

A dark green wooden door with a red cross sign and a metal handle. The door is made of vertical wooden planks and has several screws visible. A red cross is painted on a white circular background on the right side of the door. Below the cross is a metal handle with a latch. The top left corner of the image has a diagonal graphic element with red, white, and blue stripes.

Personal Accident Insurance

Policy Document

Call 0151 363 5290

www.forcesmutual.org

Underwritten by Collinson Insurance

Forces
Mutual

Contents

- Personal Accident Insurance 3
- Introduction to policy wording 3
- Who can have this policy 4
- How to make a claim 5
- Fraud 5
- How to make a complaint 6
- Definitions 7
- What is covered 10
- Table of benefits 10
- Important information 12
- What is not covered 13
- General conditions 13
- How to cancel 14
- Collinson Insurance Privacy Notice 15

Personal Accident Insurance

This insurance is arranged by Motorplus Limited t/a Coplus, underwritten by Collinson Insurance, and administered by PMGI Limited, trading as Forces Mutual.

Coplus is a trading name of Motorplus Limited. Registered in England and Wales with Company No 03092837 Head Office: Floor 2, Norfolk Tower, 48-52 Surrey Street, Norwich, NR1 3PA. Registered Office: Speed Medical House, Eaton Avenue, Buckshaw Village, Chorley, Lancashire, PR7 7NA. This insurance is effected in England and is subject to the Laws of England and Wales.

Collinson Insurance (a trading name of Astrenska Insurance Limited) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom. Registered in England number 01708613. These details can be checked on the Financial Services Register by visiting: www.fca.org.uk.

PMGI Limited, trading as Forces Mutual, is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 114942. Registered in England & Wales No. 1073408. Registered office: Brookfield Court, Selby Road, Leeds, LS25 1NB.

Introduction to policy wording

Welcome to **your** Forces Mutual Personal Accident policy. It's important that **you** read this wording, application form (if **you** completed one) and **your** policy schedule to make sure that everything **you've** told **us** is correct. Please read this policy carefully so that **you** understand the cover **we** are giving **you**. **You** must follow the terms and conditions set out in this policy wording. It's important that **you** keep these documents in a safe place in case **you** need to look at them later.

Unless **we** have agreed differently with **you**, English law and the decisions of English courts will govern this insurance.

Your responsibility

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

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

Failure to provide answers in-line with the requirement of the Act may mean that **your** policy is invalid, and **you** won't be able to make a claim.

If any of the above circumstances change, **you** must inform Forces Mutual immediately as **you** may no longer meet the requirement of the policy.

Who can have this policy

To buy this policy, **you** must be:

- aged under 65 years of age, and
- a serving member of H.M. Forces, or
- civilian staff of the MoD, or
- the husband, wife, civil **partner** or **partner** of the above

or with **our** prior approval:

- a member of the Army Reserve, or
- a contractor employed by the MoD, or
- an employee of an affinity partner of the MoD

How long does this policy last

This is a monthly rolling contract. **Your** insurance starts on the date shown in **your** policy schedule and continues for a period of one month. It will continue for periods of one month at a time as long as **you** pay **your** monthly premium.

Payment of premium

You must pay the monthly premium by direct debit for this policy to keep **your** cover. If **you** do not pay the premium when it is due, **we** may cancel **your** policy.

When does my policy end

Cover will end on the earliest of the following dates:

1. When **you** do not pay **your** monthly premium
2. The policy is cancelled by **you**, or
3. The policy is cancelled by **us**.

Our right to change the cover or price

You will receive at least 30 days written notice if **we** decide or need to change **your** policy cover or the price of **your** insurance for any reason, such as.

- To make small changes to the words in **your** policy that do not affect the cover **you** get, and just make it easier to understand.
- To follow any new laws, regulations, or guidelines that affect **us** or **your** policy.
- To follow any changes in taxes that apply to **your** policy.
- To cover the costs of providing **your** insurance if there are more or fewer claims than **we** expected.
- To cover the costs of any new benefits or cover **we** add to **your** policy.
- To cover the costs of any changes to **our** systems or technology that help provide **your** insurance.

