should be disclosed.

Money:

Bank notes, currency notes, coins, cheques, postal or **money** orders, travel tickets, travelers cheques, fuel coupons Green card, food vouchers, passport, credit vouchers and driving licence carried by the **Insured Person** during the **Trip**.

Named Individual:

An **Insured Person** whose name is stated in the Policy Schedule to whom cover applies.

Occupational Duties:

Whilst engaged in the **Insured Person's** or **Crew's** occupation for and on behalf of the **Policyholder**.

Occupational Accident:

An **Accident** which occurs during the course of the **Occupational Duties** only.

Pair or Set:

Two or more items of personal effects which are complementary or used or worn together.

Period of Insurance:

From the commencement date to the expiry date at 12 midnight and as shown in the Policy Schedule, and any subsequent period for which the premium has been accepted and cover agreed by Transmed International.

Permanent Loss of Licence:

The **Insured Person's** irrevocable debarment for life by statutory requirements from holding a **LGV** or **PCV** driving licence.

DEFINITIONS CONTINUED

Permanent Total Disablement:

Disablement which entirely prevents the **Insured Person** from attending to any occupation for which the **Insured Person** is suited by training, education or experience and which lasts 12 months and at the end of that period is beyond hope of improvement.

Personal Baggage:

Suitcases and similar containers, their contents and articles carded or worn by the **Insured Person** including the **Insured Person's Valuables** but excluding **Money**, stamps, documents, dentures, contact or corneal lenses, hearing aids, fragile articles or business goods and samples.

Policyholder:

You or **Your** employer who is responsible for reimbursing **You** any benefit or expense **You** have incurred while working and for which cover is shown to be provided by this Policy.

Replacement Driver:

Driver or another **Crew** member suitably qualified to continue the work of an original **Insured Person** and whose absence through **Bodily Injury** or **Illness**, the subject of a claim hereunder, prevents the business from functioning properly.

Temporary Total Disablement:

Disablement which entirely prevents the **Insured Person** from attending to the **Insured Person's** business or occupation.

Trip:

A journey by the **Insured Person** involving the use of the **Vehicle** for the business purposes of the **Policyholder** whilst within the **Geographical Areas** selected and during the **Period of Insurance**.

Valuables:

Photographic, video, computer, electrical and electronic equipment, all audio and audio visual equipment and their media, mobile phones, telescopes, binoculars, sunglasses, watches, jewellery, furs, articles made from precious stones and metals and business tools.

Vehicle(s):

Haulage **vehicles** and coaches the owners/operators of which are covered under this insurance, for which the **vehicle** registration numbers or the number of unspecified **vehicles** have been declared to the **Insurers**.

We, Our, Us or Insurers:

UK Underwriting Ltd on behalf of Ageas Insurance Ltd.

Worldwide:

All countries excluding those excluded in Area D and excluding travel against Foreign/Commonwealth office advice.

Your Vehicle:

Haulage vehicles and coaches the Owners/operators of which are participants in the scheme, the vehicle registration numbers or the numbers of unspecified vehicles of which have been declared to the **Insurers**.

You/ Your/ Insured Person:

Drivers and **Crew** of haulage **vehicles** and coaches whose owners/operators are covered under this insurance and whose names and/or **vehicle** registration numbers and/or numbers of unspecified **vehicles** have been declared to the **Insurers**.

IMPORTANT

Please carefully read the cover and conditions set out in this insurance. If there is anything the **Insured Person** or the **Policyholder** do not understand please ask Transmed International.

In return for the correct premium, **We** will pay the **Policyholder** or their representative up to the amount set out in this insurance if a valid claim is made subject to the declaration, terms and conditions of this insurance.

WINDSCREEN DISCS - In order to help any **Insured Person** requiring urgent medical assistance, Windscreen Discs are issued with this Policy. The Disc should be placed somewhere conspicuous but unobtrusive, for example on a side window or outside the wiped area of the Windscreen where it will not obscure the driver's view. The languages on the Disc will inform others so that they can help the **Insured Person** in the event of a medical emergency. Replacement Discs are available at any time.

INSURERS

This insurance is arranged by Transmed International with UK Underwriting Ltd on behalf of:

Ageas insurance Ltd, registration number 354568, registered office: Ageas House, Tollgate, Eastleigh, Hampshire, SO53 3YA.

