



# Family & Partners Annual Multi-trip Policy Wording

Direct Car Excess Insurance  
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## Introduction

### Welcome to your Direct Car Excess Insurance policy

Please note: Terms shown in bold in this **policy** have the meanings given to them in the general definitions section on pages 12 to 14.

This **policy** document is only valid when issued in conjunction with a Direct Car Excess **policy schedule** and provided the required insurance **premium** has been paid.

The following cover is provided for each **insured person**. It is important that **you** refer to the individual sections of cover for full details of what **you** are entitled to should **you** need to make a claim.

The sections of cover included within **your policy** will depend upon the geographical area for which **you** have purchased cover. This geographical area will be shown on **your policy schedule**.

### Table of Benefits for Europe Excess Cover

Section	Cover	Sum Insured up to Per Claim	Per Period of Insurance
A	<b>Accidental Damage</b> , Theft & Loss of Use	£6,000	£7,000
B	Car Rental Keys	£500	£2,000
C	Baggage	£300	Unlimited
	Single Item Limit	per person £150	
D	Towing	£1,000	£1,500
E	Misfueling	£500	£1,000
F	Personal Accident		£40,000 per person
	Item 1 – Death	£20,000 per person	
	Item 2 – <b>Permanent total disablement</b> if 65 years of age or under	£20,000 per person	
	<b>Permanent total disablement</b> if 66 years of age or over	Nil	
	Item 3 – <b>Quadriplegia</b>	£40,000 per person	
	Item 4 – <b>Paraplegia</b> or <b>Hemiplegia</b>	£25,000 per person	
	Item 5 – <b>Loss of limb</b>		
	a) two or more	£20,000	
	b) one	£10,000 per person	
	Item 6 – <b>Loss of sight</b>		
a) both eyes	£20,000		
b) one eye	£10,000 per person		
Item 7 – <b>Loss</b> of the entire spine (vertebral column) with no injury to the spinal cord	£6,000 per person		
Item 8 – A permanent disability not otherwise provided for under benefits 5-7 above (see 'Non specified injuries' in Section F) up to a maximum of:	£20,000 per person		
Item 9 – <b>Hospitalisation benefit</b> payable per week for a maximum of 10 consecutive weeks within 24 months from the date of <b>bodily injury</b> :			
– if 65 years of age or under	£100 per person per week		
– if 66 years of age or over	£50 per person per week		
Item 10 – <b>Coma benefit</b> payable per week as an <b>inpatient</b> for a maximum of 26 continuous weeks within 24 months from the date of <b>bodily injury</b>	£100 per person per week		

## Table of Benefits for Worldwide Excess Cover

Section	Cover	Sum Insured up to	
		Per Claim	Per Period of Insurance
A	<b>Accidental Damage, Theft &amp; Loss of Use</b>	£6,000	£7,000
B	Car Rental Keys	£500	£2,000
C	Baggage	£300 per person	Unlimited
	Single Item Limit	£150	
D	Towing	£1,000	£1,500
E	Misfueling	£500	£1,000
F	Personal Accident		£40,000 per person
	Item 1 – Death	£20,000 per person	
	Item 2 – <b>Permanent total disablement</b> if 65 years of age or under <b>Permanent total disablement</b> if 66 years of age or over	£20,000 per person Nil	
	Item 3 – <b>Quadriplegia</b>	£40,000 per person	
	Item 4 – <b>Paraplegia or Hemiplegia</b>	£25,000 per person	
	Item 5 – <b>Loss of limb</b> a) two or more b) one	£20,000 £10,000 per person	
	Item 6 – <b>Loss of sight</b> a) both eyes b) one eye	£20,000 £10,000 per person	
	Item 7 – <b>Loss</b> of the entire spine (vertebral column) with no injury to the spinal cord	£6,000 per person	
	Item 8 – A permanent disability not otherwise provided for under benefits 5-7 above (see 'Non specified injuries' in Section F) up to a maximum of:	£20,000 per person	
	Item 9 – <b>Hospitalisation benefit</b> payable per week for a maximum of 10 consecutive weeks within 24 months from the date of <b>bodily injury</b> : – if 65 years of age or under – if 66 years of age or over	£100 per person per week £50 per person per week	
Item 10 – <b>Coma benefit</b> payable per week as an <b>inpatient</b> for a maximum of 26 continuous weeks within 24 months from the date of <b>bodily injury</b>	£100 per person per week		

## General information about this insurance

### Insurance provider

This insurance is underwritten by AIG Europe Limited The AIG Building, 58 Fenchurch Street, London EC3M 4AB which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (FRN 202628). This can be checked by visiting the Financial Services Register ([www.fca.org.uk](http://www.fca.org.uk)).

This policy is sold and administered by Questor Insurance Services Ltd on behalf of AIG Europe Limited.

Questor Insurance Services Ltd is authorised and regulated by the Financial Conduct Authority and is registered in England: company number 06201617. Registered address: Bryant House, Bryant Road, Rochester, Medway, ME2 3EW

### Your Family & Partners Annual Multi-trip car hire excess insurance

This **policy** wording along with **your policy schedule** and any appropriate **endorsements** detail and explain what **you** are covered for and what **you** are not covered for.

Different levels of cover may apply depending on whether **you** have bought a Europe Excess or Worldwide Excess policy. Please refer to the **Table of Benefits** on pages 3 and 4.

