



**PERSONAL**  
ACCIDENT AND TRAVEL COVER FOR JOURNALISTS

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## OUR FULL TERMS AND CONDITIONS

Here are the full Terms and Conditions that govern our policies.

We have tried to make them as straight forward as possible. If you want more details or an explanation of any of the terms then please do get in touch.

This Policy is a contract between the **MASTER POLICYHOLDER** and the **Insurer** and is comprised of these Policy Terms and Conditions, the Application Form and the Certificate of Insurance.

The Insurer agrees to provide the insurance cover detailed in this Policy for the perils / cover shown as being included on the Covered Individual's Certificate of Insurance.

The Insurer will only provide cover to those person(s) shown as being a Covered Individual on their Certificate of Insurance for the Period of Insurance stated, provided that (i) the Covered Individual is a member of the International Federation of Journalists, (ii) the required premium has been paid in full and (iii) and the Insurer has accepted the On-Line Application Form for Insurance.

If in the event of a claim the Insurer may be required to undertake work to identify or assist in the identification of the Covered Individual's beneficiary(ies); the Insurer may charge an additional fee commensurate with the level of work involved in locating such person(s). In such an event the fees will not exceed EUR 1,000.



## INSURER

This insurance is provided by Tangiers Insurance Services Ltd. Suite 24, 80 Churchill Square, Kings Hill, West Malling, Kent, ME19 4YU, United Kingdom. Tangiers Insurance Services Ltd. is regulated and authorised by the Financial Conduct Authority (registration 774757) in the UK.

The Coverholder acts as an agent of Lloyd's Insurance Company S.A. in performing its duties under the Coverholder Appointment Agreement with the Unique Market Reference stated on Your Certificate.

This contract of insurance is insured by Lloyd's Insurance Company S.A.

Lloyd's Insurance Company S.A. is a Belgian limited liability company (société anonyme / naamloze vennootschap) with its registered office at Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium and registered with Banque-Carrefour des Entreprises / Kruispuntbank van Ondernemingen under number 682.594.839 RLE (Brussels). It is an insurance company subject to the supervision of the National Bank of Belgium.

Its Firm Reference Number(s) and other details can be found on [www.nbb.be](http://www.nbb.be).

Website address: [www.lloyds.com/brussels](http://www.lloyds.com/brussels)

E-mail: [enquiries.lloydsbrussels@lloyds.com](mailto:enquiries.lloydsbrussels@lloyds.com)

### Bank details:

Citibank Europe plc Belgium Branch,  
Boulevard General Jacques 263G,  
Brussels 1050,  
Belgium - BE46570135225536.

### We would like to draw Your attention to important information about Your policy including:

**Eligibility:** To be eligible for this insurance You must be a member of the International Federation of Journalists on the date of travel and 69 years or under when the trip, for which this insurance is purchased, finishes

**Changes to Your Policy:** You must answer all questions about this policy honestly and fully at all times. You must also tell Us straight away if anything that You have already told Us changes by calling Us on +44 20 3608 1283. If You do not tell Us Your policy may be cancelled and any claim You make may not be paid

**Conditions and Exclusions:** There are conditions and exclusions which apply to each individual section of Your policy and there are general conditions and exclusions which apply to the whole of Your policy



## GENERAL POLICY DEFINITIONS

For the purpose of these Policy Terms and Conditions the following definitions shall apply. Where these defined words are used in this Policy they are capitalised:

**‘ACCIDENT’** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the Period of Insurance and shall also include disappearance. If the Covered Individual disappears, is not found within 12 (twelve) months of disappearing, and sufficient evidence is produced satisfactory to the Insurer that leads them inevitably to the conclusion that the Covered Individual has sustained Bodily Injury and that such injury has caused the Covered Individual's death, the Insurer shall forthwith pay any death benefit, where applicable, under this Insurance provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Insurer if the Covered Individual is subsequently found to be living as a prerequisite to the payment of such benefit.

**‘APPLICATION FORM’** means the on-line Application for Insurance for Journalists Personal Accident and Travel Cover completed by the Covered Individual.

