

Blue Badge

Mobility Insurance



Enabling Your Independence



Mobility Insurance

Mobility Scooter, Powerchair, Manual Wheelchair or Adapted Trike

Policy Document

CONTENTS

Contents2

Introduction3

Authorisation and regulation3

Definitions3

Section 1 – Liability for an accident5

Section 2 - Loss or Accidental damage6

Section 3 – Temporary use - Cover is only operative if shown as covered on your policy schedule7

Section 4 - New-for-old replacement7

Section 5 – Injury to you or the user7

Section 6 – Loss, theft or accidental damage to personal belongings8

Section 7 – Hire Costs8

Section 8 - Hospital benefit8

Section 9 - Personal Assault9

Section 10- Cover outside the UK and during transportation9

Section 11 – Recovery9

Section 12 – Lost, Damaged or Stolen keys10

Section 13 – Puncture repair11

Claims14

General conditions16

INTRODUCTION

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

Your policy also includes general conditions that apply across the whole policy, unless stated otherwise.

We/ your insurer 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 underwritten by Great Lakes Insurance UK Limited who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register No 955859.

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

DEFINITIONS

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

Accident	An unplanned, unexpected and unintentional incident that occurs at a specific time and place during the period of insurance .
Accidental damage	Sudden and unexpected damage , occurring at a specific time during the period of insurance and caused by external means.
Claims Administrator	MPL Claims Management Ltd for sections 1–10 and 12-13 or National Breakdown for section 11.
Cyber Act	An unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System .

Cyber Incident	The words Cyber Incident shall mean: a) any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System ; or b) any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System .
Cyber Loss	Any loss, damage , liability, claim, cost or expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any Cyber Act or Cyber Incident including, but not limited to, any action taken in controlling, preventing, suppressing or remediating any Cyber Act or Cyber Incident .
Computer System	The words Computer System shall mean any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.
Damage / Damaged	Accidental tangible physical loss, damage or destruction.
Data	Information, facts, concepts, code or any other information of any kind that is recorded or transmitted in a form to be used, accessed, processed, transmitted or stored by a Computer System .
Data Processing Media	Any property insured by this Policy on which Data can be stored but not the Data itself.
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 , or as a result of natural causes (e.g. 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 including electronic key fobs and immobiliser keys.
Insurer	Great Lakes Insurance UK Limited

Pollution	<p>a) Pollution or contamination by naturally occurring or man-made substances, forces, and organisms, including, but not limited to, (i) any actual, threatened, feared or perceived use of any biological, chemical, radioactive or nuclear agent, material or device, whether or not related in any way to any act of terrorism, and (ii) the deposit of or impairment by dust or soot, chemical precipitation, adulteration or impurification, or any combination of them whether permanent or transitory; and</p> <p>b) all loss, damage or injury directly or indirectly caused by pollution or contamination as stated in a) above.</p>
Period of insurance	<p>The time from the start date shown on your policy schedule and:</p> <ul style="list-style-type: none"> • the end date shown in the policy schedule; or • the date on which you or we/ your insurer cancel the policy; or • the date your Claims Administrator/ insurer pays a claim for total loss <p>whichever is earlier.</p>
Personal belongings	Items you own that you normally wear or carry.
Puncture(s)	Unexpected deflation of a tyre(s) on a scooter or wheelchair
Scooter or wheelchair	The mobility scooter or, power chair, manual wheelchair or disability adapted tricycle as detailed in the policy schedule
Total loss	Loss of or accidental 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 .
Terrorism	Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat of an act of terrorism , of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
Vehicle	A car or motorcycle registered in your name
We/us/our	Blue Badge Mobility Insurance
You/your	The person shown in the policy schedule as the Insured. If you die or become incapable of managing your financial affairs, we/ your Claims Administrator/ insurer 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 **your insurer** 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
7. Any liability arising out of incorrect or inadequate advice given by **you** or on **your** behalf

C. WHAT ARE THE LIMITS OF THE COVER?

1. For a single specific **accident**, under this section, **your Claims Administrator** will not pay more than £2,000,000
2. An excess of £250 will apply to any claim under this section

