

FAMILY ACCIDENT INSURANCE

Making a claim

You must notify **Our Authorised representative** (shown below) without delay or as soon as reasonably possible if **You** or any **Insured Person** has a claim, potential claim or event covered by this Certificate.

Simply contact **Our Authorised representative**, details can be found in the **Certificate schedule**.

You will be sent a claim form for completion and return by **You** as soon as **You** can.

The claim will need to be supported by a **Qualified Practitioner** in the United Kingdom.

For the purpose of assessing and verifying the claim and before **We** agree a claim, **We** may require the **Insured person** to undergo a medical examination (including a post-mortem), which would be at **Our** expense, when and as often as **We** may reasonably request.

We may also need statements or medical reports from the **Insured person's** treating medical attendant, vocational expert or consultant.

Any medical evidence and information that **We** require to assess and verify a claim will be paid for by **Us**.

We may also require the **Insured person** to attend any available rehabilitation courses considered appropriate by **Us**. Any attendance by **You** on a rehabilitation course that **We** require will be paid for by **Us**.

If **We** ask **You** or the **Insured person** to attend a medical examination or rehabilitation course and **You** or the **Insured person** refuse or do not attend, or if **We** do not receive the necessary consent to access **Your** or the **Insured person's** medical records or reports, **We** may refuse the claim.

Your claim may be reviewed by **Our** Chief Medical Officer. If evidence satisfactory to **Us** is not provided, **We** may decline the claim, for example.

No amount of benefit will become payable until **You** have provided proof to **Our** satisfaction of:

- the eligibility of the **Insured person**, including date of birth;
- the occurrence of the **Insured event**, with the relevant medical evidence.

If **We** agree to a payment of benefit, **We** are not admitting liability under this Certificate in respect of any pending or future claims. Each claim is dealt with on its own merits.

We will not be liable to pay any claims under this insurance unless **You** and/or the **Insured person(s)** comply with all terms and conditions set out in this Certificate.

If **You** are unclear about whether **You** can claim, or how to claim, please contact **Our Authorised representative** (shown below), details can be found in the **Certificate schedule**.

Important Contact Information – Our Authorised representative

Van Ameyde UK Limited, 34 The Mall, Bromley, Kent, BR1 1TS

Telephone Number: +44 (0) 20 8315 0701

E-mail: adjusters@vanameyde.com