

Blue Badge

Mobility Insurance



Enabling Your Independence



Mobility Insurance

Mobility Scooter, Powerchair, Manual Wheelchair or Adapted Trike

Policy Document

CONTENTS

Contents.....	2
Introduction	4
Authorisation and regulation	4
Definitions.....	5
Section 1 – Liability for an accident.....	5
Section 2 - Loss or damage	6
Section 3 – Temporary use.....	7
Section 4 - New-for-old replacement.....	7
Section 5 – Injury to you or the user	7
Section 6 – Loss, theft or damage to personal belongings	8
Section 7 – Hire Costs.....	8
Section 8 - Hospital benefit.....	8
Section 9 - Personal Assault	9
Section 10- Cover outside the UK and during transportation.....	9
Section 11 – Recovery	9
Section 12 – Lost, Damaged or Stolen keys	10
Section 13 – Puncture repair	11
General exclusions to all sections	11
Claims	12
General conditions	13

AVAILABLE FROM BLUE BADGE MOBILITY INSURANCE

As well as our standard mobility insurance which protects you and your mobility equipment we have many other policies available to help insure your independence

A. MOBILITY INSURANCE EXTRAS

Recovery service

If you are out and about and your scooter or powerchair stops working we take you and your scooter/powerchair home safely.

Puncture Repair

Should your scooter or powerchair suffer from a puncture we will cover the cost to have the puncture repaired.

Lost Keys

If you lose or damage your keys we will cover the costs for replacing the keys and any locksmith charges should a security risk arise.

Check your schedule to see if you are covered. If you want to make any changes to your cover please call us on 01730 233 101.

B. OTHER POLICIES

Extended Warranty

Cover for mechanical breakdown of your scooter or powerchair

- ✓ Repair of your Scooter or Powerchair
- ✓ Electrical or mechanical breakdown
- ✓ Any callout charges to carry out the repairs
- ✓ All parts and labour required for the repairs

Home Equipment

Cover for your equipment round the home such as stairlift, riser chair and hoist

- ✓ Accidental damage (including fire & flood)
- ✓ The theft of your equipment
- ✓ Breakdown (parts, labour and callout)
- ✓ Any user of the equipment

Travel Insurance

Insurance to take the worry out of travelling

- ✓ Single Trip & Annual Multi-trip
- ✓ Wide-ranging cover
- ✓ Over 100 activities covered FREE
- ✓ 24hr medical emergency helpline

Home Contents

Cover for the contents of your home

- ✓ Loss or damage to your contents
- ✓ Replacement locks and keys
- ✓ Optional accidental damage cover
- ✓ Optional Personal possessions cover

For more information and an instant quote please call us on 01730 233 101.

INTRODUCTION

In return for payment of **your** premium **we** will provide the insurance cover detailed in this policy subject to the terms, conditions, and limitations shown below or amended in writing by **us** during the **period of insurance**.

Your policy is made up of:

- a) this document, which gives details of the insurance cover **you** have bought from **us**;
- b) the schedule, which contains **your** details, summarises the level of cover and the sections of this document which are included in **your** policy; and
- c) any amendments to the insurance that either **you** or **we** have told the other about.

You should read **your** policy carefully to make sure that:

- a) **you** understand the details of the cover;
- b) the policy meets **your** needs; and
- c) the details in the schedule are correct.

You should let **us** know as soon as possible if any of these are not true.

Each section in this document is split into:

- a) details of what **you** are covered for;
- b) details of what **you** are not covered for; and
- c) the limits of the cover provided.

Each of these only applies to the section in which it appears.

We also include general policy conditions that apply across the whole policy, unless **we** say otherwise.

We have tried to explain the policy as clearly as possible, however if **you** have any questions, please call Blue Badge Mobility Insurance on 01730 233 101.

AUTHORISATION AND REGULATION

This Mobility **scooter or wheelchair** Insurance is arranged by: Blue Badge Mobility Insurance with UK General Insurance Ltd on behalf of Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

UK General Insurance Limited and Blue Badge Mobility Insurance are authorised and regulated by the Financial Conduct Authority.

Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of their regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

DEFINITIONS

The following words or phrases have the meaning defined below whenever they appear in bold throughout this document.

Accident	An unplanned or unexpected incident that occurs at a specific time and place.
Accidental damage	Damage that has been caused by an accident .
Enabling Device	Any device (electronic or not) that is required to operate the scooter or wheelchair , the removal of which renders the scooter or wheelchair inoperable.
Family	Your relatives, or partner who normally lives with you .
Friend	Any person using your scooter or wheelchair with your permission and who is legally allowed to do so.
Home	The private dwelling shown on Your Policy Schedule
Immovable object	Any solid object that cannot be moved without damaging or destroying it.
Insured event	Loss or damage to your scooter or wheelchair caused by accidental damage , deliberate damage, as a result of natural causes (eg fire flood storm), or theft OR The accidental loss or theft of, or accidental damage to, any Insured Key(s) .
Insured key(s)	A key to any external door to Your Home , or Mobility scooter or other vehicle registered in your name including electronic key fobs and immobiliser keys.
Period of Insurance	The time from the start date shown on your schedule and: <ul style="list-style-type: none"> • the end date shown in the schedule; or • the date on which you or we cancel the policy; or • the date we pay a claim for Total Loss <p>whichever is earlier.</p>
Personal belongings	Items you own that you normally wear or carry.
Puncture	Unexpected deflation of a tyre on a Scooter or Wheelchair
Scooter or wheelchair	The mobility scooter or, power chair, manual wheelchair or disability adapted tricycle as detailed in the schedule
Total loss	Loss of or Damage to the mobility scooter or wheelchair caused by an insured event where the costs or repair are more than the insured value of the scooter or wheelchair .
Vehicle	A car or motorcycle registered in your name
We/Us/Our/Insurer	UK General Insurance Ltd on behalf of Great Lakes Insurance SE.
You/Your	The person shown in the schedule as the Insured. If you die or become incapable of managing your financial affairs, we will treat your executors as you for the purposes of any legal responsibility that may arise.

SECTION 1 – LIABILITY FOR AN ACCIDENT

A. WHAT ARE **YOU** COVERED FOR?

1. If while using **your scooter or wheelchair**, **you** or a **friend** cause an **accident** which results in an injury to someone else or which results in damage to someone else's property **we** will cover **your** legal responsibility

B. WHAT **YOU** ARE NOT COVERED FOR

1. If **you** or a **friend** have another insurance policy in place that provides this cover
2. Any **accident** that occurs in North America or Canada
3. Any accidental injury to someone **you** employ
4. Anyone who is travelling on **your scooter or wheelchair** as a passenger
5. Any **accident** that is as a result of **your scooter or wheelchair** being used to carry out any business related activities
6. Any **accident** caused by someone using the **scooter or wheelchair** without **your** permission, or someone who is not legally allowed to use the **scooter or wheelchair** either with or without **your** permission

C. WHAT ARE THE LIMITS OF THE COVER?

1. For a single specific **accident**, under this section, **we** will not pay more than £2,000,000

SECTION 2 - LOSS OR DAMAGE - COVER IS ONLY OPERATIVE IF SHOWN AS COVERED ON YOUR POLICY SCHEDULE

A. WHAT ARE **YOU** COVERED FOR?

1. The costs to repair damage to **your scooter or wheelchair** that was caused by an **insured event**
2. If **your scooter or wheelchair** is stolen **we** will pay the market rate, as determined by the claims administrator, for a replacement **scooter or wheelchair** of similar make, model and age
3. This cover also applies if **your scooter or wheelchair** is being used by a **friend**