**‘BENEFITS’** means the benefits provided by this Policy as shown on the Certificate of Insurance.

**‘BODILY INJURY’** means identifiable physical injury which

- a) is sustained by the Covered Individual, and
- b) is caused by an Accident, and
- c) solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or Permanent Total Disablement of the Covered Individual within 12 (twelve) months from the date of the Accident.

**‘CERTIFICATE OF INSURANCE’, ‘CERTIFICATE’** means the evidence of insurance issued by the Insurer to the Covered Individual upon acceptance of the Application Form detailing the particulars of the cover issued and which should be read in conjunction with these Policy Terms and Conditions.

**‘COUNTRY OF DOMICILE’** means the country shown as the Contact Address for the Covered Individual as stated on the Certificate of Insurance.

**‘ILLNESS’** means sickness or disease of the Covered Individual which first manifests itself during the Period of Insurance.

**‘INSURANCE’** means this policy of insurance, comprised of these Terms and Conditions, the Application Form and the Certificate of Insurance.

**‘INSURER’, ‘US’, ‘OUR’ or ‘WE’** means Tangiers Insurance Services Limited on behalf of Lloyd's Insurance Company S.A. as stated on page 1.





**‘COVERED INDIVIDUAL’, ‘YOU’ or ‘YOUR’** means the individual shown in the Certificate of Insurance.

**‘LOSS OF A LIMB’** means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of hand, arm or leg.

**‘LOSS OF SIGHT’** means total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what You should see at 60 feet.)

**‘MASTER POLICYHOLDER’, ‘INSURED’ OR ‘POLICYHOLDER’** means the International Federation of Journalists, IPC-Residence Palace, Rue de la Loi 155, B-1040 Brussels, Belgium

**‘MEDICAL PRACTITIONER’** means a registered, qualified, practicing member of the medical profession, who is not related to the Covered Individual(s).

**‘POLICY INCEPTION DATE’** as stated on the Your Certificate of Insurance means the date on which the cover under Your insurance starts.

**‘PERIOD OF INSURANCE’** means the period shown on Your Certificate of Insurance

**‘PERMANENT TOTAL DISABLEMENT’** means disablement which entirely prevents the Covered Individual from attending to any business or occupation for which they are reasonably suited by training, education or experience and which lasts twelve months and at the end of that period is beyond hope of improvement.

**‘PRE-EXISTING CONDITION’** means any

- a) condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received during twelve (12) months immediately preceding the Policy Inception Date;
- b) condition that had manifested itself in such a manner that would have caused a reasonably prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within twelve (12) months immediately preceding the Policy Inception Date;
- c) injury, sickness, disease, or other physical, medical, mental, or nervous conditions, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of completion of the Application Form or within twelve (12) months immediately preceding the Policy Inception Date.

**‘SUM INSURED’** means the sum insured by this Insurance detailed in the Certificate of insurance for the Covered Individual.

**‘TRIP’** means a journey within the country(ies) stated on Your Policy Certificate, during the Period of Insurance



## SECTION 1 - ACCIDENTAL DEATH AND DISABLEMENT

### What is covered:

We will pay one of the benefits shown in the Schedule of Benefits for the cover level as shown on Your Policy Certificate If You suffer Bodily Injury as a result of an Accident during the Trip which, within 12 months of the date of the Accident, is the sole and direct cause of Your death or Loss of Limb, Loss of Sight or Permanent Total Disablement

## EXCLUSIONS - SECTION 1

This Insurance does not cover claims caused or contributed to by:

- a) injury not caused solely by an Accident;
- b) Your disablement caused by mental or psychological trauma not involving Your Accidental Bodily Injury;
- c) any more than one payment for one item under this section;
- d) a Covered Individual engaging in any occupation involving significantly greater risk or hazard than that declared to Us when this insurance was taken out;
- e) the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials;
- f) nuclear reaction, nuclear radiation or radioactive contamination;
- g) the Covered Individual engaging in or taking part in armed forces service or operations as an active participant;
- h) the Covered Individual engaging in flying of any kind other than as a passenger;
- i) the Covered Individual's suicide or attempted suicide or intentional self-injury or the Covered Individual being in a state of insanity;
- j) venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;
- k) the Covered Individual's deliberate exposure to exceptional danger (except in an attempt to save human life or as part of their work as a journalist);
- l) the Covered Individual's own criminal act;
- m) the Covered Individual being under the influence of alcohol or drugs;
- n) pregnancy or childbirth;
- o) neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type.
- p) any Pre-existing Condition
- q) anything mentioned in the General Exclusions



