

Coversure Personal Accident Plan Guide

For plans with a start date on or after 1 July 2013

Your plan guide

We would like to welcome you and thank you for choosing the Coversure Personal Accident plan. We aim to give you a personal accident plan you can rely on. To do this, it is important that you fully understand how your plan works. This plan guide, along with your chosen plan's table of benefits, explains what is, and is not, covered under your Coversure Personal Accident plan.

This plan guide will also give you important information about managing your plan and how to make a claim. Please spend some time reading carefully through this plan guide to make sure that you are completely satisfied with the cover we are providing and that it meets your needs. If you have any questions about the information in this plan guide or any questions you think it does not answer, please contact us and we will be more than happy to help.

Some words and phrases used in this plan guide and your table of benefits have specific meanings that are relevant to your plan. We have highlighted them in bold print and defined them in the plan definitions section of this plan guide.

Your plan

The individual application form, table of benefits, certificate of insurance and this plan guide form your contract of insurance with us and you must read them together.

The general conditions, benefit conditions and benefit exclusions in this plan guide apply to you. We can change the general conditions, benefit conditions, benefit exclusions and any other terms and conditions in this plan guide, the premium rates, discounts and/or surcharges at the beginning of your plan year. We will tell you about any changes before you renew.

All the benefits covered under this plan are shown on your table of benefits. The currency of your benefit limits will be US dollars (\$). Your premiums must be paid in US dollars (\$).

14-day money-back guarantee

If you feel this plan does not meet your needs, you may cancel it. You must tell us in writing by letter, fax or email and return your certificate of insurance within 14 days of the date of joining or receiving the plan documents, whichever is later. As long as no claims have been made under the plan, we will gladly and promptly refund the premium in full. We will not make a charge for this. We can only refund the premium to the account it was originally paid from.

If any claims have been made, no refund will be due and the premium will be payable in full.

If you decide not to cancel within the period shown above and decide to cancel at a later date, the cancellation will be governed by the terms and conditions of the 'Cancelling cover' section in this plan guide.

Eligibility

Your eligibility depends on us accepting the individual application form.

The plan is available to people (depending on the age limits shown below) of all nationalities and their dependants, except people who are governed by exchange controls or local licensing regulations. Cover may also be illegal under local laws.

The minimum age to join the plan is 18.

You cannot be older than 74 at your start date.

We can refuse cover for any reason. We may provide cover under the plan with any special terms which we may set and which will be shown on the certificate of insurance.

Plan start date

With our agreement, cover under your plan will begin as soon as we receive the individual application and premium, or on a future date given to us by you. We will tell you the start date in writing.

We cannot backdate cover under any circumstances. The plan will continue for 12 months, until the next renewal date or until the plan is cancelled.

The premiums and benefits applied will be those in force at the plan start date. We will collect any premiums due before cover under the plan starts.

Paying your premium

The plan is a yearly contract and premiums must be paid either every month or every year.

Premiums must be paid in US dollars (\$).

We must receive all premiums (including any local taxes which apply) on or before the premium due dates.

Ways to pay your premium

Payments must be made by credit or debit card. We cannot accept payment by any other method. We can accept card payments by Visa Credit, Visa Debit or MasterCard.

Completing our credit card authority form authorises us to take the relevant amount from the named account on or around the due date. This also authorises us to process any premiums for all future renewals until we receive written instructions from you to change the card details, or cancel the plan.

If we cannot collect a premium on your instalment date for any reason, we will attempt to collect the premium due on our next collection date. We will tell you in writing if a premium payment has been missed and will continue attempting to collect the premium due unless you give us an alternative instruction. Please see the 'Unpaid or late premium payments' section for more information.

You are responsible for giving us current card details. You must tell us about any changes to the card details to make sure that we can continue to collect any premiums due.

Our liability does not start until your application has been accepted and the premium is received.

Unpaid or late premium payments

For you to enjoy the full benefit of the plan, you must make sure the premiums are paid on or before the premium due date. We will tell you, in writing, if a premium payment has been missed.

If you have not paid the premiums, we will suspend all claims until the premiums are up to date.

We can cancel the plan if we do not receive payment within 14 days of the premium due date. If we cancel the plan, you will have to re-apply for a new plan. We will charge the premiums in force at that time and cover may have new terms.