B. WHAT ARE **YOU** NOT COVERED FOR?

1. Damage to **your scooter or wheelchair** that is caused by someone using the **scooter or wheelchair** whilst not legally allowed to do so, either with or without **your** permission (Not applicable if the scooter has been stolen)
2. Damage to **your scooter or wheelchair** that has been deliberately caused by **you**, a **friend** or **family** member
3. Theft of **your scooter or wheelchair** by a **friend** or **family** member
4. Theft of **your scooter or wheelchair** if unattended and the keys or **enabling device** are left with the **scooter or wheelchair**.
5. Damage to or loss of any accessories unless the **scooter or wheelchair** is lost or damaged at the same time as the **insured event**
6. Theft of **your scooter or wheelchair** whilst unattended for more than 1 hour unless **your scooter or wheelchair** is in a locked building, locked vehicle or locked to an **immovable object** by a padlock and chain
7. Damage to **your scooter or wheelchair** whilst left unattended and/or outside for more than 12 hours or overnight
8. Puncture repairs unless as a result of the insured event
9. Mechanical or electrical repairs unless as a result of the insured event
10. Any amount **you** can recover from anyone else or any other policy
11. Theft of **your scooter or wheelchair** that has not been reported to the police and a crime reference number obtained.

C. WHAT ARE THE LIMITS OF THE COVER?

1. The level of cover will depend on the value of **your scooter or wheelchair** and will be detailed in the schedule

SECTION 3 – TEMPORARY USE - COVER IS ONLY OPERATIVE IF SHOWN AS COVERED ON YOUR POLICY SCHEDULE

A. WHAT ARE **YOU** COVERED FOR?

1. If **your scooter or wheelchair** has been stolen, lost or damaged and **you** have temporary use of a **scooter or wheelchair** while yours is being repaired or replaced, then the cover under this policy will apply to the loaned item for the period of the loan

B. WHAT ARE **YOU** NOT COVERED FOR?

1. A loan period of more than 30 days
2. Loss or damage to the loan **scooter or wheelchair** while it is being delivered to **you** or collected from **you**

C. WHAT ARE THE LIMITS OF THE COVER?

1. The level of cover will depend on the value of **your scooter or wheelchair** and will be detailed in the schedule
2. The level of cover for the loaned **scooter or wheelchair** will not exceed the original value of **your scooter or wheelchair**

SECTION 4 - NEW-FOR-OLD REPLACEMENT - COVER IS ONLY OPERATIVE IF SHOWN AS COVERED ON YOUR POLICY SCHEDULE

A. WHAT ARE **YOU** COVERED FOR?

1. If the cost to repair **your scooter or wheelchair** is over 70% of the value of a new **scooter or wheelchair** we will replace **your scooter or wheelchair** with a new one of similar make and model, or
2. Alternatively, **we** may offer to pay the cash amount representing a fair market price for a new **scooter or wheelchair**

B. WHAT ARE **YOU** NOT COVERED FOR?

1. New-for-old replacement for any **scooter or wheelchair** that is more than two years old at the time of the claim
2. New-for-old replacement for any **scooter or wheelchair** that has been owned by someone else prior to **you**

C. WHAT ARE THE LIMITS OF THE COVER?

1. The amount **we** will pay under this section is limited to the value of a new **scooter or wheelchair** of similar make and model to the insured **scooter or wheelchair**

SECTION 5 – INJURY TO YOU OR THE USER

A. WHAT ARE **YOU** COVERED FOR?

1. **We** will pay £3,000 if, as a result of an **accident** involving **your scooter or wheelchair**, **you** or a **friend** suffer from any of the following:
 - a. death;

- b. loss of one or more limbs; or
 - c. permanent blindness in one or both eyes
2. If the **accident** results in **your** death **we** will pay the money to the executor of **your** estate

B. WHAT ARE YOU NOT COVERED FOR?

1. Any of the injuries listed that would not have occurred if **you** did not have a pre-existing medical condition
2. Any of the injuries listed that were as a result of an **accident** caused by a pre-existing medical condition
3. Any of the injuries listed that occur over 3 months after the **accident**

C. WHAT ARE THE LIMITS OF THE COVER?

1. The amount **we** will pay under this section is limited to £3,000

SECTION 6 – LOSS, THEFT OR DAMAGE TO PERSONAL BELONGINGS - COVER IS ONLY OPERATIVE IF SHOWN AS COVERED ON YOUR POLICY SCHEDULE