## CONDITIONS - SECTION 1

1. If the Covered Individual shall regularly engage in any occupation, sport, pastime or other activity in which materially greater risk may be incurred than previously disclosed in connection with this Insurance without first notifying the Insurer and obtaining their written agreement to the inclusion under this Insurance, (subject to the payment of any additional premium as the Insurer may reasonably require as the consideration for such agreement), then no claim shall be payable in respect of any Accident or Illness arising from such activity.
2. Unless otherwise declared to and agreed by the Insurer no benefit will be payable for any condition for which the Covered Individual has sought advice, diagnosis, treatment or counselling or of which the Covered Individual was or should reasonably have been aware at inception of this Insurance or for which the Covered Individual has been treated at any time prior to inception of this Insurance.
3. Notice must be given to the Assistance Company as detailed in this Policy as soon as reasonably practicable of any Accident or Illness which causes or may cause a claim within the meaning of this Insurance, and the Covered Individual must as early as possible seek the attention of a duly qualified Medical Practitioner. Notice must be given to the Insurer as soon as reasonably practicable in the event of the death of the Covered Individual resulting or alleged to result from a covered Accident.
4. All medical records, notes and correspondence referring to the subject of a claim or a related Pre existing Condition shall be made available on request to any medical adviser appointed by or on behalf of the Insurer and such medical adviser shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make an examination of the Covered Individual.
5. Any fraud, concealment, or deliberate mis statement either in the Application Form on which this Insurance is based or in relation to any other matter affecting this Insurance or in connection with the making of any claim hereunder shall render this Insurance null and void and all claims hereunder shall be forfeited. In such circumstances, the Insurer shall return all Policy premium paid by the Policyholder less an administrative fee of EUR50 and the Covered Individual shall repay to the Insurer in full all and any monies already received pursuant to the Policy to the Insurer without delay. Please refer to the Section below entitled "POLICY TERMINATION BY COVERED INDIVIDUAL OR INSURER" for further information.





## War and Terrorism Extension

This insurance is extended to include Bodily Injury directly or indirectly caused by, resulting from, or in connection with any of the following perils:

1. War, hostilities or warlike operations (whether war be declared or not);
2. Invasion;
3. Act of an enemy foreign to the nationality of the Covered Individual or the country in, or over, which the act occurs;
4. Civil war;
5. Riot;
6. Rebellion;
7. Insurrection;
8. Revolution;
9. Overthrow of the legally constituted government;
10. Civil commotion assuming the proportions of, or amounting to, an uprising;
11. Military or usurped power;
12. Explosions of war weapons;
13. Murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Covered Individual whether war be declared with that state or not;
14. Terrorist activity.

### PROVIDED ALWAYS;

- a) that the Covered Individual is not actively participating in any, or all, of Perils 1 to 14 above, and
- b) that none of 1 to 14 above are the result of the utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined, and,
- c) that this extension is subject to the Terms and Conditions of the Limited War Exclusion Clause detailed below.

For the purpose of this extension;

**“Terrorist activity”** means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/ or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of Terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).



Utilisation of nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

Utilisation of chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

Utilisation of biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

## LIMITED WAR EXCLUSION CLAUSE

This insurance does not cover loss consequent on:

- a) war, whether declared or not, between any of the following countries, namely, China, France, the United Kingdom (being England, Scotland, Wales and Northern Ireland), the Russian Federation and the United States of America, or
- b) war in Europe, whether declared or not, other than:
  - i) civil war
  - ii) any enforcement action by on behalf of the United Nations, in which any of the countries stated in (a) above or any armed forces thereof are engaged.