Making changes to your plan

If you change your address you must tell us in writing by letter, fax or email. If your new address is in a different country, we will consider this to be the country where you live. You must also tell us all material facts.

You cannot make changes to how often the premium is paid or the plan type during the plan year. With our agreement, these changes can be made at the next plan renewal date. You must tell us about the changes in writing by letter, fax or email before the plan renewal date. You must also tell us all material facts. If there is any doubt about whether a fact is material, for your own protection, you must tell us.

Renewing your plan

We may change the definitions, premiums, benefits, general conditions, benefit conditions and benefit exclusions that apply to the plan each year. We will send you a renewal pack including any changes, and any further information we may require from you at least six weeks before the renewal date. We may ask you further questions regarding material facts prior to renewal. You must tell us all material facts that we have asked you about yourself before the renewal date (please read general condition GC2).

If you do not wish to renew the plan, you must tell us in writing by letter, fax or email before the renewal date.

Unless you inform us that you wish to cancel the plan, and provided that we have agreed to offer renewal terms, we will automatically renew the plan each year and we will take the renewal premium from the named account, as long as the details we hold are still valid at the time of the renewal.

If the card details given to us by you are due to expire within three months of the renewal date, you will need to complete a new credit card authority form. Please contact us for a copy of this form.

Cancelling cover

If you want to cancel the plan after 14 days, you must send a request to us in writing, by letter, fax or email. You must confirm in writing that there are no further claims to be made. We will cancel the plan from the date we receive the instruction or on a future date given to us. We will not backdate the cancellation date of the plan.

We will issue a pro-rata refund as long as no claims have been made and accepted by us. If we have accepted a claim, we will not pay a refund. If a claim has been made and accepted by us, you must pay any outstanding premium for the rest of the plan year and no refund is due. You are responsible for any shortfalls as a result of exchange rate differences and any associated bank charges.

We can only refund the premium to the account it was originally paid from. We will not pay any further claims after the plan is cancelled.

We will charge an administration fee of \$100 for cancelling the plan. We reserve the right to make an additional charge if we incur additional or unexpected costs as a result of the cancellation. You must return the certificate of insurance on the plan cancellation date.

Death

If you die and your death is not the result of an accident, we will cancel the plan and issue a pro-rata refund to your personal representative, as long as no claims have been made and accepted by us. If we have accepted a claim, we will not pay a refund.

We will ask to see a certified copy of the death certificate before we can issue a refund.

In the event of a claim for accidental death made by a person legally entitled to the proceeds of your estate, we will ask to see a certified copy of the death certificate and documentary evidence to prove such entitlement.

General conditions and benefit conditions

We will only pay claims under this contract of insurance if you meet these general conditions and the benefit conditions.

The following general conditions and benefit conditions apply to your plan.

Your plan is governed by the following general conditions and benefit conditions.

General conditions

GC1 You must tell us immediately in writing by letter, fax or email about any important change that affects information given in connection with the application for cover under the plan, for example:

- you change your name;
- occupation; or
- address.

If your new address is in a different country, we will consider this to be the country where you live.

You must also tell us all material facts. If there is any doubt about whether a fact is material, for your own protection, you must ask us.

After you have told us about a change, we have the right to reassess your cover. We can change any of the terms or cancel the plan. Any claim related to a change in risk that you have not told us about may be reduced or rejected, or your plan may be cancelled.

GC2 You must tell us about all material facts before we accept an application, make changes to the plan or renew the plan. You must also provide complete and accurate information (including material facts relevant to you).

If you do not tell us all material facts or misrepresent any material facts, it may affect your rights under the plan.

We may have the right to avoid the **plan** (that is to treat it as if it had not existed from the **start date**, **renewal date** or the date of any changes that were made to the **plan**), if **you**:

- (a) deliberately or recklessly gave **us** inaccurate or incomplete **material facts**; or
- (b) did not take reasonable care to give **us** accurate and complete **material facts** and **we** would not have covered **you** under the plan at all, had **we** known about such **material facts**.

If **you** did not take reasonable care to give **us** accurate and complete **material facts** and **we** would have provided cover to **you** on different terms under the **plan** had **we** known about the **material facts**, **we** may refuse to pay all or part of any **claim** **you** make.