Transmed International, UK Underwriting Ltd. and Ageas Insurance Ltd are authorised and regulated by the Financial Services Authority (FSA). This can be checked on the FSA register by visiting <http://www.fsa.gov.uk/register/firmSearchForm.do> or by contacting them on 0845 606 1234.

COVER AND CONDITIONS FOR EACH INSURED PERSON

For Sections 2 to 9, the benefit limits stated are per unit of cover purchased. The Policy Schedule shows the number of units of cover purchased up to the maximum of 5 units.

SECTION 1 - MEDICAL AND OTHER EXPENSES - Up to £5,000,000

To pay the **Policyholder** up to the amount stated in the summary of cover and limits for:

1. The following expenses which have to be paid as the result of the **Insured Person's Illness** or **Bodily Injury** during the **Trip** provided the expenses are reasonable and necessary and authorised by the medical assistance company:
 - a) Expenses the **Insured Person** has to pay outside Area A, within 12 months of the start of the **Insured Person Bodily Injury** or **illness** for medical, surgical and hospital charges, emergency dental treatment (for pain relief), ambulances, nursing homes and nursing.
 - b) Extra accommodation expenses.
 - c) Extra travel and accommodation expenses for someone (being a **Close Relative**, friend or **Business Associate**) who either has to stay with the **Insured Person** or has to travel out to escort the **Insured Person Home** if he/she suffers serious **Bodily Injury** or **Illness**.
 - d) The extra cost of funeral expenses abroad or of bringing the **Insured Person's** body or ashes **Home**.
2. Extra travel expenses which are reasonable and necessary if the **Insured Person** has to return **Home** early because a **Close Relative** or **Business Associate** suffers serious **Illness**, **Bodily Injury** or **Death** during the **Trip**. Expenses must be authorised by the medical assistance company.
3. In respect of the reasonable additional cost if the **Insured Person** returns **Home** including, where appropriate, the use of an air ambulance, road ambulance or scheduled air tickets as a stretcher case, including the cost of medical attendance, provided the repatriation is considered necessary by the attending doctor and the **Insurers'** medical advisers.

SECTION 1 - Conditions

1. **We** will not pay claims under this Section caused directly or indirectly by:
 - a) any treatment or aid obtained in Area A, the country where the **Insured Person** normally lives,
 - b) any treatment or medication which at the time of departure is known to be required or continued during the **Trip**,
 - c) any medical expenses incurred more than 12 months after the date of the **Bodily Injury** or **Illness** to which the claim refers,
 - d) the cost of dentures, dental appliances, false limbs, hearing aids, contact or corneal lenses or spectacles (prescription or otherwise).
2. **We** will not pay for treatment or surgery when **Our** medical advisers believe it is not essential or could wait until the **Insured Person** returns **Home**.
3. **We** shall not be liable for any claim less than £100

SECTION 2 - HOSPITAL BENEFIT - Up to £600 per unit

The amount payable under this Section is intended to cover incidental expenses such as consumables and telephone costs and is in addition to any amount under Section 1. For every 24 hours that the **Insured Person** spends in hospital as an in-patient, as the result of the **Insured Person's Illness** or **Bodily Injury** during the **Trip**, **We** will pay £30 up to a maximum of £600 per unit.

In addition in Area A (if selected) **We** will pay up to £600 per unit for necessary extra travel and accommodation expenses for someone who either has to stay with the **Insured Person** or has to travel out to escort the **Insured Person Home** if he or she suffers serious **Bodily Injury** or **Illness**

SECTION 3 - REPLACEMENT DRIVER - Up to £1000 per unit

If it is necessary to send a **replacement driver** following a valid claim under Section 1 or Section 9 of this insurance, **We** shall provide to the **Policyholder**:

- a) reimbursement of such replacement's economy class air fare or 2nd class rail fare to the point at which the **Insured Person** was unable to continue the **Trip**, and
- b) reasonable additional expenses incurred in respect of either the cost of redeploying an employee of the **Policyholder** as a **replacement driver** or the cost of hiring in such replacement up to £400 per unit.

SECTION 3 - Conditions

1. **We** will not pay claims under this Section caused directly or indirectly by:
 - a) Expenses incurred more than 12 months after the date of the **Bodily Injury** or **Illness** to which the claim refers.
 - b) Treatment or surgery when **Our** medical advisers believe it is not essential or could wait until the **Insured Person** returns **Home**.
2. **We** shall not be liable for any claim less than £40.