## SECTION 2 - MEDICAL EXPENSES INSURANCE

We will pay up to the amount shown in the Schedule of Benefits during the Period of Insurance (for the cover level as shown on the Certificate of Insurance) for each Covered Individual who suffers sudden and unforeseen Accidental Bodily Injury or Illness during a Trip outside their Home Country for Medical Expenses for the immediate needs of an unforeseen medical emergency. Included are Medical Practitioner's fees, hospital expenses, in-patient and out-patient medical treatment and charges for medical transportation to the nearest suitable hospital abroad, when deemed necessary by a recognised Medical Practitioner



## EXCLUSIONS - SECTION 2

The Insurer shall not reimburse expenses:

1. for rest cures, sanatorial or custodial care or periods of quarantine or isolation;
2. for cosmetic or plastic surgery unless necessitated by accidental Bodily Injury covered by this policy and sustained during the Period of Insurance;
3. for dental examination, X-rays, extractions, fillings and general dental care; supplying or fitting of eye glasses or hearing aids; except as a result of accidental Bodily Injury covered by this policy and sustained during the Period of Insurance;
4. for general health examinations, and examinations for check up purposes not incidental to, or necessary to diagnose Illness or accidental Bodily Injury;
5. for any disability, condition or Illness which originated prior to the Effective Date of this Insurance or of the Covered Individual's inclusion hereunder until a period of 365 (three hundred and sixty-five) consecutive days has elapsed during which the Covered Individual has neither received nor required any treatment for the said disability, condition or Illness;
6. for pregnancy, childbirth, miscarriage or any disease or disorder of the reproductive system;
7. incurred in the Covered Individual's Country of Domicile;
8. incurred more than 12 (twelve) months after the date the first expense was incurred, or any continuing expenses incurred after the Covered Individual is fit to travel to their Country of Domicile;
9. For any claim in any way caused by or resulting from:
  - a. Coronavirus disease (COVID-19);
  - b. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  - c. any mutation or variation of SARS-CoV-2;
  - d. any fear or threat of a), b) or c) above

## CONDITIONS - SECTION 2

It is a Condition of this policy that notice is given to the Insurer via Tangiers International as soon as reasonably practical, and not exceeding 30 (thirty) days, from the date of any accidental Bodily Injury or Illness which may give rise to a claim under this policy.

IN THE EVENT OF A CLAIM:

The following must be contacted in the event the Covered Individual(s) need(s) any in-patient medical treatment.

### **Tangiers International Limited**

54 Melita Street

Valletta, VLT 1122, Malta

Tel: +44 20 80895338

Fax: +44 20 80688651

e-mail: [claims@tangiersinternational.com](mailto:claims@tangiersinternational.com)



Failure to consult with Tangiers International and to act in accordance with their instructions could prejudice the Covered Individual's claim.

### **SECTION 3 - MEDICAL EVACUATION AND REPATRIATION EXPENSES INSURANCE**

In consideration of the premium paid and subject to the exclusions and conditions of the Policy to which this Extension is attached, and also to the following Conditions Precedent, the Insurer shall cover Medical Evacuation and Repatriation Expenses incurred solely and directly as a result of the Covered Individual(s):

- a) sustaining accidental Bodily Injury, or
- b) falling ill during the Period of Insurance which independently of any other cause shall necessitate the medical evacuation or repatriation of the Covered Individual(s) to their Country of Domicile. The maximum the Insurer shall pay will not exceed the Sum Insured stated in the Certificate of Insurance.

In this Section 'MEDICAL EVACUATION AND REPATRIATION EXPENSES' means:

1. reasonable travelling expenses necessarily incurred for the medical evacuation or repatriation of the Covered Individual(s), or
2. in the case of death reasonable funeral expenses of the Covered Individual necessarily incurred outside their Country of Domicile, or
3. expenses incurred in transporting the body or ashes of the Covered Individual to their Country of Domicile, including making the necessary arrangements.