If the changes are favourable for **you**, **we** may make them straight away and let **you** know within 30 days.

If **you** are on an **operational tour** when **we** notify **you** of any changes to **your** policy or **you** start an **operational tour** within 30 days of that notification, **we** will treat any claim arising during that same **operational tour** under the previous policy wording if it is beneficial to **you** to do so.

How to make a claim

If **you** need to make a claim, **we** recommend that **you** check **your** policy cover to see if it is covered.

To make a claim please contact **us**:

Telephone: 0333 043 4638

Online Claims Form: forcesmutualclaims.coplus.co.uk

Or **you** can write to us at: Claims Consortium Group Nightingale House, East Reach, Taunton, Somerset, United Kingdom, TA1 3EN

You must notify **us** as soon as possible following an injury and within 90 days of the injury. If **you** do not, **you** may not be able to make a claim.

You will need to send **us**, at **your** own expense, a completed claim form and any medical evidence **we** ask for to support **your** claim. **We** will not pay **your** claim if **you** cannot give **us** this evidence.

We may require **you**, at **our** expense, to be examined by a medical examiner of **our** choice and **we** may request an independent medical report.

As part of **our** commitment to customer care **we** may arrange for support agents to visit **you**. The purpose of any such visit will be to gather details relating to **your** claim to ensure an accurate assessment. **You** must make yourself available for any such visit.

Fraud

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

- Fails to reveal or hides a fact likely to influence whether **we** accept **your** proposal, **your** renewal, or any adjustment to **your** policy.
- Fails to reveal or hides a fact likely to influence the cover **we** provide.
- Makes a statement to **us** or anyone acting on **our** behalf, knowing the statement to be false.
- Sends **us** or anyone acting on **our** behalf a document, knowing the document to be forged or false.
- Makes a claim under the policy, knowing the claim to be false or fraudulent in any way.
- Makes a claim for any loss or damage **you** caused deliberately or with **your** knowledge.

If **your** claim is in any way dishonest or exaggerated, **we** will not pay any **benefit** under this policy or return any premium to **you**, and **we** may cancel **your** policy immediately and backdate the cancellation to the date of the fraudulent claim. **We** may also take legal action against **you** and inform the appropriate authorities.

How to make a complaint

We always aim to provide excellent service. However, if **you** have a complaint, please follow these steps.

1. If **your** complaint is about the sale of **your** policy, contact Forces Mutual.

Telephone: 0151 363 5290

Email: groupcomplaintsteam@forcesmutual.org

Mail: Floor 3, Exchange Station, Tithebarn Street, Liverpool, L2 2QP

2. If **your** complaint is about a claim **you** made, contact Coplus:

Email: qtmail@coplus.co.uk

Telephone: 0333 043 4638

Mail: Coplus Claims, Floor 2 Norfolk Tower, 48-52 Surrey Street, Norwich, NR1 3PA

We will respond to **your** complaint within eight weeks of receiving it. **Our** response will be **our** final decision based on the information provided. If there is a delay in **our** investigations, **we** will explain the reason and give **you** an estimate of when **we** will reach a decision.

If, for any reason, **you** are still dissatisfied or have not received a final answer within eight weeks, **you** have the right to escalate **your** complaint to an independent authority called the Financial Ombudsman Service (FOS). **You** can contact them using the details below:

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

Telephone: 08000 234 567 (free for people calling from a landline) or 0300 123 9123

Email: complaint.info@financial-ombudsman.org.uk

Following this complaints procedure does not stop **you** from taking legal action.

Definitions

Where **we** explain what a word means below, that word will be highlighted in bold print and will have the same meaning wherever it is used in this policy.

Benefit(s)

The amount shown in the table of benefits multiplied by the number of units **you** have chosen, shown on **your** schedule. This does not apply to benefit 15 Staying overnight in hospital.