**We** have relied on the information provided to **us** by **you** or on **your** behalf in connection with **our** agreement to provide insurance to **you** and the agreement is based upon that information. For this contract to be valid, all the information given to **us** by **you**, or on **your** behalf, must be true, complete and up to date. If there are any changes in **your** circumstances and/or the information **you** have provided is no longer true, valid or up to date, **you** must tell **us** as soon as is reasonably possible, as this may affect **your policy** and **your** ability to claim under it.

Please read this **policy** wording to make sure that the cover meets **your** needs and please check the details outlined within **your policy schedule** and any applicable **endorsements** to make sure that the information shown is correct.

### Law and Jurisdiction

This **policy** will be governed by English law and **you** and **we** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless **you** reside in Scotland, Northern Ireland or the Isle of Man, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by **you** and **us** before the commencement date.

The terms and conditions of this **policy** will only be available in English and all communication relating to this **policy** will be in English.

## Data Protection

### How we use Personal Information

**We** are committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to **you** or other individuals (e.g. **your** dependants). By providing Personal Information **you** give permission for its use as described below. If **you** provide Personal Information about another individual, **you** confirm that **you** are authorised to provide it for use as described below.

**The types of Personal Information We may collect and why** - Depending on **our** relationship with **you**, Personal Information collected may include: identification and contact information, payment card and bank account details, credit reference and scoring information, sensitive information about health or any medical conditions, and other Personal Information provided by **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of **our** business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside **your** country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of marketing communications contact **us** by e-mail at: opt-out@aig.com or by writing to: Marketing Preference Team, Questor Insurance Services Limited, First Floor Orchard House, Station Road, Rainham, Kent ME8 7RS, United Kingdom. If **you** opt-out **we** may still send **you** other important communications, e.g. communications relating to administration of **your** insurance **policy** or claim.

**Sharing of Personal Information** - For the above purposes Personal Information may be shared with **our** group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. **We** are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. **We** may search these registers to detect and prevent fraud or to validate **your** claims history or that of any other person or property likely to be involved in the **policy** or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

**International transfer** - Due to the global nature of **our** business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in **your** country of residence.

**Security and retention of Personal Information** - Appropriate legal and security measures are used to protect Personal Information. **Our** service providers are also selected carefully and required to use appropriate protective measures. Personal Information will be retained for the period necessary to fulfil the purposes described above.

**Requests or questions** - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@aig.com or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about **our** use of Personal Information can be found in **our** full Privacy Policy at [www.aig.co.uk/privacy-policy](http://www.aig.co.uk/privacy-policy) or **you** may request a copy using the contact details above.

## Important things you need to know about your policy before you hire a car

### Residency

The **policyholder** and all **insured persons** must have their main residence in the **United Kingdom** at the time **you** buy or renew this **policy**.

Residents of the Channel Islands and the Isle of Man must have their main residence in the Channel Islands or Isle of Man respectively.

### Policy Duration

The duration for this policy is a year.

### Cancellations and Refunds

#### The policyholder's right to cancel the policy within 14 days of purchase ("cooling-off" period)

If this cover is not suitable for **you** and **you** want to cancel **your policy**, the **policyholder** must contact **us** by phoning **0333 323 0208**, emailing **info@direct-carexcess.co.uk** or by writing to **Direct Car Excess Insurance Customer Services Department, First Floor Orchard House, Station Road, Rainham, Kent ME8 7RS, United Kingdom** within 14 days of buying this **policy** or the date **you** receive **your policy** documents. In line with the conditions below **we** will refund the **premium** the **policyholder** has paid within 30 days of the date they **policyholder** contacts **us** to ask to cancel the **policy**.

If **you** have collected **your rental car** or made a claim before the **policyholder** asks to cancel the **policy** within the 14-day cooling-off period, the **policyholder** will not be entitled to a refund of the **premium**.

#### The policyholder's right to cancel the policy outside the 14-day cooling-off period

If **you** decide this cover is no longer suitable for **you** and **you** want to cancel this **policy** after the 14 day cooling-off period, the **policyholder** must contact **us** by phoning **0333 323 0208**, emailing **info@direct-carexcess.co.uk** or by writing to **Direct Car Excess Insurance Customer Services Department, First Floor Orchard House, Station Road, Rainham, Kent ME8 7RS, United Kingdom**. In line with the terms outlined below **we** will refund a proportion of the **premium** the **policyholder** has paid within 30 days of the date the **policyholder** contacts **us** to ask to cancel the **policy**.

If **you** have not collected **your rental car** or made a claim before the **policyholder** asks to cancel the **policy**, the **policyholder** will be entitled to a proportionate refund of the **premium** paid.

### Our right to cancel the policy

**We** have the right to cancel this **policy** by giving at least 30 days notice in writing to the **policyholder** at their last known address where **we** have valid reasons for doing so. Valid reasons include but are not limited to:

- (a) any failure by the **policyholder** to pay the **premium**;
- (b) failure to comply with the General Conditions on page 15 of this **policy**. **We** may cancel where the failure is incapable of remedy or the **policyholder** fails to remedy within 14 days of receiving written notice from **us** requiring the **policyholder** to remedy the breach. If the **policyholder** pays the **premium** in advance on an annual basis, provided a claim has not been made during the **period of insurance**, the **policyholder** will receive a proportionate refund of the **premium** paid from the effective cancellation date following the expiry of the 30 days notice; and/or
- (c) where there is evidence of fraud.