SECTION 4 - OCCUPATIONAL ACCIDENT - Up to £10,000 per unit

If during the **Period of Insurance** the **Insured Person** suffers **Bodily Injury** as a result of an Occupational Accident resulting in the **Insured Person's Loss of Eye(s), Loss of Limb(s), Permanent Total Disablement** or death within 12 months, only as a result of the Occupational Accident, the **Insured Person** can claim one of the following amounts:-

- | | |
|---------------------------------------|---------|
| a) Death | £10,000 |
| b) Loss of Eye(s) | £10,000 |
| c) Loss of Limb(s) | £10,000 |
| d) Permanent Total Disablement | £10,000 |

SECTION 4 - Conditions

1. In the event of a claim a medical adviser or advisers appointed by **Us** shall be allowed to examine the **Insured Person** as often as **We** shall deem it necessary. (**We** will pay any reasonable costs and the **Insured Person's** expenses for these examinations if **We** accept the claim).
2. The **Insured Person** is not covered under this Section for any claim if:
 - a) it was caused by medical or surgical treatment unless it was necessary after an **Accident**.
 - b) at the time of the Occupational Accident the **Insured Person** was under the influence of alcohol or drugs, unless the drugs are prescribed by and taken on the instructions of a doctor, and not to treat drug addiction.

SECTION 5 - PERSONAL ACCIDENT - Up to £10,000 per unit

If during the **Period of Insurance** the **Insured Person** suffers **Bodily Injury** as a result of an **Accident** resulting in the **Insured Person's Loss of Eye(s), Loss of Limb(s), Temporary Total Disablement, Permanent Total Disablement** or death within 12 months, only as a result of the **Accident**, the **Insured Person** can claim one of the following amounts:-

- | | |
|---------------------------------------|---|
| a) Death | £10,000 |
| b) Loss of Eye(s) | £10,000 |
| c) Loss of Limb(s) | £10,000 |
| d) Permanent Total Disablement | £10,000 |
| e) Temporary Total Disablement | £100 (per week) during the period of disablement maximum 52 weeks commencing from the date benefit becomes payable. - excluding 14 days at the start of each period of Temporary Total Disablement . |

SECTION 6 - ILLNESS BENEFITS - Up to £10,000 per unit

If during the **Period of Insurance** the **Insured Person** suffers **Illness** and as a result he/she suffers **Temporary Total Disablement** or **Permanent Total Disablement** within 12 months, only as a result of the **Illness**, the **Insured Person** can claim one of the following amounts:-

- a) **Permanent Total Disablement** £10,000
- b) **Temporary Total Disablement** £100 (per week) during the period of disablement maximum 52 weeks commencing from the date benefit becomes payable. - excluding 14 days at the start of each period of **Temporary Total Disablement**.

SECTIONS 5 and 6 Conditions

1. **Temporary Total Disablement** benefit is subject to the maximum amount not exceeding two thirds of the **Insured Person's** gross weekly earnings prior to the **Accident** or the **Illness**.
2. **We** will not pay more than one benefit arising out of any one incident.
3. In the event of a claim the medical adviser or medical advisers appointed by **Us** shall be allowed as often as **We** shall deem it necessary to examine the **Insured Person**. (**We** will pay any costs and the **Insured Person's** expenses for these examinations if **We** accept the **Insured Person's** claim).
4. The **Insured Person** is not covered under this section for any claim if:
 - a) it was caused by medical or surgical treatment unless it was necessary after an **Accident**.
 - b) at the time of the **Accident** the **Insured Person** was under the influence of alcohol or drugs, unless the drugs are prescribed by and taken on the instructions of a doctor, except to treat drug addiction.

SECTION 7 - MEDICAL LOSS OF LICENCE - Up to the amount stated in the Policy Schedule

If during the **Period of Insurance** the **Insured Person** suffers **Bodily Injury** as a result of an **Accident** or the **Insured Person** first contracts any **Illness** which results in the **Permanent Loss of Licence** **We** will pay the **Insured Person** the benefit shown in the Policy Schedule.