A. WHAT ARE YOU COVERED FOR?

1. Loss, theft or damage to **personal belongings** that happens at the same time as the loss, theft or damage to **your scooter or wheelchair**

B. WHAT ARE YOU NOT COVERED FOR?

1. Loss of money, tickets, stamps, securities or documents of any nature

C. WHAT ARE THE LIMITS OF THE COVER?

1. The amount **we** will pay under this section is limited to £250 (including VAT)

SECTION 7 – HIRE COSTS - COVER IS ONLY OPERATIVE IF SHOWN AS COVERED ON YOUR POLICY SCHEDULE

A. WHAT ARE YOU COVERED FOR?

1. If after an **accident**, theft of, or damage to **your scooter or wheelchair you** need to hire a replacement **scooter or wheelchair** while **yours** is being repaired or replaced, **we** will pay a daily rate of up to £5 per day towards the cost of the hire

B. WHAT ARE YOU NOT COVERED FOR?

1. Any costs that are not accompanied by a receipt

C. WHAT ARE THE LIMITS OF THE COVER?

1. The amount **we** will pay under this section is limited to £100 during any one year

SECTION 8 - HOSPITAL BENEFIT

A. WHAT ARE YOU COVERED FOR?

1. If as a result of an **accident** involving **your scooter or wheelchair, you** or a **friend** are admitted to hospital **we** will pay £10 per day towards covering personal costs that **you** or **your friend** incur whilst hospitalised

B. WHAT ARE YOU NOT COVERED FOR?

1. Any expenses incurred in the first 7 days spent in hospital after the **insured event**

C. WHAT ARE THE LIMITS OF THE COVER?

1. The amount **we** will pay under this section is limited to £250 during any one year

SECTION 9 - PERSONAL ASSAULT

A. WHAT ARE **YOU** COVERED FOR?

1. If while using **your scooter or wheelchair you** or a **friend** are assaulted **we** will pay up to £250

B. WHAT ARE **YOU** NOT COVERED FOR?

1. Any assault that has not been reported to the police and a crime reference number obtained
2. Any assault where the resulting injuries do not require hospital inpatient care
3. Any assault where a doctors report into the injuries has not been obtained

C. WHAT ARE THE LIMITS OF THE COVER?

1. The amount **we** will pay under this section is limited to £250 for any one incident and in total during the **Period of Insurance**

SECTION 10- COVER OUTSIDE THE UK AND DURING TRANSPORTATION

A. WHAT ARE **YOU** COVERED FOR?

1. If **you** are using **your scooter or wheelchair** temporarily (up to 90 days) outside the UK, the cover detailed in sections 1 and 2 remains in place
2. The cover includes loss or damage caused while **your scooter or wheelchair** is being transported and is in the control of someone else (such as baggage handlers)

B. WHAT ARE **YOU** NOT COVERED FOR?

1. The same items identified as not covered in Sections 1 and 2

C. LIMIT OF WHAT WE WILL PAY

1. The limits of what **we** will pay under this section are the same as would be payable under sections 1 and 2 except;
2. The amount **we** will pay for loss or damage while **your scooter or wheelchair** is being transported is the difference between what **you** can claim from the third party and the amount of the claim if there were no third party involved

SECTION 11 – RECOVERY- COVER IS ONLY OPERATIVE IF SHOWN AS COVERED ON YOUR POLICY SCHEDULE

A. WHAT ARE **YOU** COVERED FOR?

1. If **your scooter or wheelchair** breaks down, or if after an **insured event your scooter or wheelchair** is unusable, we have provided details of a breakdown recovery service which will recover **your scooter or wheelchair** and return it to **your** chosen destination (within a 20 mile radius of breakdown).
2. In certain circumstances **you** may not be able to travel to the destination with the breakdown recovery service, in which case **we** will also reimburse **you** for additional transportation costs, supported by receipts, up to a maximum of £25 per claim.
3. If **you** choose not to use the recovery service, **we** will refund costs incurred by **you** to get **you** and **your scooter or wheelchair home** subject to the limits shown below.