### **CONDITIONS PRECEDENT - SECTION 3**

The Insurer will not be liable for such expenses unless:

1. all persons to be insured are, prior to the Effective Date of this Insurance or of the Covered Individual's inclusion hereunder, in good health and free from material physical or mental impairment or infirmity and have not suffered from any recurring illness. This condition precedent does not apply to any such medical condition disclosed in writing to the Insurer and accepted by them in writing.
2. the Medical Practitioner:
  - (a) shall estimate whether the Covered Individual is likely to be totally disabled in excess of 4 (four) consecutive weeks and/or
  - (b) shall certify whether the Covered Individual(s) should be evacuated or repatriated because local facilities are inadequate for the treatment of such person's condition or their recovery will be substantially expedited thereby.



## 24 HOUR EMERGENCY ASSISTANCE

In the event of a medical emergency You must contact Tangiers International (TI) as soon as possible. You MUST contact TI before incurring expenses in excess of EUR 500 (or currency equivalent) except in case of emergency. If You are physically prevented from contacting TI immediately, You, or someone designated by You, must contact TI within 48 hours

Please contact Us on **+44 20 80895338** or **[contact@battleface.com](mailto:contact@battleface.com)**

Give Your name, insurance details, reference number and as much information as possible. Please provide a telephone, fax number or email address where TI can contact You or leave messages at any time of the day or night

This policy is NOT a Private Medical Insurance policy and does not provide cover for procedures that can be carried out in Your Home Country after repatriation or for any medical expenses incurred in private facilities if a medically suitable State facility is available.

## SANCTION LIMITATION AND EXCLUSION CLAUSE

The Insurer shall not be deemed to provide cover nor shall the Insurer be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

In practice this may mean that due to sanctions restrictions imposed by the United Kingdom, European Union, Canada, United Nations and United States, it may not be possible for us to provide the full range of cover in one or more of the countries you plan to travel to. For more information please get in touch via email at [contact@battleface.com](mailto:contact@battleface.com).



## HOW TO MAKE A CLAIM

Benefits payable for accidental death will be payable in a lump sum. If, at the death of the Covered Individual, there is no surviving beneficiary or none has been identified by the Covered Individual, the accidental loss of life Benefit shall be payable in one lump sum to the estate of the Covered Individual.

Any lump sum payment will be made upon receipt by Tangiers International of the required proofs of claim.

### **Physical Examinations and Autopsy:**

The Insurer, at its own expense, shall have the right and opportunity to examine the person of any Assured whose injury is the basis of claim when and as it may reasonably require whilst a claim is pending hereunder and to make an autopsy in case of death where it is not forbidden by law.

When claims settlements are made by the BACS (Bank Automatic Clearing System), IBAN or other electronic banking system or payment method, You will be responsible for supplying Us with the correct bank account or other payment details and Your full authority for Us to remit monies directly to that account. Provided that payment is remitted to the account designated by You, We shall have no further liability or responsibility in respect of such payment, and it shall be Your sole responsibility to make collection of any misdirected payment in the event of incorrect details having been provided to Us





## GENERAL INFORMATION

1. **Currency:** All payments the Insurer makes to the Policyholder or Covered Individual and all payments made to the Insurer in respect of any one Covered Individual must be in the currency as stated in that Covered Individual's Certificate of Insurance.
2. **Assignment:** Subject to any statutory restrictions, a Covered Individual may designate a beneficiary to receive death benefits payable under this Policy or change any beneficiary already appointed by filing a written Letter of Wishes with the Policyholder. The Letter of Wishes shall contain full details of the beneficiary(ies) sufficient for the Insurer to properly identify the beneficiary(ies). No designation or change of beneficiary under the Policy shall be binding upon the Insurer until the Insurer has been provided with such Letter of Wishes, accompanied by an original or a duplicate of the Letter of Wishes. The Policy may not be charged or used as security for a loan by the Policyholder without the prior written consent of the Insurer, which it may in its absolute discretion withhold. The Policy may not be charged or assigned or novated in whole or in part. The Insurer will not change who is entitled to Benefits under this Policy until it receives the Letter of Wishes or agrees to an assignment or novation (as appropriate).
3. **Third Party Rights:** Save as expressly stated, a person who is not a party to this contract of Insurance has no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any term of this contract but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
4. **Legal Discharge:** The receipt of the full claim payment by the Policyholder or the Covered Individual will be a full discharge of all liability by the Insurer for the claim by.
5. **Invalidity:** If any provision of these Terms and Conditions is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability will not affect the other provisions of these Terms and Conditions which will remain in full force and effect.
6. **Adverse Consequences:** You should note that the Insurer reserves the right to satisfy itself as to the residency status of any Covered Individual at the time a claim is made. When making a claim the claimant may be asked to:
  - confirm the residency status of the Covered Individual at the time of the event leading to the claim
  - confirm that the Insurer did not contact you directly to offer the Policy.