If **we** would have applied different terms, conditions and exclusions to **you**, then the **plan** shall be treated as if it had contained such different terms, conditions and exclusions and **we** will only pay a **claim** if:

- **you** have met all the terms and conditions of the **plan** and the **claim** is not otherwise excluded;
- **you** have met the different terms and conditions that **we** would have applied; and
- it does not fall within any different exclusions that **we** would have applied.

If **we** would have provided **you** with cover under the **plan** at a higher premium, the **benefits** payable on any **claim** **you** make shall be reduced proportionately based on the amount of premium that **we** would have charged. For example, **we** will only pay half of the **claim** if **we** would have charged **you** double the premium.

GC3 If **we** ask for more information to support a **claim**, this must be provided or **we** may not pay **your claim**. **We** also have the right to instruct a **specialist** of **our** choice to examine **you** as often as **we** feel is necessary to support a **claim**.

GC4 The limits on **your** table of **benefits** will be shown in US dollars (\$).

GC5 If the **country** where **you** live is in an area where **we** have to collect **insurance premium tax (IPT)** or local taxes, **we** will charge these on top of the premium due.

GC6 **We** can make an administration charge to replace or reissue policy documents.

GC7 If **you** make a **claim** which **you** know is false or fraudulent, **we** will refuse to make any **benefit** payments for that **claim**. If **we** have already paid any **benefit** **we** will recover any costs from **you**. **We** will cancel cover from a date given by **us**.

GC8 If **we** reject a **claim** under the **plan** for any reason, **you** will have to prove that the **claim** is covered under the **plan**.

GC9 If **you** want to take legal action under the **plan**, **you** must do so within three years from the date the relevant event took place.

GC10 This **plan** is governed by the laws of England and Wales and any disputes will be dealt with by the exclusive jurisdiction of the courts of England and Wales (including non-contractual disputes and claims).

GC11 Any translated versions of **our** documents issued by **us** are for **your** information only. In the case of any dispute or discrepancy of wording or interpretation, the English version will apply.

GC12 When dealing with **your claim** **we** will always communicate directly with **you** or **your** executor unless **you** give **us** explicit consent to contact any other individual about **your claim** in accordance with **our** data protection policy.

Benefit conditions

BC1 If **we** receive new information which means that a **claim** **we** have already approved is not valid, **we** will recover any costs **we** have already paid from **you**.

BC2 Once **claim** documents have been submitted to **us** and **we** have made a payment under the terms and conditions of the **plan**, **we** will not return the original documents to **you**.

BC3 **We** do not provide cover for all occupations. If **your** occupation changes, **you** must tell **us**. **We** will tell **you** if **we** agree to cover **you**. If **we** do not agree to cover **you**, **we** will cancel the **plan** and issue a pro-rata refund, as long as no **claims** have been made and accepted by **us**. If **we** have accepted a **claim**, **we** will not pay a refund.

BC4 **We** will not pay **you** more than the overall maximum limit for any one or more **accidents**.

BC5 If **you** suffer one or more permanent total or permanent partial disablements within 12 months of an **accident**, **we** will only pay up to the **benefit** limits shown on **your** table of **benefits** that applied in the **plan** year when **you** had the **accident**. **We** will not pay any more than the overall limit shown on **your** table of **benefits**.

BC6 If **you** die within 12 months of an **accident**, **we** will only pay up to the **benefit** limit shown on **your** table of **benefits** that applied in the **plan** year when **you** had the **accident**. If **you** die before **we** pay any disablement **benefit**, **we** will only pay the accidental death **benefit**.

If **we** have already paid **you** for any disablement **benefit** under this **plan** for any **accident** which happened in the same **plan** year, the accidental death **benefit** amount **we** will pay to **your** personal representative will be reduced by the value of any **claims** **we** have already paid. **We** will not pay any more than the overall limit shown on **your** table of **benefits**.

BC7 **We** must be told as soon as possible about any **accident** which causes or may cause a **claim**.

BC8 Cover is not provided for sickness or disease.

BC9 **You** must make all medical records, notes and correspondence **we** need available to **us** and any medical advisor **we** have appointed.