SECTION 2 - LOSS OR ACCIDENTAL DAMAGE

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

1. The costs to repair **accidental damage** to **your scooter or wheelchair** that was caused by an **insured event**
2. If **your scooter or wheelchair** is stolen **your Claims Administrator** will pay the market rate, as determined by them, 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. **Accidental 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. **Accidental 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. **Accidental damage** to or loss of any accessories unless the **scooter or wheelchair** is lost or **accidentally 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. **Accidental 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 policy schedule

2. An excess of £50 will apply to any claim under this section

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 policy 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

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 your Claims Administrator** will replace **your scooter or wheelchair** with a new one of similar make and model, or
2. Alternatively, **your Claims Administrator** may offer to pay the cash amount representing the 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 **your Claims Administrator** 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. **Your Claims Administrator** will pay £3,000 if, as a result of an **accident** involving **your scooter or wheelchair, you** or a **friend** suffer 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 **your Claims Administrator** 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 **your Claims Administrator** will pay under this section is limited to £3,000

SECTION 6 – LOSS, THEFT OR ACCIDENTAL DAMAGE TO PERSONAL BELONGINGS

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

1. Loss, theft or **accidental damage** to **personal belongings** that happens at the same time as the loss, theft or **accidental 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 **your Claims Administrator** will pay under this section is limited to £250 (including VAT)

SECTION 7 – HIRE COSTS

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

1. If after an **accident**, theft of, or **accidental 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 **your Claims Administrator** will pay under this section is limited to £100 per **period of insurance**

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 **your Claims Administrator** 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 **your Claims Administrator** will pay under this section is limited to £250 per **period of insurance**

SECTION 9 - PERSONAL ASSAULT

A. WHAT ARE YOU COVERED FOR?

1. If while using **your scooter or wheelchair you** or a **friend** are assaulted **your Claims Administrator** 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 **your Claims Administrator** 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 **accidental 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 **your Claims Administrator** will pay under this section are the same as would be payable under sections 1 and 2 except;
2. The amount **your Claims Administrator** will pay for loss or **accidental 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, **your Claims Administrator** will provide 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 the breakdown).
2. In certain circumstances **you** may not be able to travel to the destination with the breakdown recovery service, in which case **your Claims Administrator** 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, **your Claims Administrator** 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, **your Claims Administrator** 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(s)** 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, **your Claims Administrator** 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 key(s)** have been lost (unless the claims **we** are satisfied that a delay would cause undue hardship or significant expense);
3. **Insured key(s)** lost or broken by, or stolen from, someone other than **you**;
4. Any costs other than the replacement of **insured key(s)** 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 key(s)**;
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(s)** and its associated lock or ignition system, and any immobiliser, infra-red handset and/or alarm attached to the **insured key(s)**;

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 **your Claims Administrator** will pay under this section is limited to £50 per **puncture** and £200 over the **period of insurance**

GENERAL EXCLUSIONS TO ALL SECTIONS

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

1. **We** will not indemnify **You** against any **damage** or **Your** legal liability in respect of any loss, cost or expense directly or indirectly caused by, happening through or following war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or 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 public or local authority.
2. **We** will not indemnify **You** against: loss, **damage**, cost, or expense or **Your** legal liability directly or indirectly caused by or arising out of or in connection with **Terrorism** or any loss, **damage**, costs or expenses directly or indirectly caused by or arising out of any action taken in controlling, preventing, suppressing or in any way relating to any act of **Terrorism** regardless of any other cause or event contributing concurrently or in any other sequence to the loss. If **We** allege that by reason of this exclusion, any loss, **damage**, cost or expense or liability is not covered by this Policy, the burden of proving the contrary shall be upon **You**. In the event any portion of this Exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
3. **We** will not indemnify **You** against loss, **damage**, expense or **Your** legal liability directly or indirectly caused by or contributed by or arising from:
 - i) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;
 - ii) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
 - iii) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter;
 - iv) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes; or
 - v) any chemical, biological, bio-chemical, or electromagnetic weapon.
4. 1. Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this Policy excludes any:

- i) **Cyber Loss**, unless subject to the provisions of paragraph 2;
- ii) loss, **damage**, liability, claim, cost, expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any **Data**, including any amount pertaining to the value of such **Data**, unless subject to the provisions of paragraph 3;

regardless of any other cause or event contributing concurrently or in any other sequence thereto.