## POLICY TERMINATION BY THE COVERED INDIVIDUAL OR INSURER

Cancelling this Policy and Cooling-off period

### Cancellation by You

For all policies that have a Period of Insurance of less than one month there is no cancellation or cooling-off period and no refund of premium will be payable at any time

For all policies that have a Period of Insurance of one month or more, if the policy cover is not suitable and You want to cancel within fourteen (14) days of receiving the policy documentation and before the start date of the policy, You must e-mail or write to:

#### **Tangiers Insurance Services**

Suite 24, 80 Churchill Square, Kings Hill,  
West Malling, Kent, ME19 4YU,  
UK

[info@tangiersinsurance.com](mailto:info@tangiersinsurance.com)

If You cancel after fourteen (14) days of receiving the policy documentation the premium will be refunded on a pro rata basis from the date Your instructions are received or any later date specified by You and provided that a claim has not been and will not be made

### Cancellation by Us

We may cancel this policy by giving You thirty (30) days' notice in writing, which will be sent by post to the last address we hold for You. We will only do this for a valid reason such as non-payment of premium

We may also cancel the policy if You commit a fraud which includes doing any of the following:

- Making any untrue statements to Us;
- Failing to disclose any material facts relevant to the policy or a claim;
- Acting fraudulently in any other way

If We cancel the policy because of fraud, the Policy will become void. If this happens, We will return all the policy premiums paid.



## DATA PROTECTION NOTICE

Your personal information notice

### Who we are

We are Lloyd's Insurance Company S.A. identified in the contract of insurance and/or in the certificate of insurance.

### The basics

We collect and use relevant information about You to provide You with Your insurance cover or the insurance cover that benefits You and to meet Our legal obligations

This information includes details such as Your name, address and contact details and any other information that We collect about You in connection with the insurance cover from which You benefit. This information may include more sensitive details such as information about Your health and any criminal convictions You may have

In certain circumstances, We may need Your consent to process certain categories of information about You (including sensitive details such as information about Your health and any criminal convictions You may have). Where We need Your consent, We will ask You for it separately.

You do not have to give Your consent and You may withdraw Your consent at any time by sending an email to [info@tangiersinsurance.com](mailto:info@tangiersinsurance.com). However, if You do not give Your consent, or You withdraw Your consent, this may affect Our ability to provide the insurance cover from which You benefit and may prevent Us from providing cover for You or handling Your claims.

The way insurance works means that Your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose Your personal information in connection with the insurance cover that We provide and to the extent required or permitted by law

### Other people's details You provide to Us

Where You provide Us or Your agent or broker with details about other people, You must provide this notice to them

### Want more details?

For more information about how we use your personal information please see our full privacy notice, which is available in the Privacy section of our website [www.lloyds.com/news-and-risk-insight/lloyds-subsiary-in-brussels](http://www.lloyds.com/news-and-risk-insight/lloyds-subsiary-in-brussels) or in other formats on request.

### Contacting Us and Your rights

You have rights in relation to the information We hold about You, including the right to access Your information. If You wish to exercise Your rights, discuss how We use Your information or request a copy of Our full privacy notice(s), please contact Us, or the agent or broker that arranged Your insurance who will provide You with Our contact details at:



You also have the right to lodge a complaint with your competent data protection authority, but we encourage you to contact us before.

**Tangiers Insurance Services**

Suite 24, 80 Churchill Square, Kings Hill,  
West Malling, Kent, ME19 4YU,  
UK  
[info@tangiersinsurance.com](mailto:info@tangiersinsurance.com)

## COMPLAINTS PROCEDURE

Our aim is to ensure that all aspects of Your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing You with the highest standard of service

In the event You wish to make a complaint, please contact:

**Tangiers Insurance Services**

Suite 24, 80 Churchill Square, Kings Hill,  
West Malling, Kent, ME19 4YU,  
UK  
T: +44 20 80895338  
F: +44 20 80688651  
[complaints@tangiersinsurance.com](mailto:complaints@tangiersinsurance.com)

Your complaint will be acknowledged, in writing, within 3 (three) business days of the complaint being made.

A decision on your complaint will be provided to you, in writing, within 1 (one) month of the complaint being received.

Should you remain dissatisfied with the final response or if you have not received a final response after 1 (one) month from the date the complaint is received, you may be eligible to refer your complaint to the Insurance Ombudsman in Belgium. The contact details are as follows:

**Insurance Ombudsman**

de Meeussquare 35  
1000 Brussels  
Belgium

Tel: +32 (2) 547 58 71  
Fax: +32 (2) 547 59 75  
E-mail: [info@ombudsman.as](mailto:info@ombudsman.as)  
Website: <http://www.ombudsman.as/fr>



If you have purchased your contract online you may also make a complaint via the EU's online dispute resolution (ODR) platform. The website for the ODR platform is [www.ec.europa.eu/odr](http://www.ec.europa.eu/odr).

The complaints handling arrangements above are without prejudice to your right to commence a legal action or an alternative dispute resolution proceeding in accordance with your contractual rights.

You may also have the right to refer Your complaint to the UK Financial Ombudsman Service (FOS)

The contact details for the FOS are:

**The Financial Ombudsman Service, Exchange Tower,**  
London E14 9SR

Telephone 0800 023 4567 (calls to this number are free from "fixed lines" in the UK) or 0300 123 9123 (calls to this number are charged at the same rate as 01 and 02 numbers on mobile phone tariffs in the UK)

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

The FOS is an independent service in the UK for settling disputes between consumers and businesses providing financial services. You can find more information on the FOS at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### **Several Liability Notice**

The subscribing Underwriters' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing Underwriters are not responsible for the subscription of any co- subscribing underwriter who for any reason does not satisfy all or part of its obligations.

### **Sanction Limitation and Exclusion Clause**

No Underwriter shall be deemed to provide cover and no Underwriter shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Underwriter to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

### **Language of Contract**

The insured has declared their understanding of, and has requested for the contract of insurance to be provided in, the English language. The insured confirms they understand such contract and agree to be bound by its Terms and Conditions



## GOVERNING LAW AND JURISDICTION

You and We are free to choose the law that applies. However, unless specifically agreed otherwise:

- this insurance shall be governed exclusively by the law and practice of England and Wales;
- and any litigation arising under, out of or in connection with this insurance shall be subject to the exclusive jurisdiction of any competent court in England

Lloyd's Insurance Company S.A. hereby agrees that all summonses, notices or processes requiring to be served upon it for the purpose of instituting any legal proceedings against them in connection with this Insurance shall be properly served if addressed to it and delivered to its care of:

**Clyde & Co**

The St. Botolph Building  
138 Houndsditch  
London EC3A 7AG  
England

Tel: +44 20 7876 5000

Fax: +44 20 7876 5111

Email: [info@clydeco.com](mailto:info@clydeco.com)

who in this instance, has authority to accept service on its behalf.

Lloyd's Insurance Company S.A. by giving the above authority does not renounce its right to any special delays or periods of time to which it may be entitled for the service of any such summonses, notices or processes by reason of its residence or domicile in Belgium. Any service which is carried out in accordance with the above manner shall be without prejudice to any other alternative method of service provided by law.





**Tangiers Insurance Services**

Suite 24, 80 Churchill Square, Kings Hill,  
West Malling, Kent, ME19 4YU, UK

**24h emergency:** +44 20 80895338

**e-mail:** [contact@battleface.com](mailto:contact@battleface.com)