We will decide what benefit to pay **you** after a waiting period of 26 weeks from the date of the accident, unless **we** agree to pay sooner.

Basilar fracture

A **linear fracture** in the floor of the cranial vault.

Bodily Injury

Physical injury to the body caused by a specific event including exposure to the elements.

Child/children

All of **your** or **your partner's** unmarried children between the ages of 30 days and 18 years (or 23 years if in full time education) that live with **you** at the time of the accident.

Depressed fracture

A comminuted fracture of the **skull** in which broken bone(s) is displaced inwards.

Diastatic fracture

A fracture where the fracture line goes across one or more sutures of the **skull** causing a widening of the suture.

Doctor

A person other than **you**, a member of **your** immediate family or an employee of **yours**, who is qualified as a consultant in the branch of medicine to which the **bodily injury** relates.

Facial scarring (including burns)

Any permanent sign of damage or injury to the area from the hairline to and including the lower jaw and ears of at least a total of 5 square centimetres or more in area or a total of 5 centimetres or more in length.

Flesh wounds (including shrapnel)

An injury to any part of the body resulting in a restriction of movement, loss of strength and/or permanent physical disfigurement. It must cover at least in total 10 square centimetres in area or in total 10 centimetres in length. This applies whilst engaging in occupational duties only.

Fractured leg or kneecap with established non-union

A non-union fracture is when a cartilage-like link forms between the fractured bone ends.

Gunshot wound

Injury resulting from the penetration of the body by an object fired from a gun by explosive charge. This includes but not limited to a bullet, shell, rocket or grenade.

Linear Fracture

A break in the **skull** bone(s) that goes through the full thickness of the **skull** from the outer to the inner table.

Loss of hearing

Total and permanent loss in one or both ears meaning that the hearing in one or both ears is greater than 95 decibels across all frequencies using a pure tone audiogram that has lasted 52 weeks in a row and that in the opinion of a **doctor** will not get any better.

Loss of limb

Complete loss of an entire hand or foot or the total and permanent **loss of use** of an entire hand or foot that in the opinion of a **doctor** will not get any better.

Loss of sexual organs

An injury resulting in the loss of penis, testicles, uterus or ovaries as outlined in the levels below.

Level 1 – The complete loss of two testicles and penis or the complete loss of two ovaries and uterus

Level 2 – The complete loss of two testicles or the complete loss of two ovaries

Level 3 – The complete loss of one testicle or the complete loss of one ovary

Level 4 – The complete loss of penis or the complete loss of uterus.

Loss of speech

Total and irrecoverable loss of speech that has lasted 52 weeks in a row and that in the opinion of an **doctor** will not get any better.

Loss of use

The permanent and irrecoverable loss of all movement and feeling.

Military Vehicle

A vehicle owned by and registered to H.M. Forces.

Operational Tour

A tour of duty for which an operational allowance is paid to **you**.

Partner

The person who normally lives with **you** at the time of injury.

Permanent total disablement

Permanent disablement that in the opinion of a **doctor** will not get any better.

Level 1 – **You** are unable to follow any and every occupation for the rest of **your** life. **We** may choose to review **your** condition over a period of 52 weeks in a row.

Level 2 – **You** are unable to continue **your usual occupation**.

Level 3 – **You** are unable to receive **specialist pay** following a change in duties.

Only one level of **benefit** will be paid for any one accident and in the event **your** claim changes in level the **benefit** payable in total will be the amount shown under the new level.

Rehabilitation centre

A place for the care of H.M. Forces personnel which has space for live in patients and facilities available for rehabilitation from **bodily injury**. It does not include a convalescence home, an extended care facility, a geriatric home or a long-term nursing home.

Severely sight impaired

Registered as severely sight impaired by a **doctor** with visual acuity of less than 3 / 60 on the Snellen Scale (which means seeing at 3 feet what **you** should see at 60 feet) visual acuity between 3 / 60 and 6 / 60 on the Snellen Scale with a severe reduction of field of vision such as tunnel vision.