B. WHAT ARE YOU NOT COVERED FOR?

1. Any costs that are not accompanied by a receipt
2. Any additional costs if the breakdown relates to Tyre damage
3. Mechanical or Electrical repairs
4. Battery charging or replacement
5. Breakdowns at **home** or within 250 meters of **your home** address.

C. WHAT ARE THE LIMITS OF THE COVER?

1. If not using the recovery service a maximum of £100 per claim and £200 in total during the **period of insurance**
2. For the recovery service a maximum of 4 recoveries per **period of insurance**.

SECTION 12 – LOST, DAMAGED OR STOLEN KEYS - COVER IS ONLY OPERATIVE IF SHOWN AS COVERED ON YOUR POLICY SCHEDULE

A. WHAT ARE YOU COVERED FOR?

1. If, during the **Period of Insurance** and within the UK, an **Insured Key** is accidentally lost, damaged or stolen, **we** will pay up to £1,000 (in the aggregate) in respect of:
 - a) Locksmiths charges, new locks (if a security risk has arisen)
 - b) Replacement keys (including any immobiliser, infra-red handset and/or alarm which is integral to any **Insured Key** if it cannot be repaired or re-programmed)
 - c) Re-programming of immobilisers, infra-red handsets and alarms which are attached to the Insured Key (s) at the time of the Insured Event but are not integral to an Insured Key.
2. The cover also includes:
 - a) Scooter hire, we will pay a daily rate of up to £5 per day towards the cost of the hire for up to 3 days

B. WHAT ARE YOU NOT COVERED FOR?

1. Sums claimed where **You** do not produce receipts or invoices for payments **You** have made;
2. Any claim made in the first 3 days after the **Insured Keys** have been lost (unless the claims we are satisfied that a delay would cause undue hardship or significant expense);
3. **Insured Keys** lost or broken by, or stolen from, someone other than **You**;
4. Any costs other than the replacement of insured keys where You have access to duplicate keys;
5. Any **Insured Event** not reported to the claims administrator within 30 days of the accidental loss, theft or accidental damage;
6. Locks which are damaged prior to the accidental loss, theft, or accidental damage of **Insured Keys**;
7. Replacement locks or keys of a higher standard or specification than those replaced;
8. Loss or destruction of, or damage to, any property other than an **Insured Key** and its associated lock or ignition system, and any immobiliser, infra-red handset and/or alarm attached to the **Insured Key**;

C. WHAT ARE THE LIMITS OF THE COVER?

1. Any amount which exceeds £1,000 in total in any one **Period of Insurance**;

2. Sums exceeding £50 per incident in respect of any **Insured Key(s)** locked inside a property or broken in a lock or ignition;

SECTION 13 – PUNCTURE REPAIR - COVER IS ONLY OPERATIVE IF SHOWN AS COVERED ON YOUR POLICY SCHEDULE

A. WHAT ARE YOU COVERED FOR?

1. If your scooter or wheelchair suffers a **puncture** we will pay for the repair of the tyre

B. WHAT ARE YOU NOT COVERED FOR?

1. Costs for punctures where there is no receipt from the business that carried out the repair

C. LIMIT OF WHAT WE WILL PAY

1. The amount **we** will pay under this section is limited to £50 per puncture and £200 over the **period of insurance**

GENERAL EXCLUSIONS TO ALL SECTIONS

A. WHAT ARE YOU NOT COVERED FOR?

1. Any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation.
2. Any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation.
3. Any direct or indirect consequence of:
 - Irradiation, or contamination by nuclear material; or
 - The radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or
 - Any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter.
4. Any consequence, howsoever caused, including but not limited to Computer Virus in Electronic Data being lost, destroyed, distorted, altered, or otherwise corrupted.

For the purposes of this Policy, Electronic Data shall mean facts, concepts and information stored to form useable data for communications, interpretations, or processing by electronic or electromechanical data processing or other electronically controlled hardware, software and other coded instructions for the processing and manipulation of data, or the direction and manipulation of such hardware.