- Subject to all the terms, conditions, limitations and exclusions of this Policy or any endorsement thereto, this Policy covers physical loss or physical **damage** to Property Insured under this Policy caused by any ensuing fire or explosion which directly results from a **Cyber Incident**, unless that **Cyber Incident** is caused by, contributed to by, resulting from, arising out of or in connection with a **Cyber Act** including, but not limited to, any action taken in controlling, preventing, suppressing or remediating any **Cyber Act**.
- Subject to all the terms, conditions, limitations and exclusions of this Policy or any endorsement thereto, should **Data Processing Media** owned or operated by the Insured suffer physical loss or physical **damage** insured by this Policy, then this Policy will cover the cost to repair or replace the **Data Processing Media** itself plus the costs of copying the **Data** from back-up or from originals of a previous generation. These costs will not include research and engineering nor any costs of recreating, gathering or assembling the **Data**. If such media is not repaired, replaced or restored the basis of valuation shall be the cost of the blank **Data Processing Media**. However, this Policy excludes any amount pertaining to the value of such **Data**, to You or any other party, even if such **Data** cannot be recreated, gathered or assembled.
- In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
- This exclusion supersedes and, if in conflict with any other wording in the Policy or any endorsement thereto having a bearing on **Cyber Loss, Data** or **Data Processing Media**, replaces that wording.

5. Asbestos -

Save to the extent otherwise provided in this Policy, We will not indemnify **You** against any **damage** or **Your** legal liability in respect of any loss, cost or expense directly or indirectly arising out of, resulting from or in respect of which a link has been or is established to the manufacture, mining, processing, distribution, testing, remediation, removal, storage, disposal, sale, use or exposure to asbestos or materials or products containing asbestos whether or not there is another cause of loss which may have contributed concurrently or been operative in the sequence of events resulting in a loss.

6. Disease Exclusion (not applicable to Employers' Liability)

We will not indemnify **You** against any **damage** or **Your** legal liability in respect of any loss, cost or expense caused directly or indirectly by any one or more of the following, whether or not acting in any sequence with any other cause:

Disease, epidemic or pandemic, (including in all cases any contagious disease that affects animals) or any limitation or prevention of the use of objects because of hazards or potential hazards to human or animal health.

7. Nuclear Energy Risks

We will not indemnify You in respect of Nuclear Energy Risks whether such risks are written directly and/or via Pools and/or Associations.

For the purpose of this Policy, Nuclear Energy Risks shall be defined as all first party and or third party insurances in respect of:

- i) nuclear reactors and nuclear power stations or plant;
- ii) any other premises or facilities whatsoever related to or concerned with:

- a) the production of nuclear energy or
 - b) the production or storage or handling of nuclear fuel or nuclear waste
 - iii) any other premises or facilities eligible for insurance by any local Nuclear Pool and/or Association.
8. Pollution

We will not indemnify **You** against loss, **Damage** or expense directly or indirectly caused by or contributed by or arising from **Pollution**.

This exclusion does not apply if such loss or **Damage** arises as a direct and sole consequence of one or more of the Defined Perils.

9. Micro-Organism Exclusion

We will not indemnify **You** against any loss, **Damage**, claim, cost ,expenses or other sum directly or indirectly arising out of or relating to mould, mildew, fungus, spores or other micro- organism of any type, nature or description including but not limited to any substance whose presence poses an actual or potential threat to human health.

This Exclusion applies regardless whether there is;

- i) any physical loss or **Damage** to Insured Property;
- ii) any Defined Peril or cause whether or not contributing concurrently or in any sequence;
- iii) any loss of use occupancy or functionality;
- iv) any action required including but not limited to repair, replacement, removal, clean-up, abatement, disposal, relocation or steps taken to address medical or legal concerns or to comply with the advice or orders of any competent public or governmental authority or body.

This Exclusion replaces and supersedes any provision in this Policy that provides insurance, in whole or in part, for these matters.

10. Computer Systems

We will not indemnify **You** against Your legal liability arising out of failure of any **Computer System**, whether or not **Your** Property, to be date or time compliant including failure of any correction, attempted correction, conversion, renovation, rewriting or replacement of any **Computer System** relating to date or time compliance.