Sight impaired

Registered as sight impaired by a **doctor**:

- Visual acuity of 3 / 60 to 6 / 60 on the Snellen Scale with a full field of vision (which means seeing at 3 to 6 feet what **you** should see at 60 feet)
- Visual acuity of up to 6 / 24 on the Snellen Scale with a moderate reduction of field of vision or with a central part of vision that is cloudy or blurry
- Visual acuity of up to 6 / 18 on the Snellen Scale if a large part of **your** field of vision for example a whole half of **your** vision is missing or a lot of **your** peripheral vision is missing.

Skull

The 8 cranial bones which make up the neurocranium.

Specialist pay

Any extra money paid by H.M. Forces for doing particular tasks or activities relating to **your** specific role. This does not include extra pay for active duties.

Usual occupation

For **you**, this means being employed in any role by H.M. Forces. For a **partner**, it is their normal full time paid job as long as it is 30 hours a week or more.

We / us / our

Collinson Insurance.

You / your

The policyholder, whose name appears in the policy schedule. Or where you have selected family cover you and your **partner**, and any **children**.

What is covered

We will pay out the relevant **benefits** to **you** or **your** estate if, during the period of insurance, **you** suffer a **bodily injury** or have to stay overnight in hospital within two years, as shown in the **benefits** table.

For any one accident (no matter how many injuries happened), the most **we** will pay is.

- £30,000 per unit.
- Except if **you** are hit by a **military vehicle** resulting in a valid claim, then the maximum is £37,500 per unit.

Table of benefits

- This table shows **you** the amount **you** can claim for 1 unit of cover.
- The maximum number of units **you** can buy is five.
- The number of units can only be changed once in any 12-month period and can only change by a maximum of 2 units in either direction. i.e. if **you** have 2 units **you** may change up to 4 units once in a 12-month period and then reduce back down to 2 units once **you** have had 4 units for 12 months or more.
- The cover applies to each person covered by this policy, other than for Section 1 **Permanent Total Disablement** where cover only applies to **you** and **your partner** if **you** buy family cover. Please note the provisions which appear at the end of this table of **benefits**.

Item	Description	Amount Payable
1	Permanent total disablement a) Level 1 – You being unable to follow any and every gainful occupation b) Level 2 – You being unable to continue their usual occupation c) Level 3 – You unable to receive specialist pay following a change in duties	£30,000 £3,000 £1,500
2	a) Complete loss of sight in both eyes – (Registered as ' severely sight impaired ') b) Partial loss of sight in both eyes – (Registered as ' sight impaired ') c) Complete loss of sight in one eye – (Registered as ' severely sight impaired ') d) Partial loss of sight in one eye – (Registered as ' sight impaired ')	£30,000 £7,500 £15,000 £3,750
3	a) Loss of limb (two or more) b) Loss of limb (one limb)	£30,000 £22,500
4	Loss of speech	£30,000
5	a) Complete loss of hearing in both ears b) Complete loss of hearing in one ear	£30,000 £7,500