For the purposes of this Policy, Computer Virus shall mean a set of corrupting, harmful, or otherwise unauthorised instructions or code, whether these have been introduced maliciously or otherwise, and multiply themselves through a computer system or network of whatsoever nature.

5. Any claim outside the United Kingdom, Isle of Man or Channels Islands, apart from the cover provided by Section 10
6. Any claim where the person using the **scooter or wheelchair** was under the influence of alcohol or drugs at the time of the incident
7. Any claim that is as a result of using the **scooter or wheelchair** for anything other than day to day mobility use such as but not limited to:
 - a. Sports activities
 - b. Business use other than mobility around, or travel to and from, your place of work

8. Any claim where the person using the scooter is incapable of doing so safely due to a pre-existing medical condition
9. Any claim where the person using the scooter is unable to meet the governments recommended eyesight requirements (able to read a car's registration number from a distance of 12.3 meters or 40 feet).
10. Any loss or damage to **your scooter or wheelchair** caused by faulty maintenance or modifications not carried out by an authorised dealer
11. Loss of or damage to items **you** have insured elsewhere
12. Damage to the property or contents of **your** normal place of residence
13. Damage to **your scooter or wheelchair** that is through normal wear and tear
- 14. Damage to your scooter or wheelchair** that is caused by negligence or misuse on the part of **you, your friend** or **family** member
15. Any claim that is caused by the use of accessories that have not been approved by the manufacturer
16. Any repairs including punctures carried out by a repairer not approved by **us**
17. Increase in repair costs as a result of the need to fit non-identical replacement parts
18. Costs resulting from **your** inability to use **your scooter or wheelchair** for any period of time
19. Costs relating to the loss of use of the **scooter or wheelchair**
20. Any other costs that are directly or indirectly caused by the **insured event** unless specifically covered in this policy

CLAIMS

For breakdown recovery please telephone **our** breakdown recovery service on 01274 271 466

For all other claims please contact our claims administrator:

Tel: 0344 8931022

Email: mobilityclaims@ryandirectgroup.co.uk

Post: Specialist Claims – PO Box 1192, Doncaster, DN1 9PU

If **you** need to claim under any section of this policy, **you** must tell **us** as soon as possible and not later than 30 days after any possible incident likely to result in a claim.

Within 30 days of notifying **us**, **you** shall supply, at **your** own expense, full details of the claim in writing together with any supporting information, evidence of ownership and proofs which **we** may reasonably require including proof of purchase.

If **you** do not let **us** know within 30 days and this affects **our** ability to confirm **your** claim, unless there are exceptional circumstances, **we** will not pay for that claim.

If any legal responsibility under this insurance is covered by any other insurance policy, **we** will not pay more than **our** share of the claim.

Following a claim, **we** are entitled to take over and enforce any rights in **your** name against any other person for **our** own benefit. **We** will pay any costs involved in this to recover any payment **we** have made under this policy.

UK General Insurance Ltd is an insurer's agent and in the matters of a claim act on behalf of Great Lakes Insurance SE.

GENERAL CONDITIONS

A. CONSUMER INSURANCE ACT

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act 2012 to take care to:

- a) supply accurate and complete answers to all the questions **we** or the administrator may ask as part of **your** application for cover under the policy
- b) to make sure that all information supplied as part of **your** application for cover is true and correct
- c) tell **us** of any changes to the answers **you** have given as soon as possible.

You must take reasonable care to provide complete and accurate answers to the questions **we** ask when **you** take out, make changes to and renew your policy. If any information **you** provide is not complete and accurate, this may mean **your** policy is invalid and that it does not operate in the event of a claim or may not pay any claim in full.

B. GOVERNING LAW

Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the United Kingdom in which **your** main residence is situated. **Your** policy is written in English and **we** will communicate with **you** in English.

C. YOUR DUTY

You must maintain **your scooter or wheelchair** in good condition and take all precautions to prevent **accidents**, injury, loss or **damage**. **You** must use and maintain **your scooter or wheelchair** according to the manufacturer's instructions.

You must ensure that **you** or any **friend** using the **scooter or wheelchair** are capable of doing so safely.