The **policyholder** is responsible for promptly telling other **insured persons** that the **policy** has been cancelled.

### **Important**

No person other than the **policyholder** and **us** has the right to cancel this **policy**.

It is the responsibility of the **policyholder** to notify any other **insured person** that the **policy** has been cancelled.

### **Age Limits**

The **policyholder** and all **insured persons** must be between 21 and 85 years of age at the date of buying or renewing this **policy**.

### **Cover Options Available**

This **policy** gives **you** cover for an unlimited number of rentals within the **period of insurance** provided no single **car rental agreement** lasts longer than 62 days.

#### **Please note:**

Cover cannot start if **you** have already collected **your rental car** before the commencement date of **your policy**.

If **you** hire a car for longer than 62 days on a single **car rental agreement**, cover will cease on the 62nd day.

### **Geographical areas**

One of the following areas will be shown on **your policy schedule**. This describes the area of the world which this **policy** provides cover for you to hire a car.

#### **Europe**

The continent of Europe, including the **United Kingdom** and all countries west of the Ural Mountains, islands in the Mediterranean, the Canary Islands, Madeira, Turkey, the Azores and Iceland, but not including Egypt, Israel, Morocco and Tunisia.

#### **Worldwide**

Anywhere in the world\* apart from Afghanistan, Cuba, Liberia or Sudan.

#### **Please note:**

\* No cover is provided for claims arising as a direct result of a situation highlighted by the Foreign and Commonwealth Office where **you** have hired a car in a specific country or area where, prior to the **car rental agreement** commencing, the Foreign and Commonwealth Office has advised against all (but essential) travel.

### **Period of insurance**

Cover under all sections starts on the first day of the **period of insurance** as shown on **your policy schedule** and when the **rental car** has been collected and is in **your** possession. Cover cannot start if **you** have already collected **your rental car** before the commencement date of **your policy**.

Cover ends at the end of the **period of insurance** as shown on **your policy schedule** or when **you** return the **rental car** to the **car rental company** if earlier.

**You** are covered for an unlimited number of rentals within the **period of insurance** provided no single **car rental agreement** lasts longer than 62 days.



## How to make a Claim

You must register a claim under all sections by contacting **us**:

### Direct Car Excess Claims

The **AIG Building, 2-8 Altyre Road, Croydon, CR9 2LG**

Phone: **0345 850 6272**

E-mail: **excessclaims@aig.com**

### Please note

All claims must be notified as soon as it is reasonably practical after the event which causes **you** to submit a claim.

Late notification of a claim may affect **our** acceptance of a claim or result in the amount **we** pay being reduced.

In the event of a legal liability claim, **you** must not settle, reject, negotiate or agree to pay any claim without **our** written permission.

Direct Car Excess Claims are open Monday to Friday between 9:15am and 5pm. A claim form will be sent to **you** as soon as **you** tell **us** about **your** claim.

**We** will ask **you** to complete a claim form and to provide at **your** own expense all reasonable and necessary evidence required by **us** to support a claim. If the information supplied is insufficient, **we** will identify the further information which is required. If **we** do not receive the information **we** need, **we** may reject the claim.

Relevant information is likely to include, but not limited to:

1. A copy of the **car rental agreement**
2. A copy of the damage receipt (if separate from the **car rental agreement**)
3. If the incident by law requires the attendance of the police, **we** will require a copy of the police report
4. **Your** copy of the **rental company's** damage report
5. Invoices, receipts or other documents confirming the amount **you** have paid in respect of the loss or damage for which the **rental company** holds **you** responsible
6. A copy of **your** credit card statement or other proof of payment showing payment of the damages claimed
7. A copy of **your** driving licence
8. For legal liability claims, all correspondence **you** may receive from the third party in addition to the documents listed at 1-7 above if applicable

In relation to a claim under Section F (Personal Accident):

- a) **We** may ask **you** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and for any medical reports and records and **your** reasonable travelling expenses to attend, if these expenses are agreed by **us** in advance. If **you** fail to attend without reasonable cause, then **your** claim may be rejected.
- b) **You** must give **us** permission to obtain medical reports or records needed from any **doctor** or **medical consultant** who has treated **you**; otherwise **we** may not pay the claim.
- c) If an **insured person** has an existing physical impairment or medical condition, **we** may ask an independent **medical consultant** or **your** treating **doctor**, **medical consultant** or **medical specialist** to assess:
  - a. whether **your** existing physical or medical condition has contributed to the **bodily**

- injury** or expense for which **you** are claiming; or
- b. whether this new **bodily injury** makes **your** existing physical or medical condition worse.

In either case, **we** will ask the independent **medical consultant** or **your** treating **doctor**, **medical consultant** or **medical specialist** to assess the difference between the **insured person's** existing physical impairment or medical condition before and after the **accident**. Any payment made by **us** will be based on this difference and will be expressed as a percentage of the sum insured. If the **insured person's** injury is not described in the **table of benefits we** will assess it in a certain way. Please see 'Non-specified injuries' in Section F (Personal Accident) for further details.

- d) If **you** die, **we** have the right to ask for a post-mortem examination at **our** expense. If this is refused, **we** may not pay the claim.

To help **us** prevent fraudulent claims, **we** store **your** personal details on computer and **we** may transfer them to a centralised system. **We** keep this information in line with the conditions of the Data Protection Act. Full details are provided on page 6, 'Data Protection - How **we** use Personal Information'.