11. Any claim outside the United Kingdom, Isle of Man or Channels Islands, apart from the cover provided by Section 10

12. Any claim where the person using the **scooter or wheelchair** was under the influence of alcohol or drugs at the time of the incident.

13. 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:

Sports activities

Business use other than mobility around, or travel to and from, **your** place of work

14. Any claim where the person using the scooter is incapable of doing so safely due to a pre-existing medical condition

15. 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).

16. Any loss or **damage** to **your scooter or wheelchair** caused by faulty maintenance or modifications not carried out by an authorised dealer

17. Loss of or **damage** to items **you** have insured elsewhere

18. **Accidental damage** to the property or its contents of **your** normal place of residence
19. **Accidental damage** to **your scooter or wheelchair** that is through normal wear and tear
20. **Accidental damage** to **your scooter or wheelchair** that is caused by negligence or misuse on the part of **You, your** friend or family member
21. Any claim that is caused by the use of accessories that have not been approved by the manufacturer
22. Any repairs including **punctures** carried out by a repairer not approved by us
23. Increase in repair costs as a result of the need to fit non-identical replacement parts
24. Costs resulting from **your** inability to use **your scooter or wheelchair** for any period of time
25. Costs relating to the loss of use of the **scooter or wheelchair**
26. 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 contact details 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.

We aim to settle valid claims promptly and fairly in accordance with the cover provided by this **Policy**.

Your claim will be managed from within our dedicated insurance claims team supported on certain occasions by a professional loss adjusting firm and/or a specialist services company to ensure **Your** claim is settled for the correct amount as quickly as possible.

For claims relating to sections 1-10 and, 12 - 13

Please contact **your Claims Administrator** by phone 01730 233 101

For claims relating to section 11 - Recovery

Please contact National Breakdown, The Old Clock House, Odsal Road, Bradford, West Yorkshire, BD6 1AQ phone 01274 288488 or email cs@nationalbreakdown.com

Your duties

Claims Conditions 1 to 3 below are conditions precedent to **Our** liability under this **Policy**. If You do not comply with these conditions **We** shall be entitled to refuse indemnity under this **Policy**:

You shall:

1. notify **Us** as soon as reasonably practicable, but in any event within 14 days of discovery of an occurrence that may give rise to a claim under this **Policy**;
2. take all practicable steps to recover property lost and otherwise minimise the claim;
3. give all information and assistance **We** may reasonably require in a timely manner.

Claims and Remedy Condition

If **You** submit a valid claim and it transpires that **You** have breached **Your** obligations of disclosure, or made a misrepresentation then following a breach of disclosure which is either deliberate or reckless **We** shall be entitled to:

- i) void the contract, refuse all claims, and

- ii) retain the premiums paid.

If **You** submit a valid claim and it transpires that **You** have breached **Your** obligations of disclosure, or made a misrepresentation, then following a breach of disclosure which is neither deliberate or reckless **We** shall be entitled, if cover would not have been offered, to:

- i) void the contract, refuse all claims, and
- ii) return the premiums paid.

If **You** submit a valid claim and it transpires that **You** have breached **Your** obligations of disclosure, or made a misrepresentation, then following a breach of disclosure which is neither deliberate or reckless **We** shall be entitled, if cover would have been offered on different terms, to

- i) treat the contract as being entered into but the contract will be treated as if it had been entered into on those different terms (other than terms relating to premium), and
- ii) reduce proportionately the amount to be paid on a claim if **We** would have entered into the contract (whether the terms relating to matters other than the premium would have been the same or different), but would have charged a higher premium. If more than one **scooter or wheelchair** is stated in the **Schedule** the proportion of the premium charged for the **scooter or wheelchair** that has sustained **Damage** will be applied.

"reduce proportionately" means that **We** need only pay on the claim X% of what otherwise **We** would have been under an obligation to pay under the terms of the **Policy** (or, if applicable, under the different terms provided for by virtue of paragraph i)), where:

$$X = \frac{\text{Premium actually charged}}{X} \times 100$$

Higher Premium

Fraud

If any claim is in any respect fraudulent or if any fraudulent means or devices are used by **You** or anyone acting on **Your** behalf to obtain any benefit under this **Policy** or if any loss be occasioned by the willful act or with **Your** connivance then **We** shall be entitled:

- a) not to pay the claim,
- b) recover from **You** any sums paid by **Us** to **You** in respect of the claim, and
- c) to treat this **Policy** as being terminated with effect from the time of the fraudulent act.