BC12 For any **claim** to be considered for loss of sight of both eyes, **you** must be diagnosed as blind on the authority of a fully qualified ophthalmic **specialist**.

BC13 For any **claim** to be considered for loss of sight of one eye, the degree of sight after correction must be 3/60 or less on the Snellen Scale (seeing at 3 feet what **you** should see at 60 feet) or an equivalent scale.

BC14 If **you** have an existing **medical condition** and suffer a **bodily injury** because of an **accident**, **we** will ask an independent **medical consultant** to assess if **your** existing **medical condition** has contributed to **your** disability after the **accident**, or if **your** disability after the **accident** has made **your** existing **medical condition** worse. **We** will decide the difference between **your** existing **medical condition** and the disability suffered after the **accident** and pay any **claim** based on this difference. This will be expressed as a percentage and applied to the appropriate **benefit**.

An example of this is:

You are partially deaf in **your** right ear. **You** have an **accident** which causes total permanent loss of hearing in **your** right ear.

We will ask an independent ENT specialist to assess the difference between the level of deafness you had before and after the accident. If the independent ENT specialist advises that the deafness in your right ear before the accident was at 25%, we will pay 75% of your benefit limit for total deafness of one ear.

Benefit exclusions

The Coversure Personal Accident plan does not cover claims for, arising from or connected with the following benefit exclusions unless shown on your table of benefits, in any written plan endorsement, or agreed by us in writing.

BE1 You exceeding a limit shown on your table of benefits.

BE2 A benefit not available on your plan.

BE3 Any journey, activity, action or pursuit carried out against the advice of a medical practitioner, specialist or consultant, registered nurse or therapist.

BE4 An accident due to you being under the influence of alcohol, drugs or any other intoxicating substance.

BE5 Bodily injuries resulting from experimental or unproven medical treatment.

BE6 Suicide, attempted suicide or any deliberate, self-inflicted bodily injury.

BE7 Putting yourself in needless danger, except in an attempt to save human life.

BE8 Bodily injuries suffered by military, naval or air force personnel due to you taking part in any military, naval or air force operation or exercise.

BE9 Including but not limited to taking part in war, riots, revolution or any similar event, strikes, lock-outs, civic commotion, terrorism, military or usurped power or any illegal or criminal act.

BE10 Contamination from chemical, biological and nuclear materials, including waste products from the combustion of nuclear fuel. Weapons of mass destruction (nuclear, biological or chemical), whether this involves an explosion or not.

BE11 You taking part in professional sports or using a weapon or firearm.

BE12 Costs for completing claim forms, hospital administration fees, registration fees or other documentation.

BE13 Any consequential loss.

BE14 Bodily injuries resulting from proven medical negligence or malpractice.

BE15 Invoices that have been altered or amended.

BE16 Travelling in, or on, a motorised vehicle as a driver or passenger:

- if the driver does not have a valid licence as required by local law; and
- you are not wearing the necessary safety equipment.

BE17 Claims directly or indirectly, caused by, happening through, or as a result of aviation, other than as a fare-paying passenger in a fully-certified passenger carrying aircraft, flown in the course of licensed operation for transporting passengers by licensed crew.

BE18 Claims arising from engaging in hazardous pursuits.

BE19 Any accident that happens before your start date or after your end date.

We work closely with others to prevent fraud

We work with other insurance providers and the following organisations to prevent and detect fraud:

- Health Insurance Counter Fraud Group (HICFG);
- International Insurance bodies;
- International Police and Investigative agencies; and
- Governmental departments.

We will share information with other organisations under S29 (3) of the Data Protection Act or Section 58 Personal Data (Privacy) Ordinance with a view to:

- preventing fraudulent or improper claims;
- the prevention and detection of crime; and
- the apprehension and prosecution of offenders.

If you suspect fraud

If you suspect fraud or have any information relating to fraudulent activity, please contact InterGlobal's Investigation Team:

fraudgovernance@interglobalpmi.com

InterGlobal Fraud and Governance Team
Woolmead House East
The Woolmead
Farnham
Surrey GU9 7TT
United Kingdom
+44 (0) 1252 745 939

InterGlobal is an Associate Member of the Health Insurance Counter Fraud Group

Data Protection

This notice explains how we use your personal information. Please read it carefully.