## How to make a Complaint

We believe you deserve courteous, fair and prompt service. If there is any occasion when our service does not meet your expectations please contact us using the appropriate contact details below, providing the Policy/Claim Number and the name of the Policyholder/Insured Person to help us deal with your comments quickly.

Write to: Customer Relations, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG  
Call: +44 0800 012 1301  
Email: [uk.customer.relations@aig.com](mailto:uk.customer.relations@aig.com)  
Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9.15am – 5pm, excluding bank holidays. The Customer Relations free call number may not be available from outside of the UK – so please call us from abroad on +44 208649 6666.

We will acknowledge the complaint within 5 business days of receiving it, keep you informed of progress and do our best to resolve matters to your satisfaction within 8 weeks. If we are unable to do this you may be entitled to refer the complaint to the Financial Ombudsman Service. We will provide full details of how to do this when we provide our final response letter addressing the issues raised.

Please note that the Financial Ombudsman Service may not be able to consider a complaint if you have not provided us with the opportunity to resolve it.

The Financial Ombudsman Service can be contacted at:

Write to: The Financial Ombudsman Service, Exchange Tower, London, E14 9SR  
Call: 0800 023 4567 or 0300 123 9 123  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Online: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Following this complaint procedure does not affect your right to take legal action.

### Financial Services Compensation Scheme (FSCS)

AIG Europe Limited is covered by the FSCS. If **we** are unable to meet **our** financial obligations **you** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim.

For this type of insurance, 90% of **your** claim is covered, without any upper limit. Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk) and on **020 7741 4100**, or **0800 678 1100**.

## General Definitions

Wherever the following words or phrases appear in the policy wording in **bold print** they will always have the meanings shown under them. Plural forms of the words defined have the same meaning as the singular form.

### Accident

A sudden, unexpected, and specific event, external to the body which occurs at an identifiable place and time

### Accidental damage

A sudden, unexpected and specific event occurring at a definable time and place causing physical damage to the insured **rental car** or any third party property not otherwise specifically excluded from this **policy**

### Benefit

The amounts payable in the **table of benefits** shown on pages 3 and 4 of the **policy**

### Bodily injury

Identifiable physical injury to **your** body which is caused directly and solely by an **accident**, is not intentionally self-inflicted and does not result from sickness or disease

### Car rental agreement

The car rental contract for a period of no longer than 62 days signed by the lead named driver (who must be named on **your schedule**) that states the monetary amount which the lead named driver is responsible

### Coma

The continuous unconscious state of a person and as diagnosed by **your doctor, medical consultant or medical specialist**

### Commercial Vehicle

Any vehicle considered to be a commercial vehicle including vehicles comprising more than eight seats in addition to the driver's seat, vehicles having a maximum mass exceeding 5 tonnes, vehicles designed and constructed for the carriage of goods and all trailers, ambulances, caravans, tractors, combine harvesters and agricultural vehicles.

### Doctor

A registered medical practitioner who is not **you**, or related to **you**, or works for **you** who is currently registered with the General Medical Council in the United Kingdom (or foreign equivalent) to practise medicine

### Endorsement

Any terms and conditions additional to this **policy** and specified on **your schedule**

### Geographical limit of cover \*:

- **Europe**  
The continent of Europe, including the **United Kingdom** and all countries west of the Ural Mountains, islands in the Mediterranean, the Canary Islands, Madeira, Turkey, the Azores and Iceland, but not including Egypt, Israel, Morocco and Tunisia.
- **Worldwide**  
Anywhere in the world apart from Afghanistan, Cuba, Liberia or Sudan.

### Gradually operating cause

A cause that is the result of a series of events which occur or develop over time that cannot be attributable to a single **accident**

### Hemiplegia

The permanent and total paralysis of an upper limb and lower limb on one side of the body

### Hospital

An institution which has accommodation for inpatients and facilities for diagnosis, surgery and treatment. It does not include a long-term nursing home, a rehabilitation centre, a retirement home or convalescent home or an extended-care facility

### **Hospitalisation**

Admission to a **hospital** as an **inpatient** and for a period of at least 24 consecutive hours in a row

### **Inpatient**

A person who has gone through the full admission procedure and for whom a clinical case record has been opened and whose admission is necessary for the medical care and treatment of **bodily injury**

### **Insured person**

The **policyholder**, additional family members who have been named on **your schedule** and who must be the lead driver when travelling independently from the **policyholder**, and any additional persons who have been named on the **car rental agreement** for the particular trip, provided that all such persons are legally licensed to operate and drive the **rental car** and aged between 21 and 85 years old

### **Loss**

Permanent, total and irrecoverable loss of use or the permanent and total loss by physical severance, resulting in separation

### **Loss of limb –**

In the case of a leg or **lower limb**:

- a) **loss** by permanent physical severance at or above the ankle; or
- b) permanent, total and irrecoverable loss of use of a complete foot or leg

In the case of an arm or **upper limb**:

- a) **loss** by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the hand); or
- b) permanent, total and irrecoverable loss of use of a complete arm or hand

### **Loss of sight –**

Permanent, total and irrecoverable loss of sight:

- a) in both eyes if **your** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist; or
- b) in one or both eyes if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (seeing at 3 feet what **you** should see at 60 feet)

### **Lower Limb**

The thigh, knee, leg below the knee and foot combined

### **Medical consultant**

A **doctor** or other medical specialist who either holds a full-time NHS Consultant Post or holds a current Certificate of Completion of Specialist Training (CCST), or is on the Specialist Register held by the General Medical Council (GMC) and holds a specialist accreditation issued by the General Medical Council in accordance with EU Medical Directives (or foreign equivalents) or other similarly recognised body.