6	Permanent total loss of or loss of use of: a) shoulder or elbow or hip or knee or ankle or wrist b) finger (at least one complete bone) c) thumb (at least one complete bone) d) big toe (at least one complete bone) e) other toes (at least one complete bone)	£7,500 £3,000 £4,500 £1,500 £1,500
7	Fractures a) Fractured leg or kneecap with established non-union b) Fracture to the arm which includes humerus ulna radius and/or c) any of the bones of the wrist d) Fracture to the leg which includes femur patella tibia fibula and/or any of the bones of the ankle e) Fracture to at least one vertebra (excluding those forming the coccyx)	£1,250 £75 £150 £200
8	Fracture of the skull a) Linear fracture of the skull b) Depressed fracture, diastatic fracture or basilar fracture of the skull	£200 £500
9	Facial scarring – (including burns) of at least a total of: a) 5 square centimetres or more in area or a total of 5 centimetres or more in length b) 10 square centimetres or more in area or a total of 10 centimetres or more in length	£1,000 £2,000
10	Third degree burns (excluding facial scarring) covering a) 27% or more of the total body surface b) 18% or more of the total body surface c) 9% or more of the total body surface d) 4.5% or more of the total body surface	£4,800 £3,600 £2,400 £1,200
11	Flesh wounds – (including shrapnel) which covers at least in total 10 square centimetres in area or in total 10 centimetres in length	£200
12	Gunshot wound	£200
13	Loss of sexual organs a) Level 1 – The complete loss of two testicles and penis or the complete loss of two ovaries and uterus b) Level 2 – The complete loss of two testicles or the complete loss of two ovaries c) Level 3 – The complete loss of one testicle or the complete loss of one ovary d) Level 4 – The complete loss of penis or the complete loss of uterus	£5,000 £1,000 £500 £500
14	Fatal injury	£2,000
15	Staying in hospital overnight a) Hospital admission – because of an accident. Payment of benefit will start from the 5th night in a row for each night up to a maximum of 365 nights. b) Rehabilitation centre admission – payable following a qualifying hospital admission – claim for each night up to a maximum of 365 nights within 4 years of the hospital admission. Benefit 15 does not increase with the number of units purchased.	£40 £10

Important information

1. For any one accident the most **we** will pay for one unit of cover is £30,000.
2. If **you** suffer partial loss of sight within 52 weeks from date of the accident which later becomes complete loss of sight the most **we** will pay in total will be the amount shown for complete loss of sight.
3. If **we** pay a **benefit** for any combination of items 6 (a) (b) (c) (d) (e) which within 52 weeks from date of the accident becomes a claim under item 3 **loss of limb**, the most **we** will pay in total will be the amount shown for **loss of limb**.
4. If **we** pay a **benefit** for a fracture under item 7 (c) which later becomes a fracture with established non-union within 52 weeks from date of the accident, the most **we** will pay in total will be the amount shown under item 7 (a).
5. If **we** pay a **benefit** for a fracture under item 8 (a) which is later diagnosed as a fracture under items 8 (b) within 52 weeks from date of the accident, the most **we** will pay in total will be the amount shown under item 8 (b).
6. The most **we** will pay under item 13 is £5,000.
7. The most **we** will pay for **children** for a fatal injury is £5,000 it doesn't matter how many units of cover **you** have.
8. The most **we** will pay for any claim resulting from **you** riding a motorcycle or quadbike, including getting on or off and doing to roadside repairs is limited to 50% of the amount shown in the table of **benefits**.
9. If **you** die within 26 weeks of **bodily injury**, **we** will only pay item 14 – Fatal Injury.
10. The most **we** will pay under item 12 is £200 however many **gunshot wounds you** suffer in a single event.
11. Only one of **benefits** 11 and 12 is payable if a **gunshot wound** results in a flesh wound.
12. If **you** are hit by a **military vehicle** which results in a valid claim under one or more of **benefits** 1 – 11 inclusive and **benefits** 13 and 14 as detailed in the table of **benefits**, the amount payable will increase by 25% subject to a maximum amount payable of £37,500 per one unit of cover.
13. No **benefit** shall be payable for the further deterioration of injuries beyond 52 weeks from the date of the accident other than for **benefit** 15 Staying overnight in hospital.

Disappearance

If **you** go missing, and after some time it is reasonable to believe **you** have died from a **bodily injury** covered by this policy, **we** will pay out the fatal accident **benefit**. However, **you** must agree that if it is later discovered the person did not actually die, the **benefit** must be returned to **us**.