Provided always that:

1. The loss of such licence shall occur within 12 months of the **Accident** or **Illness** giving rise to such loss.
2. **We** shall not be liable to pay benefit in respect of loss of such licence arising solely as a result of any changes in medical standards imposed by the licensing authorities or any other competent authority or government subsequent to the granting or last renewal of the **Insured Person's** licence,
3. All rights to any payment of benefit cease on the **Insured Person** attaining age 61 years or on the **Insured Person's** death.
4. **Our** liability in respect of loss of sight shall attach solely as the result of inoperable glaucoma or cataract causing total and irrecoverable loss of sight of one or both eyes.
5. The **Insured Person** shall at the time of the **Accident** or of the **Illness** be in sole and full-time employment as an **LGV** driver or **PCV** driver and the loss of such licence shall consequently result in the loss of the **Insured Person's** employment as such.

SECTION 7 - Conditions

1. In the event of the loss of the said licence the **Insured Person** shall within 30 days of the happening of such event give written notice thereof to **Us** and shall state the reasons for such loss so far as these are known to the **Insured Person**.
2. **We** shall be at liberty at **Our** own expense:
 - a) to appeal against any such loss in the **Insured Person's** and the **Policyholder's** name and all parties shall give all possible assistance and information to **Us** and to **Our** representatives in and about the preparation for and conduct of such appeal;

SECTION 7 - Conditions CONTINUED

- to secure medical treatment to be undergone by the **Insured Person** in an attempt to enable renewal or reinstatement of the licence. The **Insured Person** shall give all possible assistance to this end but in the event of any disagreement between the **Insured Person**, the **Policyholder** and **Us** arising out of the operation of this condition, the medical treatment shall be subject to the recommendations of the majority of a panel of medical referees (experienced in the Medical Examination for **LGV** and **PCV** driving licences) one to be nominated by **Us**, one by the **Policyholder** and an umpire appointed by such nominees.
3. The **Policyholder** and the **Insured Person** hereby irrevocably authorise:
 - a) **Us** to seek the opinion of the Principal Medical Officer of the appropriate licence authority (or other appropriate Medical Officer appointed by the said authority for the purpose) as to whether the **Insured Person** is able to obtain the renewal of the licence, and
 - b) the said Officer to express and communicate such opinion to **Us** and in this connection the **Insured Person** and/or the **Policyholder** shall give such further written or other consents thereto as the said authority may from time to time require.
 4. **We** shall not be obliged to effect settlement under this insurance until a period of 365 days has elapsed from the date on which the **Insured Person** is first denied continuance of the licence.

SECTION 8 - BAGGAGE & MONEY - up to £500 per Insured Person per unit

1. **We** will pay the **Policyholder** in respect of accidental loss, theft of or damage to the **Insured Person's Personal Baggage** & personal effects during the **Trip**, subject to a maximum payment of:
 - a) £200 in respect of any one single item, **Pair or Set** (irrespective of the number of units), and
 - b) £400 per unit overall for each Driver and **Crew** member in respect of **Valuables**.

In the event of the purchase of a comparable replacement for the lost item **We** will pay the replacement cost provided the lost item was not more than 2 years old at the date of loss. If the **Insured Person** cannot prove the age of the lost item, if the item is more than 2 years old or if the item has not been replaced, **We** will deal with the claim on the basis of the **Intrinsic Value** of the item, or the cost of repair, whichever is the lesser. If any item is proven to be beyond economical repair a claim will be dealt with under this insurance as if the item had been lost.

2. **We** will pay the **Policyholder** in respect of accidental loss or theft of the **Insured Person's Money** during the **Trip**. There is a limit of £200 per unit for each **Crew** member in respect of **Money**.

SECTION 8 - Conditions

1. **We** will not pay claims caused directly or indirectly by:
 - a) loss or theft
 - i) unless it is reported to the Police within 24 hours of discovery, and
 - ii) the Police Report is provided to **Us**;
 - b) breakage of or damage to fragile items, audio, video and computer equipment (Including satellite navigation systems not fitted in the **Vehicle**) and any consequence thereof (unless the breakage and/or damage is caused by a malicious or criminal act);
 - c) loss or damage caused by delay, wear and tear, moth, vermin, atmospheric or climatic conditions, deterioration or mechanical derangement of any kind;
 - d) loss or theft from any unaccompanied **Vehicle** being repatriated to the country where the **Insured Person** normally lives;
 - e) loss, theft of or damage to **Valuables** or **Money** if left unattended;
 - f) any loss resulting from loss or theft of credit cards.
2. **We** will not pay claims for the following:
 - a) parts and accessories fitted to the **Vehicle**;
 - b) **vehicle** audio and visual equipment or telecommunications equipment, whether or not fitted to the **Vehicle**;
 - c) contact or corneal lenses, unset precious stones, securities, deeds or documents.