### **Medical specialist**

A person who is not **you**, or related to **you**, or works for **you**, who currently holds a recognised qualification and all required accreditation to practise in a specific medical field in the **United Kingdom**, including, but not limited to, audiology or optometry, from a recognised body registered in the **United Kingdom** (or foreign equivalent)

### **Operative time**

Whilst **you** are driving, seated as a passenger, getting in and out of, loading or unloading, carrying out emergency roadside repairs to and re-fuelling **your rental car** during the **period of insurance** and within the **geographical limits of cover**

### **Paraplegia**

The permanent and total paralysis of both **lower limbs**, bladder and rectum

**Period of insurance**

The period specified on **your schedule**

**Permanent total disablement**

For a person who is in employment for which they receive regular income at the date of the **accident**, the inability of the person to continue in any occupation for which they are fitted by way of training, education or employment which in all probability will continue for the rest of their life. For a person who is not in employment for which they receive regular income at the date of the **accident**, the inability to work in any gainful employment whatsoever and which in all probability will continue for the rest of their life

**Personal effects**

Items normally worn, used or carried by the **insured person** in daily life, but not money, credit cards, gift cards, vouchers, stamps or items held or used for business purposes

**Policy**

This insurance document setting out the terms and conditions of the insurance which together with **your schedule** forms **your** legal contract of insurance

**Policyholder**

The person who applied and paid for this **policy** who is shown on **your schedule**

**Premium**

The amount the **policyholder** agrees to pay **us** in return for the entitlements and benefits under this **policy** as stated on **your schedule**

**Quadriplegia**

The permanent and total paralysis of both **upper limbs** and both **lower limbs**

**Rental car**

Any car, except any vehicle excluded under clause 4 of the General Exclusions, rented under the **car rental agreement** on a daily or weekly basis from a **rental company**

**Rental Company**

A car rental company or agency, which must be fully licensed with the regulatory authority of the country, state or local authority in which the car rental company or agency operates

**Schedule**

The schedule issued to **you** and any **endorsement** attaching to it

**Table of benefits**

The part of this document that describes how much **we** will pay for the type of claim made by **you**

**United Kingdom/UK**

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man

**Upper Limb**

The arm below the shoulder, the elbow, forearm and hand combined

**You/Your**

The **insured person(s)**

**War**

Military action, either between nations or resulting from civil war or revolution

**We/Us/Our**

AIG Europe Limited

\* **Please Note** – No cover is provided for claims arising as a direct result of a situation highlighted by the Foreign and Commonwealth Office where **you** have hired a car in a specific country or area where, prior to the trip commencing, the Foreign and Commonwealth Office has advised against all (but essential) travel

## General Conditions

The following conditions apply to all sections of this insurance.

1. When completing an application for this **policy**, or to vary or renew this **policy**, **you** must take reasonable care to ensure that **you** respond fully and accurately to any questions or requests for information **we** may make. This information **you** provide to **us** may affect **our** ability to renew, or vary **your** coverage under this policy or the terms on which **we** are able to provide renewal or variation. If there are any changes in **your** circumstances and/or the information **you** have provided is no longer true, valid or up to date **you** must tell **us** as soon as is possible as this may affect **your** policy and **your** ability to claim under it.
2. To receive cover under this **policy**, an **insured person** who is named on **your policy schedule** must be named as the lead driver on the **car rental agreement**.
3. This **policy** is non-transferable or assignable unless agreed by **us** in writing.
4. **You** must take all reasonable precautions to protect the **rental car** against loss and shall use the **rental car** in accordance with the **car rental agreement** terms and conditions.
5. The **benefits** detailed in this **policy** are only payable to **you** or **your** legal representative and any claim may only be presented by **you** or **your** legal representative.
6. Any fraud, deliberate dishonesty or deliberate hiding of information connected with the **policyholder's** application for this **policy** or in connection with a claim will make this **policy** invalid. In this event, **we** will not refund any **premium** and **we** will not consider for payment any claims which have not already been submitted to **us**. Where claims have been made by **insured persons** (other than the **policyholder**) under this **policy**, but remain unpaid, prior to the discovery of the fraud, deliberate dishonesty or deliberate hiding of information where the **insured person** making the claim had no involvement in it, such claims will be considered for payment in the usual way.
7. Any fraud, deliberate dishonesty or deliberate hiding of information by an **insured person** at any time will make this **policy** invalid so far as it concerns cover for that **insured person**. If this happens, the **insured person** will lose any **benefit** due to them.
8. If any claim is found to be fraudulent, or if **you** give misleading information when making a claim, the claim may be declined in part or in full and **you** shall forfeit all entitlements and **benefits** under this **policy**. No refund of **premium** will be allowed and **we** may inform the police, government or other regulatory bodies in these circumstances.
9. In the event that a third party is deemed liable for part or all of any claim, **we** may exercise **our** legal right to pursue that third party. **You** shall, at **our** request and **our** expense, agree to and permit **us** to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. **We** will pay any costs or expenses involved in exercising **our** right against such third party.
10. All claims must be notified as soon as is reasonably possible after the event which causes the claim. Failure to do so may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in **you** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.
11. Only **you** (or **your** executor or personal representative in the event of **your** death) and **us** may enforce the terms of this **policy** and the provisions of the Contract (Rights of Third Parties) Act 1999 do not apply.