If the **Policy** is treated as having been terminated **We** shall be entitled to:

- a) refuse all liability to **You** under the **Policy** in respect of any relevant event occurring after the time of the fraudulent act, and
- b) not return any of the premiums paid under the **Policy**.

Other Insurances

If in respect of any claim under this **Policy** there is any other insurance or Indemnity in **Your** favour in force relative to that claim, or there would be but for the existence of this **Policy**, **Our** liability will be limited to the amount in excess of that which is or would have been payable (but for the existence of this **Policy**) in respect of that claim but always limited to the Limits of Indemnity or Sum Insured.

Subrogation

Any claimant under this **Policy** shall at **Our** request and expense, take and permit to be taken all necessary steps for enforcing rights against any other party in **Your** name before or after any payment is made by **Us**.

We shall be entitled to take over and conduct in **Your** name the defence or settlement of any claim or to prosecute in **Your** name at **Our** own expense and for **Our** own benefit any claim for indemnity or damages

or otherwise.

If **you** need to claim under any section of this policy, **you** must tell the **Claims Administrator** 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 the **Claims Administrator**, **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 the **Claims Administrator** may reasonably require including proof of purchase.

If **you** do not let the **Claims Administrator/ us** know within 30 days and this affects their/ **our** ability to confirm **your** claim, unless there are exceptional circumstances, they or the **insurer** will not pay for that claim.

If any legal responsibility under this insurance is covered by any other insurance policy, the **Claims Administrator** will not pay more than **your insurer's** share of the claim. If legal responsibility for loss, **accidental damage** of injury rests with a carer or assistant and that same liability is covered elsewhere the **Claims Administrator** will not make any payment under this policy.

Following a claim, the **insurer/ Claims Administrator** is entitled to take over and enforce any rights in **your** name against any other person for their own benefit. They will pay any costs involved in this to recover any payment made under this policy.

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** 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/ your Claims Administrator/ insurer** 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 **accidental 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 GREAT LAKES INSURANCE UK LIMITED PRIVACY NOTICE

INFORMATION WE PROCESS

You should understand that information **You** provide, have provided and may provide in future will be processed by **Us**, in compliance with UK **data** privacy laws for the purpose of providing insurance, handling claims and/or responding to complaints.

Information containing personal and sensitive personal information

Information **We** process may be defined as personal and/ or sensitive personal information. Personal information is information that can be used to identify a living individual e.g. name, address, driving licence or national insurance number. Personal information is also information that can identify an individual through a work function or their title.

In addition, personal information may contain sensitive personal information; this can be information about **Your** health and/or any criminal convictions.

We will not use personal and/or sensitive personal information except for the specific purpose for which **You** provide it and to carry out the services as set out within this notice.

Collecting electronic information

If **You** contact **Us** via an electronic method, **We** may record **Your** internet electronic identifier i.e. **Your** internet protocol (IP) address. **Your** telephone company may also provide **Us** with **Your** telephone number.

How **We** use **Your** information

Your personal and/or sensitive personal information may be used by **Us** in a number of ways, including to:

- arrange and administer an application for insurance;
- manage and administer the insurance;
- investigate, process and manage claims; and/or
- prevent fraud.

Who **We** share **Your** information with

We may pass **Your** personal and/or sensitive personal information to industry related third parties, including authorised agents; service providers; reinsurers; other insurers; legal advisers; loss adjusters and claims handlers.

We may also share **Your** personal and/or sensitive personal information with law enforcement, fraud detection, credit reference and debt collection agencies and within Blue Badge Mobility Insurance and Great Lakes/ Ergo/Munich Re Group of companies to:

- assess financial and insurance risks;
- recover debt;
- to prevent and detect crime; and/or
- develop products and services.

We will not disclose **Your** personal and/or sensitive personal information to anyone outside the Blue Badge Mobility Insurance and Great Lakes/Ergo/Munich Re Group of companies except:

- where **We** have **Your** permission;
- where **We** are required or permitted to do so by law;
- to other companies who provide a service to **Us** or **You**; and/or
- where **We** may transfer rights and obligations under the insurance.

Why is it necessary to share information?