In this notice, we, us and our means Covasure and the insurer, InterGlobal Insurance Company Limited, and any holding companies or subsidiaries of the insurer.

We are committed to protecting your personal data and privacy. Any personal information that we collect from you will be kept confidential and will be processed in accordance with our strict internal policy, relevant legislation including the UK Data Protection Act 1998 and where applicable, the Personal Data (Privacy) Ordinance, Hong Kong.

Your information will be used to process your claims, administer your policy, service our relationship with you, provide you with products and services and evaluate their effectiveness, provide you with better customer services and for statistical analysis.

It may also be transferred to third parties acting on our behalf inside or outside countries where there may be less stringent data protection laws. However, wherever it is held and processed, your personal data will be protected by a strict code of secrecy and security which we and any third parties working on our behalf are subject to, and will only be used in accordance with our instructions.

We may share your information with operators of registers used by the insurance industry for fraud prevention and for validation of the information you have provided; legal, governmental or judicial bodies or to our regulators if requested to do so. If you give us false or inaccurate information and we suspect fraud, we will record this.

We may collect medical information from you which the UK Data Protection Act defines as 'sensitive' information. Your medical information will only be disclosed to those involved with your treatment or care, including your medical practitioner, or their agents. If you ask us to, we will also send your medical information to any person or organisation that may be responsible for meeting your treatment expenses, or their agents. Your information may be discussed with your agent or broker if you have requested the broker to assist you in handling your claims and you have authorised us to provide them with such medical information.

We will not disclose your medical information to any other individual without your explicit consent. If you want us to disclose your medical information to another individual or next of kin, you must tell us. In exceptional emergency situations, and in accordance with medical confidentiality guidelines and relevant law, we may be required to disclose such information to relatives, family members or other third parties. To help us ensure that your personal information remains accurate and up to date, please inform us of any changes.

You may have the right to see personal information about you held by us. There may be a charge for this. You can request this by using the following contact details: admin@covasure.com

Complaints

Covasure are committed to providing you with a first-class service. If for any reason you are not entirely satisfied with any aspect of our service, please let us know. If your complaint is about the sales process please contact:

Covasure, Units 1 to 11, 35th Floor, One Hung To Road, Kwun Tong, Hong Kong.

If your complaint is about a claim or about any other matter, please contact: The Complaints Team - InterGlobal Limited, Woolmead House East, The Woolmead, Farnham, Surrey, GU9 7TT, United Kingdom. Telephone: +44 (0)1252 745 910

Email: complaints@interglobalpmi.com

Your complaint will be handled in a fair and timely manner, usually by close of business on the day following receipt of your complaint. Sometimes, this may not be possible and your complaint may require further investigation. If this is the case, it will be acknowledged within 5 working days of receipt and you will be kept informed on a regular basis until a final resolution is given to you no later than eight weeks following your initial complaint. If you remain dissatisfied with the outcome of your complaint, you may be able to refer it to the Financial Ombudsman Service within six months of receiving our final response. Their details are provided below:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR
United Kingdom
Telephone: +44 (0)845 080 1800

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

To help us, please quote your plan number and claim number (if this applies) with as much information as you can about your complaint, as well as your full contact details.

Compensation arrangements

The insurer is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if the insurer cannot meet its financial obligations. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, with no upper limit. You can get more information about the compensation scheme from the FSCS website at www.fscs.org.uk

Plan definitions

Abuse - the excessive use of alcohol, drugs or any other intoxicating substance. This includes use of drugs for a reason which is different to what they were intended for, in a manner or in quantities other than as directed or prescribed on medical authority.

Accident - any involuntary, sudden or unexpected event resulting in a bodily injury to you.

Benefit - the cover provided by your plan and any extensions or restrictions shown in your plan guide, certificate of insurance and table of benefits.

Bodily injury - any physical harm or damage to you.

Claim - when you or your agent, personal representative, assignee or trustee in bankruptcy seek payment or settlement under the terms and conditions of the plan.

Consequential loss - any costs you must pay that may be associated with a claim but are not covered under the plan. For example, loss of earnings as a result of an accident.

Consultant - please see specialist.

Country where you live, country where a member lives - the country you live in for most of the time, usually for a period of at least six months, during a plan year.