## General Exclusions

General exclusions apply to all sections of this **policy**. In addition to these general exclusions, please also refer to 'What **you** are not covered for' under each **policy** section as this sets out further exclusions which apply to certain sections.

**We** will not cover the following:

1. Any claim where the required **premium** has not been paid in full
2. Any claim incurred outside of the **period of insurance**
3. Any claim incurred by drivers:
  - (i) who are not named on the **car rental agreement**
  - (ii) who are under 21 years of age or over 85 years of age
  - (iii) who do not hold a full Driving Licence issued in the **UK**, EEA or Switzerland which is valid in the country of hire
  - (iv) whose main residence is located outside the **United Kingdom**
4. Any claim arising from the rental of:
  - (i) any vehicle other than the **rental car** (as specified on the **car rental agreement**)
  - (ii) motor homes, camper vans, trailers or caravans, trucks, **commercial vehicles**, goods carrying vans, motorcycles, mopeds, motorbikes, off-road vehicles, recreational vehicles and passenger vans and vehicles with more than 9 seats
  - (iii) any vehicle which has a retail value when new in excess of £60,000 and has a 0-62mph (0-100kph) time of less than 7.5 seconds
  - (iv) any vehicle which is over 20 years old
5. Any claim arising from **you** being involved in any deliberate, malicious or reckless act
6. Any claim arising from the operation of the **rental car** in violation of the terms of the **car rental agreement**
7. Any claim arising whilst driving in violation of the road laws of the country of hire
8. Any claim occurring while driving off-road other than on a properly maintained private road
9. Any claim arising where the **rental car** is used in, or training for, racing competitions, trials, rallies or speed testing
10. Any claim arising out of driving as **your** occupation or profession or rentals for business use
11. Damage to the **rental car's** interior unless the damage is as a result of an accidental collision, fire, theft or vandalism
12. Any claim arising from wear and tear, gradual deterioration, insect or vermin, hidden defect or inherent damage of the **rental car**
13. Any claim as a result of mechanical or electrical breakdown, other than towing costs
14. Claims where the claims notification has not been made by **you** as soon as reasonably practicable after the event which causes **you** to submit a claim (see pages 9 to 10 for How to make a Claim)
15. Any claim arising from:
  - deliberately self-inflicted injury or illness,
  - the use of drugs other than in accordance with the manufacturer's instruction or as prescribed and directed by a registered **doctor**,
  - the use of drugs for the treatment of drug addiction,



- the use of any illegal drugs or substances,
  - the misuse of a solvent or solvents by inhalation, or
  - deliberate or reckless exposure to danger (except in an attempt to save human life)
16. Any claim caused by **you** whilst driving while the alcohol level in **your** blood is higher than the legal limit of the country where the claim occurs
  17. Any indirect losses, costs, charges or expenses (meaning losses, costs, charges or expenses which are not listed in sections A to F, for example, loss of earnings if **you** cannot work), unless the claim relates to legal liability
  18. Any claim for interest, credit card, commission or currency conversion fees
  19. Any claim arising from any journey outside of the **geographical limit of cover**
  20. Any claim arising as a direct result of a situation highlighted by the Foreign and Commonwealth Office where **you** have hire a car in a specific country or area where, prior to the trip commencing, the Foreign and Commonwealth Office has advised against all (but essential) travel
  21. Any claim if **you** or any person likely to be involved in a claim are on any official government or police database of suspected or actual terrorists, members of terrorist organisations, drug traffickers or illegal suppliers of nuclear, chemical or biological weapons
  22. Any expenses assumed, waived or paid by the **rental company** or its insurers
  23. Expenses reimbursed by **your** employer's insurer
  24. Any claim arising from property that has been confiscated, destroyed or seized by any government or public entity
  25. Benefits payable under any uninsured or underinsured motorist law, first party benefit law or no-fault law, or law similar to the foregoing in any territory or jurisdiction
  26. Any obligation for which **you** may be held liable under any employment law, disability benefits or unemployment law or any similar law
  27. Any claim arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of pollutants
  28. Any claim which, but for the existence of this **policy**, should be recoverable under any other insurance policy, except for claims made under Section F (Personal Accident)
  29. Any claim arising from, or in connection with, any fraudulent, dishonest or criminal act committed by **you** or any person with whom **you** are in collusion (including loss or damage arising from, or in connection with, transporting contraband or illegal trade)
  30. Any claim due to :
    - (i) smoke, lightning, wind, earthquake, volcanic eruption, tidal wave, landslide, hail, vermin or insects
    - (ii) mechanical failure, electrical failure, software failure, or data failure including, but not limited to any electrical power interruption, surge, brownout or blackout, or telecommunications or satellite systems failure, unless such failure results in an accidental collision
    - (iii) pressure waves from aircraft or other aerial devices travelling at supersonic speeds
    - (iv) ionising radiation or contamination by radioactivity from any nuclear fuel, or from any nuclear waste from burning of nuclear fuel, or
    - (v) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
  31. Any claim resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the claim;

- (i) **war**, invasion, acts of foreign enemies, hostilities, or warlike operations (whether **war** is declared or not), civil war, mutiny, riot, civil commotion assuming the proportions of or amounting to a popular uprising, military rising, insurrection, rebellion, revolution, military or usurped power, martial law, confiscation or nationalisation or requisition by or under the order of any Government or public or local authority
- (ii) any act of terrorism, meaning an act including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or other purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear

## Sections of Cover

### Section A – Accidental Damage, Theft & Loss of Use

We will pay up to the amount shown in the **table of benefits** for:

- the excess for which **you** are liable to pay under the terms of the **car rental agreement** as a result of:
  - **accidental damage**;
  - fire;
  - vandalism;
  - theft; and
- damage to **your rental car's** windows and tyres, the undercarriage and the roof.