Insurance companies share claims **data** to:

- ensure that more than one claim cannot be made for the same personal injury or property **damage**;

- check that claims information matches what was provided when the insurance was taken out;
- act as a basis for investigating claims when We suspect that fraud is being attempted; and/or
- respond to requests for information from law enforcement agencies.

The transferring of information outside the European Economic Area

In providing insurance services, **We** may transfer **Your** personal and/or sensitive personal information to other countries including countries outside the European Economic Area. If this happens **We** will ensure that appropriate measures are taken to safeguard Your personal and/or sensitive personal information.

Access to **Your** information

You have a right to know what personal and/or sensitive personal information **We** hold about **You**. If **You** would like to know what information **We** hold, please contact the Head of Compliance at the address listed within this notice, stating the reason for **Your** enquiry. We may write back requesting **You** to confirm **Your** identity.

If We do hold information about **You We** will:

- give **You** a description of it;
- tell **You** why We are holding it;
- tell **You** who it could be disclosed to; and
- let **You** have a copy of the information in an intelligible form.

If some of **Your** information is inaccurate, **You** can ask Us to correct any mistakes by contacting **Our** Head of Compliance.

Providing consent to process **Your** information By providing **Us** with **Your** personal and/or sensitive personal information, **You** consent to **Your** information being used, processed, disclosed, transferred and retained for the purposes set out within this notice.

If **You** supply **Us** with personal information and/or sensitive personal information of other people, please ensure that **You** have fairly and fully obtained their consent for the processing of their information. **You** should also show this notice to the other people.

You should understand that if **You** do not consent to the processing of **Your** information or **You** withdraw consent, **We** may be unable to provide **You** with insurance services.

Changes to this Notice

We keep **Our** privacy notice under regular review. This notice was last updated on the 18th April 2018.

Contacting Us

If **You** have any questions relating to the processing of **Your** information, contact:

Head of Compliance, ERGO UK Specialty Limited, on behalf of Great Lakes Insurance UK Limited
Munich Re Group Offices
10 Fenchurch Avenue
London EC3M 5BN

Telephone: 020 3003 7444

E-mail: complaints@ergo-commercial.co.uk

Employers' Liability Tracing Office (ELTO)

By entering into this insurance **Policy You** will be deemed to specifically consent to the use of **Your** insurance Policy **data** in the following way and for the following purposes.

Certain information relating to **Your** insurance **Policy** including, without limitation:

- the **Policy** number(s);
- employers' names and addresses (including subsidiaries and any relevant changes of name);
- dates of cover;
- employer's reference numbers provided by Her Majesty's Revenue and Customs; and

- Companies House reference numbers (if relevant) will be provided to the ELTO and added to an electronic database ("the database").

This information will be made available by Us to ELTO in a specified and readily accessible form as required by the Employers' Liability Insurance: Disclosure by Insurers Instrument 2011. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

The database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for employers carrying on or who carried on business in the UK and who are covered by the employers' liability insurance of their employers ("the claimants"):

- to identify which **insurer** (or insurers) provided employers' liability cover during the relevant periods of employment; and
- to identify the relevant employers' liability insurance policies.

The database will be managed by ELTO.

D. DATA PROTECTION NATIONAL BREAKDOWN PRIVACY NOTICE

We are International Breakdown Ltd trading as National Breakdown, referred to as "we/us/our" in this notice. Our **data** controller registration number issued by the Information Commissioner's Officer is Z5282147.

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 us or one of our agents, **you** will be aware of the information that **you** provided when taking out the insurance. The agent will pass **your** information to us so that **we** can administer **your** insurance policy.

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.

International Breakdown'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://www.nationalbreakdown.co.uk/> or request a copy by emailing us at cs@nationalbreakdown.com. Alternatively, **you** can write to us at: Data Protection, International Breakdown Limited, Trust House, New Augustus Street, Bradford BD1 5LL.

E. BLUE BADGE MOBILITY INSURANCE - USE OF PERSONAL DATA

For the purposes of this notice **we/us/our** relates to Blue Badge Mobility Insurance

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. 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, Langstone Gate, Solent Road, Havant, Hampshire PO9 1TR, 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/ your Claims Administrator/ insurer** will not pay any benefit under this policy or return any premium to **you** and **we/ your insurer** may cancel **your** policy immediately and backdate the cancellation to the date of the fraudulent claim. **We/ your insurer** 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, **we** will then refund **your** premium in full.