Date of joining - when you first became a member on the plan.

End date - the last day you have cover under the plan.

Hazardous pursuit - any activity or sport included in the **Hazardous pursuits** list. Please visit [www.coversure.com/hazardous pursuits](http://www.coversure.com/hazardous-pursuits) to see the list. Please also read **benefit exclusion BE18** in this **plan** guide.

Insurance premium tax - a government tax which we must collect at the rate that applies in the **Country where you live**.

IPT - see **Insurance premium tax**.

Material fact - information, as follows, which is likely to influence us in the assessment, acceptance or renewal of the **plan**, or in making any changes to it:

- (1) about **you**, **your** lifestyle, health or **medical conditions**, that we have asked **you** questions about;
- (2) that **you** have chosen to give to **us**, or
- (3) that we have not asked **you** any questions about, but **you** must disclose to **us**.

Medical condition - signs or symptoms, injury, illness, sickness or disease.

Medical practitioner - a person who is registered and licensed to practise medicine in the country where **treatment** is provided and has obtained the primary degrees in medicine and surgery following attendance at a recognised medical school listed within the World Directory of Medical Schools published by the World Health Organisation.

Member - see **you**, **your**, **yourself**.

Our - see **us**.

Plan - the contract between **you** and **us**, to provide cover in line with the table of **benefits**, general conditions, **benefit** conditions and **benefit** exclusions shown in **your plan** documents.

Plan start date - the date the **plan** begins and any future **renewal date**.

Plan year - a period of 12 months from the **plan start date**, as shown on a valid certificate of insurance.

Professional sports - sports which **you** are being paid to take part in and where any payment received is the main source of **your** income.

Registered nurse - a qualified nurse who is currently practising and is on the professional register of nursing in the country where **treatment** is provided.

Renewal date - the anniversary of the **start date** of the **plan** as shown on a valid certificate of insurance.

Specialist - a **medical practitioner** who is practising and has a recognised certificate of higher **specialist** training or a **consultant** appointment (or equivalent), in the field of medicine for which the **treatment** is needed and in the country where **treatment** is provided.

Start date - the date **you** join the **plan** or any future **renewal date** as shown on a valid certificate of insurance.

Therapist - a chiropractor, osteopath, homeopath, acupuncturist or Chinese herbalist who is qualified and licensed in the country where **treatment** is provided.

Treatment - any surgical or medical services, including diagnostic tests and procedures, which are needed to diagnose, relieve or cure a **medical condition**.

Us - the insurer as shown on the certificate of insurance.

We - see **us**.

You, **your**, **yourself** - a person who has met the eligibility criteria of the **plan** and is named on a valid certificate of insurance.

Table of benefits - personal accident plan			
Worldwide cover			
The personal accident plan does not provide cover for sickness or disease	Bronze	Silver	Gold
Premium	\$200	\$350	\$630
Overall Limit			
Under the terms and conditions of the plan , if you suffer bodily injury during the plan year , due to any one or more accidents , we will pay up to an overall maximum of:	\$125,000	\$250,000	\$500,000
A - Accidental death benefit			
If you die because of an accident and your death is within 12 months of the accident , this benefit will be paid to your personal representative.	\$125,000	\$250,000	\$500,000
B - Permanent total disablement			
If you suffer a permanent total disablement because of an accident within 12 months of the accident which results in one or more of the following:			
Total incurable insanity			
Total loss of sight of both eyes			
Total deafness of both ears			
Total removal of the lower jaw			
Total loss of one arm and one leg			
Total loss of one arm and one foot			
Total loss of one hand and one leg			
Total loss of one hand and one foot			
Total loss of both arms or both hands			
Total loss of both legs or both feet	\$125,000	\$250,000	\$500,000

