

# Blue Badge

Mobility Insurance



Enabling Your Independence



## Mobility Insurance

Mobility Scooter, Powerchair, Manual Wheelchair or Adapted Trike

Policy Document

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## INTRODUCTION

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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

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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 is authorised and regulated by the Financial Conduct Authority. Firm Reference No. 310101. You can check Our details on the Financial Services Register <https://register.fca.org.uk/>

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

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

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

## SECTION 1 – LIABILITY FOR AN ACCIDENT

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### 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**

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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

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**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**

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**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**

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**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**

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**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**

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**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**

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**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**

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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**

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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**

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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**

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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**

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### **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**

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### **D. WHAT ARE YOU NOT COVERED FOR?**

1. Any direct or indirect consequence of war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority.
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

In order to make a claim please use the table below to identify the phone number **you** should call. Alternatively please call Blue Badge Mobility Insurance on 01730 233 101 and we will direct you on what steps you need to take.

Policy Section	Claims Handler	Address	Telephone Number	Email
2. Legal Liability	Langleys	Queens House, Micklegate, York YO1 6WG	01904 686790	ukg@langleysclaimsservices.com
6. Recovery	National Breakdown	National Breakdown The Old Clock House, Odsal Road, Bradford, West Yorkshire, BD6 1AQ	01274 288488	cs@nationalbreakdown.com
All other sections	MB&G	Blue Badge Mobility Insurance Claims Department Cobalt Business Exchange	01912588133	BluebadgeMobilityInsuranceClaims@MBGinsurance.com

		Cobalt Park Way Wallsend NE28 9NZ		
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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

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### 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.

If **you** become aware that information **you** have given Blue Badge Mobility insurance is inaccurate or has changed, **you** must inform them as soon as possible.

### 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 UK GENERAL INSURANCE LTD PRIVACY NOTICE

We are UK General Insurance Ltd, referred to as "we/us/our" in this notice. Our data controller registration

number issued by the Information Commissioner's Officer is **Z7739575**.

This privacy notice is relevant to anyone who uses our services, including policyholders, prospective policyholders, and any other individuals insured under a policy. We refer to these individuals as "you/your" in this notice.

We are dedicated to being transparent about what we do with the information that we collect about you. We process your personal data in accordance with the relevant data protection legislation.

### **Why do we process your data?**

The provision of your personal data is necessary for us to administer your insurance policy and meet our contractual requirements under the policy. You do not have to provide us with your personal data, but we may not be able to proceed appropriately or handle any claims if you decide not to do so.

### **What information do we collect about you?**

Where you have purchased an insurance policy through one of our agents, you will be aware of the information that you gave to them when taking out the insurance. The agent will pass your information to us so that we can administer your insurance policy.

For specific types of insurance policies, for example when offering you a travel insurance policy, we may process some special categories of your personal data, such as information about your health.

We have a legitimate interest to collect this data as we are required to use this information as part of your insurance quotation or insurance policy with us. We may also process the data where it is necessary for a legal obligation, or as part of the establishment or defence of a legal claim.

### **UK General's full privacy notice**

This notice explains the most important aspects of how we use your data. You can get more information about this by viewing our full privacy notice online at <http://ukgeneral.com/privacy-policy> or request a copy by emailing us at [dataprotection@ukgeneral.co.uk](mailto:dataprotection@ukgeneral.co.uk). Alternatively, you can write to us at: Data Protection, UK General Insurance Ltd, Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, LS10 1RJ.

## **D. BLUE BADGE MOBILITY INSURANCE - USE OF PERSONAL DATA**

Blue Badge Mobility Insurance is the Data Controller. We will use your personal information to:

- Assess and provide the products or services that you have requested
- Communicate with you in relation to servicing and administering your product
- Develop new products and services
- Undertake statistical analysis to help us improve our services and products
- Contact you about products that are closely related to those you already hold with us
- Provide additional assistance for these products or services
- Notify you of important changes to products and functionality changes to our websites

Only where you have provided us with consent to do so, we may also from time to time use your information to provide you with details of offers relating to additional products and services.

We follow strict security procedures in the storage and disclosure of your personal information in line with industry practices.