What is not covered

1. Any claim that is directly or indirectly because of post-traumatic stress disorder and/or any related and/or associated conditions.
2. Any injury that happens while **you** are under the influence of drugs, except those drugs prescribed by a **doctor** and administered in accordance with the correct dosage amount.
3. Any injury that happens while **you** are under the influence of alcohol.
4. Claims whilst being involved in any illegal or irresponsible activities.
5. If the injury was caused by an illness, disease or disorder.
6. Injuries that arise from, can be traced back to, or are caused by any gradually developing bodily deterioration, regardless of what caused that deterioration.
7. If the injury results from any medical condition whether diagnosed or not that **you** knew about at the start date of this **policy** or has suffered in the 12 months before this policy started.
8. Fractures claims where osteoporosis was diagnosed or known about.
9. Any injury that is self-inflicted or caused by attempted suicide.
10. Injuries to a **child** under 30 days old or over age 18 (23 if a full-time student).
11. Any claim after **you** turn 65 years old.
12. Injuries caused by any medical or surgical procedures.
13. Any injury as a result of taking part in professional sports.
14. Any injury caused by the use of or release of any nuclear weapon or device or chemical or biological agent.

General conditions

Multiple Policies

You can only have one personal accident policy with **us**. If **you** have more than one, **you** can only claim under one of those policies.

Sanctions

We shall not provide cover or be liable to pay any claim or other sums, including return premiums, where this would expose **us** to any sanction, prohibition or restriction under United Nations resolutions, asset freezing or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, and/or all other jurisdictions where **we** transact business.

Suspension Period

We may declare a suspension period in the event of a public announcement of the formation and deployment of 2,000 or more UK Service personnel to take part in and continue to be deployed in an armed conflict, either actual or imminent. The suspension period may take effect immediately or at a specified future date and will operate as follows:

- New applications or increases in cover will not be accepted by **us** during a suspension period or 30 days before a suspension period starts.

- Any premium received by **us** for applications or increases in cover during the 30 days before a suspension period commences will be refunded.
- Cover starting more than 30 days before the start of a suspension period will not be affected.

How to cancel

You have the right to cancel this policy within 14 days of the date of issue or receipt of the terms and conditions, whichever is later. **We** will refund to **you** any premium **you** have paid to **us**. **You** can cancel this policy after 14 days, but **we** will not give **you** back any premium.

To cancel contact us

Tel: 0151 363 5290

Mail: Forces Mutual Floor 3, Exchange Station, Tithebarn Street, Liverpool, L2 2QP.

Cancellation by us

We do not have to accept the renewal of any insurance and may at any time cancel any insurance policy 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:

- Where **we** reasonably suspect fraud.
- Non-payment of premium.
- Threatening and abusive behaviour.
- Non-compliance with policy terms and conditions.
- **You** have not taken reasonable care to provide complete and accurate answers to the questions **we** ask.

Where **our** investigations provide evidence of fraud or a serious non-disclosure, **we** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **you** provided **us** with incomplete or inaccurate information. **Your** policy may be cancelled from the date **you** first took it out.

If **we** cancel the policy and/or any additional covers **you** will receive a refund of any premiums **you** have paid, less a proportionate deduction for the time **we** have provided cover, unless the reason for cancellation is fraud and/or **we** are entitled to keep the premium under the Consumer Insurances (Disclosure and Representations) Act 2012.

Your personal Information

Information about how Forces Mutual collect, use, share, transfer and store **your** personal information, and information about **your** rights in relation to the personal information which Forces Mutual hold about **you**, can be found in the terms of business provided in **your** new business documentation. Alternatively **you** can read Forces Mutual's full Privacy notice online at: www.forcesmutual.org/about/privacy-policy or contact the Data Protection Officer at:

Post: 4th Floor, 24 Old Bond Street, London W1S 4AW.

Email: datacontroller@bspokegroup.co.uk

Collinson Insurance Privacy Notice

As a data controller, **we** collect and process information about **you** so that **we** can provide **you** with the products and services **you** have requested. **We** also receive personal information from **your** agent on a regular basis while **your** policy is still live. This will include **your** name, address, risk details and other information which is necessary for **us** to:

- Meet **our** contractual obligations to **you**.
- Issue **you** this insurance policy.
- Deal with any claims or requests for assistance that **you** may have.
- Service **your** policy (including claims and policy administration, payments and other transactions).
- Detect, investigate and prevent activities which may be illegal or could result in **your** policy being cancelled or treated as if it never existed.
- Protect **our** legitimate interests.