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

We/ your insurer 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/ your Claims Administrator/ insurer** 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 **we** asked.

If **we/ your insurer** 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 **your insurer** has provided cover.

Where **our/ your Claims Administrator's/ insurer's** investigations provide evidence of fraud or misrepresentation, **we/ your insurer** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **you** provided **us/ your Claims Administrator/ insurer** with incomplete or inaccurate information. This may result in **your** policy being cancelled from the date **you** originally took it out and **we/ your insurer** 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/ your insurer**, as well as other insurers, in the future.

G. CARING FOR CUSTOMERS – COMPLAINTS PROCEDURE

How to make a complaint

Our aim is to provide all **Our** customers with a first class standard of service. However, there may be occasions when **You** feel this objective has not been achieved. If **You** have a complaint about **Your** Policy or the handling of a claim, the details below set out some of the key steps that **You** can take to address **Your** concerns.

Where do I start?

If **Your** complaint is about the way in which the Policy was sold to **You** or whether it meets **Your** requirements, please contact Blue Badge Mobility insurance. Phone: 01730 233 101, email Support@BlueBadgeMobilityInsurance.co.uk or write to Langstone Gate, Solent Road, Havant, Hampshire. PO9 1TR.

If **Your** complaint is about a claim, **You** should refer the matter to:

MPL Claims Management Ltd
The Octagon
27 Middleborough
Colchester
Essex CO1 1TG

Email: ergo@mplclaims.com

Telephone: 0345 060 0014

If **Your** complaint is about anything else, **You** should refer it to the contact details as set out below:

Ergo UK Speciality Ltd 10 Fenchurch Avenue London, EC3M 5BN

E-mail: complaints@ergo-commercial.co.uk

Alternatively, **You** can ask Blue Badge Mobility insurance to refer the matter on for **You**.

Please quote **Your** Policy number in all correspondence so that **Your** concerns may be dealt with speedily.

What happens next?

If **We** are not able to resolve **Your** complaint satisfactorily by close of business of the third business day following, **We** will refer **Your** complaint to the Head of Compliance at ERGO UK Specialty Limited on behalf of Great Lakes Insurance UK Limited who will send **You** an acknowledgement letter.

If **You** don't receive any acknowledgement letter, or at any time if **You** wish to do so, **You** may contact the Head of Compliance **Yourself** by writing to:

Head of Compliance
ERGO UK Specialty Limited, on behalf of Great Lakes Insurance UK Limited
Munich Re Group Offices

10 Fenchurch Avenue
London EC3M 5BN
Telephone: 020 3003 7444

E-mail: complaints@ergo-commercial.co.uk

The Head of Compliance will investigate **Your** complaint and will provide **You** with a written response within eight weeks of **Your** initial complaint. This will either be a final response or a letter informing You that **We** need more time for Our investigation.

If **You** remain unhappy

If **We** have not resolved **Your** complaint at the end of eight weeks, or if after receiving **Our** final response **You** remain dissatisfied, **You** may be able to refer **Your** complaint to the Financial Ombudsman Service (contact details below). **You** will have six months from the date of the final response to make this referral.

Your rights as a customer to take legal action are not affected by the existence or use of the complaints procedure mentioned above. However, the Financial Ombudsman Service may not adjudicate on a case where court proceedings are actively in progress.

The Financial Ombudsman Service
Harbour Exchange Square
Exchange Tower
London E14 9GE

Telephone: 0800 0234 567

Further information is available from them and **You** may refer a complaint to them online at

www.financial-ombudsman.org.uk.

The Ombudsman will review complaints from eligible complainants. An eligible complainant is defined as:

1. a private individual;
2. a business which has a group annual turnover of less than £6.5m (approx. €8.125m) and either:
 - a. fewer than 50 staff OR
 - b. an annual balance sheet total of less than £5m at the time the complainant refers the complaint to the respondent;
3. a charity which has an annual income of less than £6.5m at the time the complainant refers the complaint to the respondent; or
4. a trustee of a trust which has a net asset value of less than £5m at the time the complainant refers the complaint to the respondent.