#### What you are not covered for under section A

1. Any claim where **you** have not accepted the **rental company's** insurance (Collision Damage Waiver) at the rental counter or where insurance (Collision Damage Waiver) is not included in the total price of the **car rental agreement**
2. Any claim arising from theft, attempted theft or vandalism which is not reported to an appropriate police authority as soon as reasonably possible following discovery of the theft, attempted theft or vandalism or where an official police report has not been obtained
3. Any collision which is not reported to an appropriate police authority as soon as reasonably possible or where an official police report has not been obtained, if required by local law

### Section B - Car Rental Keys

We will pay up to the amount shown in the **table of benefits** for:

- the cost of replacing a lost, stolen or damaged **rental car** key;
- the cost of replacement locks; and
- locksmith charges.

#### What you are not covered for under section B

1. Any claim where **you** have not accepted the **rental company's** insurance (Collision Damage Waiver) at the rental counter or where insurance (Collision Damage Waiver) is not included in the total price of the **car rental agreement**
2. Any claim arising from theft which is not reported to an appropriate police authority as soon as reasonably possible following discovery of the theft or where an official police report has not been obtained
3. Any loss which is not reported to an appropriate police authority as soon as reasonably possible or where an official police report has not been obtained, if required by local law

## Section C – Baggage

**We** will pay each **insured person** up to the amount shown in the **table of benefits** for loss of or damage to baggage and/or **personal effects** as a result of theft or attempted theft following visible and forcible entry into the **rental car**, provided that such theft or attempted theft is proved and that the baggage and/or **personal effects** were at the time of the theft or attempted theft secured in the **rental car** in either a locked boot or out of sight in a glove box or luggage compartment.

### What you are not covered for under section C

1. Any claim which is not reported to an appropriate police authority as soon as reasonably possible following discovery of the theft or where an official police report has not been obtained
2. Claims arising due to an unauthorised person fraudulently using **your** credit or debit cards
3. Claims where **you** are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed
4. Cosmetic damage unless the item has become unusable as a result of this

## Section D – Towing

**We** will pay up to the amount shown in the **table of benefits** for towing charges if not covered under the terms of the **car rental agreement**.

**Please note:** If the **rental car** needs to be towed, **you** should contact the **rental company** in the first instance as these costs may already be covered under the terms of the **car rental agreement**.

## Section E – Misfueling

**We** will pay up to the amount shown in the **table of benefits** for costs incurred for cleaning out the engine and fuel system in the event that **you** put the wrong type of fuel in **your rental car**.

## Section F – Personal Accident

If **you** have an **accident** leading to **bodily injury**, during the **operative time** which within 24 months, solely and independently of any other cause, results in death, **loss of limb, loss of sight, permanent total disablement, quadriplegia, hemiplegia, paraplegia, hospitalisation** or a **coma**, **we** will pay the sum shown in the **table of benefits**.

### Important Provisions relating to section F

1. If death results from **bodily injury** and this occurs within 13 weeks of **bodily injury**, the **benefit** under item 1 will be paid and not the **benefits** under items 2-8
2. When more than one of items 2-8 above occur as a result of the same **accident** the maximum amount payable will be £40,000
3. Upon the payment of a claim under item 1 or payment of £40,000 under items 2-8, cover under this Section F (Personal Accident) will stop in respect of the **insured person** for whom such payment is made
4. A daily rate of 1/7th of the weekly rate will be payable in respect of periods of **hospitalisation** or **coma** of less than 7 days for item 9 or 10
5. **We** will pay 50% of the amount shown under item 9 for **hospitalisation** for persons aged over 65 at the date of the **accident**
6. Under item 2 no **permanent total disablement benefit** is available if **you** are over 65 years of age at the date of the **accident**
7. No **benefit** is payable under item 9 if **you** are claiming for **benefits** under item 10

### **Non-specified injuries**

If **you** have an **accident**, suffer **bodily injury** and the resulting disability is not specifically mentioned in the **table of benefits** or is not a 100% **loss** of an item in the **table of benefits** under items 5-7 but nevertheless results in a permanent and irrecoverable disability, dependant on the injury sustained, **you** may still be eligible to receive a payment from **us**.

a) If **you** suffer **bodily injury** to a part of the body that is listed in the **table of benefits** items 5-7:

**We** will ask the **medical consultant, doctor** or **medical specialist** who treated **your** injury to assess the degree of **your** post-**accident** impairment and disability and explain their assessment. If they are unable or unwilling to do this in a timely manner or if they are unable to provide **us** with justifiable evidence to support their assessment, **we** will appoint an independent **medical specialist** to make this assessment. This may require them to examine **you** and/or review **your** medical records and other medical reports and/or refer to medical evaluation guides so that an assessment can be made. **We** may also ask an independent **medical specialist** to examine **you** and/or review **your** medical records and other medical reports to obtain a second opinion. **We** may also ask **your** treating **medical consultant, doctor** or other **medical specialist** to review and comment on the assessment made by the independent **medical specialist** **we** appoint to reach a joint agreement. Once **we** are in receipt of the assessment(s) **we** will then calculate a percentage disablement to the nearest **permanent disability** item shown in the **table of benefits** to arrive at a claim payment amount.