SECTION 8 – Conditions CONTINUED

3. In respect of a Pair or Set of articles We shall only be liable for the value of that part of the Pair or Set which is lost, stolen or damaged.
4. The **Policyholder** and the **Insured Person** must observe ordinary and proper care in the supervision of the insured property and in all cases of loss, theft or damage act as if uninsured.
5. If items are lost, stolen or damaged in transit a claim should immediately be made on the carrier and a report obtained.
6. Any damaged property must be retained by the **Insured Person** for inspection by **Us** at any time should this be required and in the event of payment being made, such property shall belong to **Us**.
7. **We** shall not pay the first £25 of each and every claim.

SECTION 9 – RETURN HOME COSTS - Up to £500 per unit

We will pay the reasonable costs of returning the **Insured Person Home** following an **Occupational Accident**, or **Illness**, breakdown and/or theft of the **Vehicle** involving a 48 hours delay which renders the **Vehicle** undriveable, or has involved a hospital stay or the use of a **Replacement Driver**, with the **Vehicle** no longer available to provide the return journey **Home**.

SECTION 9 - Conditions

We will not be liable for any claim less than £40.

GENERAL CONDITIONS APPLYING TO ALL SECTIONS

1. The **Insured Person** must disclose all **Material Facts** and tell **Us** of any changes, which may affect **Our** decision. Failure to do so may affect the **Insured Person's** rights under this Insurance. Following a change in a **Material Fact** disclosed to **Us** by the **Insured Person** during the **Period of Insurance**, **We** reserve the right to amend or cancel the insurance, providing the **Insured Person** with a pro-rata refund of premium. Each **Trip** by each **Vehicle** is deemed to be a separate risk for the purposes of **Material Facts** and limits of liability.
2. The **Insured Person** and the **Policyholder** must do all that they reasonably can to keep claims as low as possible and to prevent theft, loss and damage.
3. The **Insured Person** and the **Policyholder** must take all reasonable and proper care to safeguard against **Accident**, **Illness**, theft, loss of or damage to the **Insured Person's** property, as if this Insurance was not in force. Failure to do so may prejudice the **Insured Person's** position under this Insurance.
4. If **We** pay any expenses which are not covered by this Insurance, the **Insured Person** or the **Policyholder** must reimburse **Us** within a month of payment.
5. **We** may take action against someone in the **Insured Person's** name to get compensation or security for loss, damage or expenses covered by this insurance. The **Insured Person** will not pay towards this action, but any amount or security handed over will belong to **Us**.
6. This Policy shall be governed and construed in accordance with the Law of England and Wales unless the **Policyholder's** habitual residence (in the case of an individual) or central administration and/or place of establishment is located in Scotland or in the Channel Islands in which case the law governing the place of habitual residence or of administration/establishment shall apply.
7. If the **Insured Person** or the **Policyholder** or anyone acting for the **Insured Person** or the **Policyholder** deliberately makes a fraudulent or false claim or statement, **We** will not pay any claims and this insurance shall be invalid.
8. All the sums insured and limits set out in this Policy include VAT
9. The premium for this insurance includes insurance premium tax where necessary.
10. The **Insured Person** must immediately notify **Us** in the event of any occurrence likely to give rise to a claim under this insurance in accordance with the instructions contained in this document but in any event within 31 days of expiry of this insurance.
11. In the event of the **Insured Person's** death, **We** shall have the right to have a post mortem carried out at **Our** expense.
12. Maximum 60 years of age at the time of effecting Cover under Sections 5, 6 and/or 7 of this Policy.