D. DATA PROTECTION

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 instructions including those located outside the European Economic Area.

You have the right to receive a copy of any of **your** information **we** hold. If **you** ask **us**, **we** will ask for the information on **your** behalf. **You** may have to pay a small fee for each company from whom **you** ask information.

E. FRAUDULENT CLAIMS/FRAUD

You must not act in a fraudulent way. If **you** or anyone acting for **you**:

1. fails to reveal or hides a fact likely to influence whether **we** accept **your** proposal, **your** renewal, or any adjustment to **your** policy;
2. fails to reveal or hides a fact likely to influence the cover **we** provide;
3. makes a statement to **us** or anyone acting on our behalf, knowing the statement to be false;
4. sends **us** or anyone acting on **our** behalf a document, knowing the document to be forged or false;
5. makes a claim under the policy, knowing the claim to be false or fraudulent in any way; or
6. makes a claim for any loss or damage you caused deliberately or with **your** knowledge.

If **your** claim is in any way dishonest or exaggerated, **we** will not pay any benefit under this policy or return any premium to **you** and **we** may cancel **your** policy immediately and backdate the cancellation

to the date of the fraudulent claim. **We** may also take legal action against **you** and inform the appropriate authorities.

F. CANCELLATION

If **you** decide that for any reason, this policy does not meet **your** insurance needs then please return it to the Blue Badge Mobility Insurance within 14 days of issue or the day on which **you** receive **your** policy documentation, whichever is the later. On the condition that no claims have been made or are pending, **we** will then refund **your** premium in full.

Thereafter **you** may cancel the insurance cover at any time by informing Blue Badge Mobility Insurance, however no refund of premium will be payable.

We may at any time cancel any insurance document by giving 14 days' notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **you** at **your** last known address. Valid reasons may include but are not limited to:

1. Fraud
2. Non-payment of premium
3. Threatening and abusive behaviour
4. Non-compliance with policy terms and conditions

Provided the premium has been paid in full **you** will be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance.

G. CARING FOR CUSTOMERS – COMPLAINTS PROCEDURE

It is the intention to give **you** the best possible service but if **you** do have any questions or concerns about this insurance or the handling of a claim **you** should follow the Complaints Procedure below:

COMPLAINTS REGARDING SALE OF THE POLICY

Please contact Blue Badge Mobility insurance. If **your** complaint about the sale of **your** policy cannot be resolved by the end of the third working day, Blue Badge Mobility Insurance will pass it to:

Customer Relations Department
UK General Insurance Limited
Cast House, Old Mill Business Park
Gibraltar Island Road
Leeds LS10 1RJ

Tel: 0345 218 2685

Email: customerrelations@ukgeneral.co.uk

COMPLAINTS REGARDING CLAIMS

For complaints regarding Breakdown Recovery please contact:

National Breakdown
The Old Clock House
Odsal Road
Bradford
West Yorkshire BD6 1AQ

Tel: 01274 271 466

Email: cs@nationalbreakdown.com

If **your** complaint about **your** breakdown recovery claim cannot be resolved by the end of the third working day, National Breakdown will pass it to:

Customer Relations Department
UK General Insurance Limited
Cast House, Old Mill Business Park
Gibraltar Island Road
Leeds LS10 1RJ

Tel: 0345 218 2685

Email: customerrelations@ukgeneral.co.uk

For complaints regarding all other claims complaints please contact:

Customer Relations,
PO Box 1193,
Doncaster, DN1 9PW

Tel: 0344 8931022

Email: customer.relations@directgroup.co.uk

In all correspondence please state that your insurance is provided by UK General Insurance Limited and quote scheme reference 05645A.

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:

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

The above complaints procedure is in addition to **your** statutory rights as a consumer. For further information about **your** statutory rights contact **your** local authority Trading Standards Service or Citizens Advice Bureau. Financial Services Compensation Scheme

H. FINANCIAL SERVICES COMPENSATION SCHEME

Great Lakes Insurance SE is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if Great Lakes Insurance SE cannot meet its obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. **You** can get more information about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk.