

## **Group Personal Accident Schedule**

|                      |  | Group Policy Deta   | nils   |                       |
|----------------------|--|---|--|-----------------------|
| D.P. Ml.             | EDC4004114   | 222   |  |                       |
| Policy Number:       | FB6190AHA2   | 232   |  |                       |
| Insured:             | Gwent Police   | e Federation  |  |                       |
| Address:             | 9 The Highw  | ay, New Inn, Pontypool NP4  | OPW  |                       |
| Business description | Police Feder   | ation   |  |                       |
| Period of Insurance  | Effective<br>Date:   | 01 March 2023   | Expiry Date:                                     | 29 February 2024      |
| Insurer:             | Registered C<br>Arch Insuran<br>5 <sup>th</sup> Floor, Pla | underwritten by Millstream<br>Office: 52-56 Leadenhall Street<br>Ice Company (UK) Limited,<br>Intation Place South, 60 Great<br>Induct Authority Firm referen | et, London, EC3A 2EB on at Tower Street, London, | behalf of:            |
| Premium:             | Underwriting   | re calculated in accordance was been and the Insured and the Insured an ation Insurance Scheme paic   | d included as part of the                        | premium for the Gwent |
| Intermediary Name:   | Philip Williar   | ns Insurance Management   |  |                       |

|            | Insured Persons and Operative Times  | 5                            |                   |
|------------|--|------------------------------|-------------------|
|            | Insured Persons  | Sections Operative           | Operative<br>Time |
| Category A | Any Member serving as a police officer or police staff up to the age of 70 | Section A and all Extensions | 24 Hours          |



| Policy Limitations                                       |             |                                  |               |
|--|-------------|----------------------------------|---------------|
| Accumulation Limit                                       |             | Maximum Limit per Insured Person |               |
| Any one event  | £10,000,000 | Benefit 1 to 10:                 | £100,000      |
| Per event for all Insured Persons travelling in a multi- | £1,000,000  | Benefit 11                       | Not Covered   |
| engine aircraft  |             | Benefit 12                       | £50 per night |
| Per event for all insured persons travelling in any      | £1,000,000  | Section B:                       | Not Covered   |
| other aerial device other than a multi-engine aircraft   |             |                                  |               |

| Sect | ion A: Personal Accident                             |                                       |  |  |
|------|--|---------------------------------------|--|--|
|      | - m  | Insured Persons                       |  |  |
|      | Benefit Description                                  | Category A                            |  |  |
| 1.   | Death  | Not Covered                           |  |  |
| 2.   | Permanent Total Disablement                          | £100,000                              |  |  |
| 3.   | Permanent Disabling Injury: Maximum Benefit          | £50,000                               |  |  |
| 4.   | Loss of sight in one eye                             | £50,000                               |  |  |
| 5.   | Loss of sight in both eyes                           | £50,000                               |  |  |
| 6.   | Loss of one limb                                     | £50,000                               |  |  |
| 7.   | Loss of two or more limbs                            | £50,000                               |  |  |
| 8.   | Loss of hearing in one ear                           | £12,500                               |  |  |
| 9.   | Loss of hearing in both ears                         | £50,000                               |  |  |
| 10.  | Temporary Total Disablement                          | Not Covered                           |  |  |
|      | Deferment Period                                     | N/A                                   |  |  |
|      | Benefit Period                                       | N/A                                   |  |  |
| Exte | nsions of Cover                                      |                                       |  |  |
| 11.  | Un-planned Hospital Confinement (per overnight stay) | £50 per night up to a maximum of £350 |  |  |
| 12.  | Unsociable Hours Benefit                             | £1 per USH                            |  |  |
| 13.  | <b>Emergency Dental Treatment</b>                    | Up to £500                            |  |  |
| 14.  | Criminal Court Compensation Award                    | Up to £500                            |  |  |
| 15.  | On Duty Assault Firearm/Stabbing                     | £1,500/£750                           |  |  |
| 16.  | Burns causing Disfigurement or Scarring              | Up to £5,000                          |  |  |
| 17.  | Convalescent Benefit                                 | £70                                   |  |  |

| Section B: Sickpay  |                 |
|---------------------|-----------------|
| Reposit Description | Insured Persons |
| Benefit Description | Category A      |
| Sickpay             | Not Covered     |
| Qualifying Period   | N/A             |
| Benefit Period      | N/A             |



## **Endorsement 1: Permanent Disabling Injuries – Scale of Benefits**

Benefit 3. **Permanent Disabling Injuries** is extended to include the following benefit:

|   | Categ  | ory A      |  |
|---|--|------------|--|
| Maximum Benefit   | £50,000  Percentage of Maximum Benefit payable |            |  |
|   |  |            |  |
| a. Total loss of use of:  | Left   | Right      |  |
| i) The back or spine below the neck with no damage to the spinal cord | 40%  |            |  |
| ii) The neck or cervical spine with no damage to the spinal cord      | 30%  |            |  |
| iii) Shoulder or elbow  | 25%  | 30%        |  |
| iv) Wrist   | 20%  | 25%        |  |
| iv) Hip, knee or ankle  | 25   | <b>5</b> % |  |
| Total loss of or total loss of use of:                                |  |            |  |
| i) Foot below the level of the ankle (talo-tibial joint)              | 50%  |            |  |
| ii) a thumb   | 20%  | 25%        |  |
| iii) a forefinger   | 15%  | 20%        |  |
| iv) any other finger  | 10%  | 15%        |  |
| v) a big toe  | 10%  |            |  |
| vi) any other toe   | 3%   |            |  |
| c. Fractured leg or foot with established non-union                   | 25%  |            |  |
| d. Fractured knee cap with established non-union                      | 20%  |            |  |
| e. Shortening of leg by at least 3 centimetres                        | 15%  |            |  |
| Removal of lower jaw by surgical operation                            | 30%  |            |  |
| Complete and irrecoverable loss of:                                   |  |            |  |
| i) Sense of smell   | 10   | 9%         |  |
| ii) Speech  | 100  | 0%         |  |

For a **Permanent Disability** not listed above, the benefit payable will be based on **Our** medical assessment of the degree of disability in relation to the above scale and without reference to **the Insured Person**'s occupation Provided that:

- a. The total benefit payable shall not exceed 100% of the Maximum Benefit for each **Insured Person** in respect of any one **Accident**.
- b. If benefit is payable for Loss of or Loss of use of a Limb then benefits for parts of that limb cannot be claimed.