b) If **you** suffer **bodily injury** to a part of the body that is not listed in the **table of benefits** items 5-7:

In the event that the **bodily injury** suffered cannot be assessed by reference to a **permanent disability** item shown in the **table of benefits** items 5-7 (for example the part of the body injured is not listed in the table), **we** will assess the injury as a percentage of the body as a whole and apply this to the amount shown for item 8. To do this **we** will ask the treating **medical consultant, doctor** or **medical specialist** that treated **your** injury to review the impairment and disability and provide **us** with their assessment. If they are unable or unwilling to do this in a timely manner or if they are unable to provide **us** with justifiable evidence to support their assessment, **we** will appoint an independent **medical specialist** to make this assessment. This may require them to examine **you** and/or review **your** medical records and other medical reports and/or refer to medical evaluation guides so that an assessment can be made. **We** may also ask an independent **medical specialist** to examine **you** and/or review **your** medical records and other medical reports to obtain a second opinion. **We** may also ask **your** treating **medical consultant, doctor** or **medical specialist** to review and comment on the assessment made by the independent **medical specialist** **we** appoint to reach a joint agreement. Once **we** are in receipt of the assessment(s) **we** will then calculate a percentage

disablement of the body as a whole and apply this to the amount shown for item 8 to arrive at a claim payment amount.

#### **Example**

**You** sustain a head injury whilst driving **your rental car**. This injury results in the permanent, total and irrecoverable **loss** of smell and taste. There is no benefit for **loss** of smell and taste listed in the **table of benefits**. **Your bodily injury** is assessed by reference to medical reports and a medial assessment guide. From the review the **loss** of smell and taste is established as 5% whole person impairment. **You** would then receive a maximum payment of £1,000, which is calculated as 5% of £20,000 for item 8 shown in the **table of benefits**.

#### **What you are not covered for under section F**

1. **Permanent total disablement benefit** if **you** are over 65 years of age at the date of the **accident**
2. Any claim where **your** blood/urine alcohol level is above the legal limit stated in the Road Traffic Act(s) or the equivalent in the territory where the **accident** occurred whilst **you** are in charge of the **rental car**
3. The **insured person** who is in charge of the **rental car** being under the influence of, or being affected by a drug or drugs other than according to the manufacturer's instructions or as prescribed by a **doctor** at the time the **accident** occurs
4. The **insured person** who is in charge of the **rental car** being under the influence of, or being affected by drugs if **you** take a drug or drugs for the treatment of drug addiction at the time the **accident** occurs
5. Any claim for **bodily injury** which is directly or indirectly resulting from anxiety, stress disorder, post traumatic stress disorder, psychological or psychiatric illness or condition or other mental or nervous disorder
6. Fibromyalgia (a syndrome characterised by chronic pain of the muscles and soft tissues surrounding joints, fatigue and tenderness at specific sites in the body), myalgic encephalomyelitis (muscle pains and inflammation of the brain and spinal cord) or chronic fatigue syndrome
7. Back injuries unless supported by a diagnosis using appropriate medical imaging techniques (such as X-rays, CT or MRI scans)
8. Suicide or attempted suicide or intentional self-inflicted injuries
9. **Bodily injury** to any fellow employee of an **insured person**, sustained while as a passenger in the **rental car** and arising out of and in the course of the fellow employee's employment
10. Any claim for **bodily injury** which is directly or indirectly resulting from any **gradually operating cause**
11. **Bodily injury** sustained whilst directly involved in an unlawful act
12. An **insured person** deliberately or recklessly exposing themselves to danger
13. **Bodily injury** resulting from sickness or disease
14. Any degenerative condition, medical condition, physical impairment or disablement (as determined by a **medical consultant**) known by **you** to be in existence at the time of sustaining **bodily injury** will be taken into account by **us** in assessing the amount payable
15. Travelling in a **rental car** without a current and valid test certificate, a **rental car** in an un-roadworthy condition at the time of the **accident** or where there is no motor insurance covering the **rental car**

16. An **accident** occurring in a country where a state of **war** exists (declared or not) if the **accident** was the direct consequence of the **war**

**Summary of important contact details**

**CUSTOMER SERVICE FOR EXISTING POLICYHOLDERS**

**Phone: 0333 323 0208**

**E-mail: [info@direct-carexcess.co.uk](mailto:info@direct-carexcess.co.uk)**

**Phone lines are open Monday to Friday between 9am and 5pm**

**CLAIMS – Direct Car Excess Insurance Claims**

**Address: The AIG Building, 2-8 Altyre Road, Croydon, CR9 2LG**

**Phone: 0345 850 6272 E-mail: [excessclaims@aig.com](mailto:excessclaims@aig.com)**

**The claims department are open Monday to Friday between 9:15am and 5pm.**

**SALES – Direct Car Excess Insurance**

**Website: [www.direct-carexcess.co.uk](http://www.direct-carexcess.co.uk) Phone: 0333 323 0208**

**Phone lines are open Monday to Friday between 9am and 5pm**





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