EXCLUSIONS THAT APPLY TO ALL SECTIONS OF THIS INSURANCE

We will not pay for any claim arising directly or indirectly from:

1. The **Insured Person's** travelling against any health requirements stipulated by the carrier, their handing agents or any other public transport provider.
2. Any medical condition of a person who at the time of issue of this Policy is receiving, on a waiting list for, or has knowledge of the need for, in-patient treatment at a hospital or nursing home."
3. The **Insured Person** taking part in any activity not consistent with the **Insured Person's employment** as haulage or coach driver or **crew**, other than amateur activities when undertaken during a business **Trip** covered under this insurance.
4. The **Insured Person** taking part in manual work in connection with a profession, business or trade other than in connection with the **Insured Person's** occupation as **Vehicle Driver** or **Crew**.
5. Aerial activities and aviation (other than solely as a fare paying passenger in an aircraft flown by a pilot holding a valid pilot's license).
6. Losses arising from **Accidents** on two wheeled motorised **Vehicles** or quad bikes unless, at the time of the **Accident**, the driver is fully qualified, is in possession of a current full UK driving license and the driver and any passenger are wearing crash helmets
7. Losses arising from **Accidents** on two wheeled motorised **Vehicles** or quad bikes over 125cc (unless the appropriate premium has been paid)
8. From suicide or willfully self-inflicted injury or **Illness**, anxiety, stress or depression, sexually transmitted diseases, alcoholism, drunkenness or the use of drugs (other than drugs taken in accordance with the treatment prescribed and directed by a registered **Medical Practitioner** but not for the treatment of drug addiction), or any loss arising directly or indirectly from any injury, **Illness**, death, loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or HIV related **Illness** including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused.
9. Self-exposure to needless peril (except in an attempt to save human life), or the **Insured Person** engaging in any criminal or illegal act.
10. From war, invasion, terrorism, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or local authority or radioactive contamination of any description however caused.
11. From loss or damage in respect of any property more specifically insured elsewhere or any claim recoverable under Insurance. This does not apply to Personal Accident, **Illness** or Loss of Licence.
12. From claims increased by the **Insured Person's** own act or omission.
13. From **Consequential Loss** of any nature, except as may be specifically provided for in this insurance.
14. From the **Insured Person** travelling against Foreign Office advice.
15. By ionising radiation or radioactive contamination from nuclear fuel or nuclear waste, or any risk from nuclear equipment
16. . By pressure waves caused by aircraft or other flying objects travelling at sonic or super sonic speeds
17. From pre-existing conditions sufficient to prevent the continuance by the Licensing Authority or any other competent authority of the Insured Person's LGV or PCV licence.

IMPORTANT CONTACT INFORMATION

National and International LGV and PCV Operators
Accident Illness Medical Emergency and Repatriation Services



Transmed International
Link House, The Broadway
Surbiton, Surrey KT6 7HT
T +44 (0)8456 121003
F +44 (0)20 8339 6001
E enquiries@transmed.co.uk
W www.transmed.co.uk

Effected through:

24 Hour Medical Assistance Service:

In the event of a medical emergency covered by this insurance, a 24 Hour telephone service is operated for the **Insured Person's** benefit. It is important to note that this service applies to medical emergencies arising within the **Geographical Areas** selected and during a **Trip** in the course of the **Insured Person's** employment as **LGV or PCV Driver or Crew** or as a **Named Individual**. If the **Insured Person** receives outpatient hospital treatment or are admitted to a hospital, clinic or nursing home in such circumstances and are likely to be detained for more than 48 hours, someone must contact the emergency assistance company immediately on the **Insured Person's** behalf and quote reference number: 00510.

Global Response

(for inpatient treatment anywhere in the Geographical Limits and outpatient treatment in the UK)

T +44 (0)113 318 0175
F +44 (0)113 318 0176
E operations@global-response.co.uk

Note: The **Insured Person** must retain receipts for medical and additional costs incurred.

Healthwatch S.A.

(for outpatient treatment anywhere in the Geographical Limits except the UK)

T +44 (0)113 318 0124
F +44 (0)113 318 0125
E newcase@healthwatch.gr

Note: The **Insured Person** must retain receipts for medical and additional costs incurred.