Some of the personal information that **you** provide may be sensitive information. This includes details about **your** health or medical records. Where **we** need **your** consent to collect and process **your** sensitive information, this will be obtained from **you** at the relevant time. Please note that, in these cases, **we** may not be able to sell **you** an insurance policy or deal with a claim if **you** do not agree to **us** processing relevant sensitive information.

To administer **your policy** and deal with any claims, **your** information may be shared with trusted third parties. This will include members of The Collinson Group, third party administrators, contractors, investigators, crime prevention organisations and claims management organisations where they provide administration and management support on **our** behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, **we** will have strict contractual terms in place to make sure that **your** information remains safe and secure.

We will not share **your** information with anyone else unless **you** agree to this, or **we** are required to do this by **our** regulators (e.g. the Financial Conduct Authority) or other authorities.

The personal information **we** have collected from **you** will be shared with fraud prevention agencies and databases who will use it to prevent fraud and money-laundering and to verify **your** identity. If fraud is detected, **you** could be refused certain services, finance, or employment. Further details of how **your** information will be used by **us** and these fraud prevention agencies and databases, and **your** data protection rights, can be found by visiting www.cifas.org.uk/fpn and www.insurancefraudbureau.org/privacy-policy.

Processing your data

Your data will generally be processed on the basis that it is:

- necessary for the performance of the contract that **we** have with **you**;
- is in the public or **your** vital interest: or
- for **our** legitimate business interests.

If **we** are not able to rely on the above, **we** will ask for **your** consent to process **your** data.

How we store and protect your information

All personal information collected by **us** is stored on secure servers which are either in the United Kingdom or European Union.

We will need to keep and process **your** personal information during the period of insurance and after this time so that **we** can meet **our** regulatory obligations or to deal with any reasonable requests from **our** regulators and other authorities.

We also have security measures in place in **our** offices to protect the information that **you** have given **us**.

How you can access your information or correct anything which is wrong

You have the right to request a copy of the information that **we** hold about **you**. If **you** would like a copy of some or all of **your** personal information please contact **us** by email or letter as shown below:

Email address: data.protection@collinsongroup.com

Postal Address: 3 More London Riverside, London, SE1 2AQ

This will normally be provided free of charge, but in some circumstances, **we** may either make a reasonable charge for this service, or refuse to give **you** this information if **your** request is clearly unjustified or excessive.

We want to make sure that **your** personal information is accurate and up to date. **You** may ask **us** to correct or remove information **you** think is inaccurate.

If **you** wish to make a complaint about the use of **your** personal information, please contact **our** Complaints manager using the details above. **You** can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at <https://ico.org.uk/>

Financial Services Compensation Scheme

The Financial Services Compensation Scheme covers this policy. **You** may be entitled to compensation from this scheme if **we** cannot meet **our** liabilities under this policy. Further information about compensation scheme arrangements is available at www.fscs.org.uk or by telephoning 0207 741 4100.



Call 0151 363 5290
www.forcesmutual.org

Forces
Mutual

Coplus is a trading name of Motorplus Limited. Registered in England and Wales with Company No. 03092837. Head Office: Floor 2, Norfolk Tower, 48-52 Surrey Street, Norwich NR1 3PA. Registered Office: Speed Medical House, Eaton Avenue, Buckshaw Village, Chorley, Lancashire PR7 7NA. Motorplus Limited is authorised and regulated by the Financial Conduct Authority (309657). Astrenska Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority Financial Firm reference number 202846. Registered Office: 3 More London Riverside, London, SE1 2AQ. PMGI Limited, trading as Forces Mutual, is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 114942. Registered in England & Wales No. 1073408. Registered office: Brookfield Court, Selby Road, Leeds, LS25 1NB. For your security all calls are recorded and may be monitored.