Further information is contained in our Fair Processing Notice, full details of which can be found at [www.bluebadgemobilityinsurance.co.uk/FPN](http://www.bluebadgemobilityinsurance.co.uk/FPN). This explains who we are, the types of information we hold, how we use it, who we share it with, how long we keep it for and informs you of certain rights you have regarding your personal information. If you are unable to access this website, details can be obtained by

contacting us at The Data Protection Officer, No 7 Ridgeway Office Park, Bedford Road, Petersfield, Hampshire, GU32 3QF, Telephone number: 01730 233 101, Email: Support@BlueBadgeMobilityInsurance.co.uk.

#### 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;
6. makes a claim for any loss or damage you caused deliberately or with **your** knowledge; or
7. 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 Blue Badge Mobility insurance within 14 days from the day of purchase 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, Blue Badge Mobility insurance will then refund **your** premium in full.

**You** may cancel the insurance cover after 14 days by informing Blue Badge Mobility insurance however no refund of premium will be payable.

**We** shall not be bound to accept renewal of any insurance and 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:

- a) Where **we** reasonably suspect fraud
- b) Non-payment of premium
- c) Threatening and abusive behaviour
- d) Non-compliance with policy terms and conditions
- e) **You** have not taken reasonable care to provide accurate and complete answers to the questions Blue Badge Mobility insurance asked.

If **we** cancel the policy and/or any additional covers **you** will receive a refund of any premiums **you** have paid for the cancelled cover, less a proportionate deduction for the time **we** have provided cover.

Where **our** investigations provide evidence of fraud or misrepresentation, **we** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **you** provided Blue Badge Mobility insurance with incomplete or inaccurate information. This may result in **your** policy being cancelled from the date **you** originally took it out and **we** will be entitled to keep the premium.

If **your** policy is cancelled because of fraud or misrepresentation, this may affect **your** eligibility for insurance with **us**, as well as other insurers, in the future.

#### G. CARING FOR CUSTOMERS – COMPLAINTS PROCEDURE

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](mailto:customerrelations@ukgeneral.co.uk)

### COMPLAINTS REGARDING CLAIMS

Reason for Complaint	Claims Handler	Address	Telephone Number	Email
Section: 1,3,4&5	MB&G	Blue Badge Mobility Insurance Claims Department Cobalt Business Exchange Cobalt Park Way Wallsend NE28 9NZ	01912588133	<a href="mailto:BluebadgeMobilityInsuranceClaims@MBGinsurance.com">BluebadgeMobilityInsuranceClaims@MBGinsurance.com</a>
2. Legal Liability	Langleys	Queens House, Micklegate, York YO1 6WG	01904 686790	<a href="mailto:ukg@langleysclaimsservices.com">ukg@langleysclaimsservices.com</a>
6. Recovery	National Breakdown	National Breakdown The Old Clock House, Odsal Road, Bradford, West Yorkshire, BD6 1AQ	01274 288488	<a href="mailto:cs@nationalbreakdown.com">cs@nationalbreakdown.com</a>

In all correspondence please state that your insurance is provided by UK General Insurance Limited and quote scheme reference 06643.

#### Unresolved Complaints

If **you** complaint cannot be resolved by the end of the third working day, it will be passed 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](mailto:customerrelations@ukgeneral.co.uk)

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.

Tel: 0300 123 9 123

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

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

If **you** have purchased the insurance policy online, **you** may also raise **your** complaint via the EU Online Dispute Resolution Portal at <http://ec.europa.eu/consumers/odr/>. This will forward **your** complaint to the correct Alternative Dispute Resolution scheme. For insurance complaints in the UK this is the Financial Ombudsman Service. However, this may be a slower route for handling **your** complaint than if **you** contact the Financial Ombudsman Service directly

## H. 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 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 with no upper limit. **You** can get more information about compensation scheme arrangements from the FSCS or visit [www.fscs.org.uk](http://www.fscs.org.uk).

**You** may also contact the FSCS on their Freephone number: 0800 678 1100 or 020 7741 4100 or **you** can write to: Financial Services Compensation Scheme, P O Box 300, Mitcheldean, GL17 1DY