We will also need the following information:

- **Insured Person's** name and **Vehicle** registration number
- The **Policyholder's** name and telephone number and/or fax number and/or E-mail address
- The location telephone number or fax number where the **Insured Person** is
- The **Insured Person's** Transmed Policy Number
- The date of the **Insured Person's** departure at the start of the **Trip**
- The type of help the **Insured Person** needs

The Global Response service is only for real medical emergencies and provides assistance in the following areas:

- Liaison with doctors and hospitals
- Guarantee of Medical Charges
- Emergency Repatriation (where necessary) to the **Insured Person's Home**
- Liaison with the **Policyholder** and/or relatives in the UK

CLAIMS PROCEDURE

To make a claim, on the **Insured Person's** return **Home**, please contact the Broker or **Us** for a claim form and **We** will arrange for one to be sent to the **Insured Person** or the **Policyholder** as required. **Our** contact details are:

Transmed International
Link House
The Broadway
Surbiton
Surrey
KT6 7HT
T +44 (0)8456 121003
F +44 (0)20 8339 6001
E enquiries@transmed.co.uk
W www.transmed.co.uk

Always quote Transmed International, the Policy Number and the journey departure date. Forward the completed claim form together with receipts or accounts for expenses incurred to Transmed International (as above). All the certifications, accounts, receipts, information and evidence the **Policyholder** and/or the **Insured Person** sends must be in the form the Insurer or their appointed representative asks for. Always send originals but retain photocopies. The **Insured Person** or the **Policyholder** must pay any cost in providing these documents.

UK Underwriting Ltd is an **Insurers'** agent and in the matter of a claim act on behalf of Ageas Insurance Ltd.

COMPLAINTS PROCEDURE

It is **Our** intention always to provide the best possible service but if the **Policyholder** or the **Insured Person** has any questions or concerns about this insurance or the handling of a claim, in the first instance please contact the Principal of the administrators. The contact details are:-

Simon J Phelan - Principal
Transmed International
Link House
The Broadway
Surbiton
Surrey
KT6 7HT
T +44 (0)8456 121003
F +44 (0)20 8339 6001

Please ensure the Policy Number is quoted in all correspondence to assist a quick and efficient response.

In the event the **Policyholder** or the **Insured Person** remain dissatisfied and wish to make a complaint, either party can do so by contacting the following:-

Customer Relationship Manager
UK Underwriting Ltd
Cast House
Old Mill Business Park
Gibraltar Island Road
Leeds
LS10 1Rj

If it is not possible to reach an agreement, you have the right to make an appeal to the Financial Ombudsman Service. This also applies if you are insured in a business capacity and have an annual turnover of less than €2million and fewer than ten staff. You may contact the Financial Ombudsman Service at:-

Financial Ombudsman Service South Quay Plaza
183 Marsh Wall
Docklands
London E14 9SR
Tel: 0845 0801800

The adherence to the Complaints Procedure above does not affect the statutory rights of the **Policyholder** or the **Insured Person**. For further information about statutory rights contact the local authority Trading Standards Service or Citizens Advice Bureau.

CANCELLATION

We hope the **Policyholder** and **Insured Person** are happy with the cover this Policy provides. If after reading it however, this insurance does not meet with their requirements, please return it to Transmed International within 14 days of issue for full refund of paid premiums. If the **Policyholder** changes the Policy any resultant additional or return premium will be calculated on a pro rata basis.

Thereafter the **Policyholder** may cancel the Policy at any time. Please advise **Us** in writing.

The **Insurers** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by sending 14 days notice to the **Policyholder** at the last known address. Provided the premium has been paid in full the **Policyholder** shall be entitled to a proportionate refund of premium in respect of the unexpired period showing on this insurance.

COMPENSATION SCHEME

Transmed International, UKU and Ageas Insurance Ltd. are covered by the Financial Services Compensation Scheme (FSCS). The **Policyholder** and/or the **Insured Person** may be entitled to compensation from the Scheme, if Transmed International, UKU or Ageas Insurance Ltd. cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim. More information is available about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk

DATA PROTECTION ACT 1998

Please note that any information provided to **Us** will be processed by **Us** and **Our** agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties.

We may also send the information, in confidence, for process to other companies acting on their instruction including those located outside the European Economic Area.

RECIPROCAL HEALTH AGREEMENT

If the **Insured Person** is travelling to a European Union country, he/she is strongly advised to obtain an EHIC (European Health Insurance Card) online: <http://www.ehic.org> by telephoning: 0845 606 2030 or from the local post office. This will entitle the **Insured Person** to benefit from the reciprocal health arrangements, which exist between European Union countries.