Table of benefits - personal accident plan

C - Permanent partial disablement			
If you suffer a permanent partial disablement because of an accident within 12 months of the accident which results in one or more of the following, we will pay the percentage of the benefit limit shown, as specified in the scale below. The total amount payable for one or more permanent partial disablements because of the same accident is worked out by adding together the amount payable for each permanent partial disablement, but will not exceed the overall limit	\$62,500	\$125,000	\$250,000
Head			
Loss of osseous substance of the skull in all its thickness with a surface of less than 3 sq cm	10%	10%	10%
Loss of osseous substance of the skull in all its thickness with a surface of 3 to 6 sq cm	20%	20%	20%
Loss of osseous substance of the skull in all its thickness with a surface of more than 6 sq cm	40%	40%	40%
Total loss of sight of one eye	40%	40%	40%
Total deafness of one ear	30%	30%	30%
Partial removal of the lower jaw, rising section in its entirety or half of the maxillary bone	40%	40%	40%
Upper limbs			
Loss of one arm or one hand	100%	100%	100%
Extensive loss of osseous substance of the arm (definite and incurable lesion)	50%	50%	50%
Extensive loss of osseous substance of the two bones of the forearm (definite and incurable lesion)	40%	40%	40%
Total paralysis of the upper limb (incurable lesion of the nerves)	65%	65%	65%
Total paralysis of the axillary nerve	20%	20%	20%
Total paralysis of the median nerve	45%	45%	45%
Total paralysis of the radial nerve at the torsion cradle	40%	40%	40%
Total paralysis of the cubital nerve	30%	30%	30%
Total paralysis of the forearm radial nerve	30%	30%	30%
Total paralysis of the hand radial nerve	20%	20%	20%
Loss of the unguis phalanx of one thumb	10%	10%	10%
Total loss of one thumb	20%	20%	20%
Loss of the unguis phalanx of one forefinger	5%	5%	5%
Loss of two phalanges of one forefinger	10%	10%	10%
Total loss of one forefinger	15%	15%	15%
Total loss of one median finger	10%	10%	10%
Loss of the unguis phalanx of both thumbs	25%	25%	25%
Total loss of both thumbs	50%	50%	50%
Loss of the unguis phalanx of both forefingers	13%	13%	13%
Loss of two phalanges of both forefingers	25%	25%	25%
Total loss of both forefingers	38%	38%	38%
Total loss of a finger excluding thumb, forefinger and median	7%	7%	7%
Total loss of thumb and forefinger of one hand	35%	35%	35%
Total loss of thumb and finger of one hand, excluding forefinger	25%	25%	25%
Total loss of two fingers of one hand, excluding thumb and forefinger	12%	12%	12%
Total loss of three fingers of one hand, excluding thumb and forefinger	20%	20%	20%
Total loss of four fingers of one hand, excluding thumb	40%	40%	40%
Total loss of four fingers of one hand, including thumb	45%	45%	45%
Lower limbs			
Total loss of one leg	100%	100%	100%
Total loss of foot (tibio-tarsal disarticulation)	100%	100%	100%
Partial loss of foot (sub-ankle-bone disarticulation)	40%	40%	40%

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Partial loss of foot (medio-tarsal disarticulation)	35%	35%	35%
Partial loss of foot (tarso-metatarsal disarticulation)	30%	30%	30%
Loss of osseous substance from thigh or both bones of the leg (definite and incurable lesion)	60%	60%	60%
Loss of osseous substance of the knee-pan with extensive separation of the fragments and extensive difficulty of movements in stretching the leg	40%	40%	40%
Loss of osseous substance of the knee-pan while the movements are preserved	20%	20%	20%
Shortening of the lower limb by 1 to 3 cm	10%	10%	10%
Shortening of the lower limb by 3 to 5 cm	20%	20%	20%
Shortening of the lower limb by more than 5 cm	30%	30%	30%
Total paralysis of lower limb (definite and incurable lesion)	100%	100%	100%
Total paralysis of the external popliteal sciatic nerve	30%	30%	30%
Total paralysis of the internal popliteal sciatic nerve	20%	20%	20%
Total paralysis of both the external and internal popliteal sciatic nerves	40%	40%	40%
Total loss of one big toe	10%	10%	10%
Total loss of one toe, excluding big toe	3%	3%	3%
Total loss of both big toes	25%	25%	25%
Total loss of two toes of one foot, excluding big toe	5%	5%	5%
Total loss of four toes of one foot, excluding big toe	10%	10%	10%
Total loss of four toes of one foot, including big toe	20%	20%	20%
Total loss of all the toes of one foot	25%	25%	25%

Eligibility

- You must be aged 18 to 74 when joining this plan