

SPORT DIVING SHORT TERM INSURANCE



Allied Insurance Company

INDEX

INDEX	2
GENERAL INFORMATION	1
Introduction	1
1. Diving Risks Insurance Specialists	1
2. Important Information	1
3. How to register a complaint	2
4. Insurer Information	2
5. Basis of Diving and Travel Assistance Cover	2
6. How to make a Claim	2
GENERAL DEFINITIONS	4
DEFINITIONS	4
GENERAL CONDITIONS	8
CONDITIONS	8
GENERAL EXCLUSIONS	10
COVERAGE SECTION 1	12
DIVING RISKS	12
1. Emergency Medical Expenses & Repatriation	12
2. Disability	12
3. Table of Serious Permanent Total Disabilities	13
4. Exclusions applicable to Section 1 only	14
5. Conditions applicable to Section 1 only	14

GENERAL INFORMATION

Introduction

For the purpose of this policy, the **Policyholder** is the **Dive Club**/Centre and the beneficiaries of the policy's benefits are the **insured** persons under the policy.

This agreement does not give **you**, as the **Dive Club**/Centre, direct rights under the Policy of insurance but enables the **insured**, to receive the benefits described below.

Strict compliance with the terms and conditions of this agreement is required if the **insured** is to receive its benefits.

1. Diving Risks Insurance Specialists

This diving and associated risks insurance policy is underwritten by Allied Insurance Company of the Maldives Pvt Ltd (the **Insurer**). This policy, the **insurance certificate** and any endorsements are based on the information the **Dive Club**/Centre and/or the **insured** provided **us** and form the contract of insurance between **you** and **us**. Each **Insured** should read this policy, **insurance certificate** and any endorsements carefully, keep them in a safe place and refer to them should a policy service be required or a claim occur.

Your right to cancel – if having purchased this insurance **you**, as the **Policyholder**, decide that it does not meet **your** requirements please return this policy at once to:

The **Administrator**, VING Insurance Brokers Ltd, Continental Operations Office, C.da Padune 11, 64026 Roseto degli Abruzzi (TE), Italy or telephone on +39085-8930333 within 14 days of the Date of Issue and provided that no claim has been made, the premium will be refunded in full.

2. Important Information

Health – this insurance contains certain exclusions and conditions about the state of health of all **Insured** covered by this insurance. If **you** are in any doubt as to whether **you** or any other persons are eligible for full cover, please contact:

The **Administrator**, VING Insurance Brokers Ltd, Continental Operations Office – Medical Referrals Helpline, on +39085-8930333 (during normal office hours) or by fax on +39085-8930050 or alternatively email to medicalreferrals@daneurope.org

Material Facts – **you** or any **insured** person MUST tell **us** all **Material Facts**. A **Material Fact** is one which is likely to influence the cover provided. If, after buying the policy, a **Material Fact** becomes known or changes **you** must tell **us** and **we** reserve the right to impose special terms. If **you** are in doubt as to whether a fact is 'material', **you** should tell **us** by completing a medical self-declaration form.

If **you**, as the **Insured** do not disclose all **material facts** in full, this may result in **your** claim not being paid. Examples of **Material Facts** include pre-existing medical conditions or previous dive related **accidents** or anything which increases the likelihood of a claim being made under this policy.

Please contact The **Administrator**, VING Insurance Brokers Ltd, Continental Operations Office – Medical Referrals Helpline, on +39085-8930333 (during normal office hours) or by fax on +39085- 8930050 or alternatively e-mail to medicalreferrals@daneurope.org

Your enquiry will be handled confidentially and **you** will be advised in writing of the extent of cover that can be provided. **You** will also be given a Medical Helpline Reference

3. How to register a complaint

It is **our** intention to provide an excellent service to all **our** policyholders, however, **we** recognise that there may be occasions when **you** feel that this has not been achieved. If **you** are unhappy with any aspect of the service that **you** receive, please contact either **your** usual insurance adviser or:

The Complaints Manager

VING Insurance Brokers Ltd

DAN Building, Level 2-3, Sir Ugo Mifsud Street, Ta' Xbiex, XBX 1431, Malta

Telephone no. +356 2016 1631 Email: daneuropecomplaint@vinginsurance.com

Please state the nature of **your** complaint, the Policy and/or Claim Number, the name of any claim handling organisation with whom **you** have been dealing and their reference number.

The existence of this complaints procedure does not affect any right of legal action **you** may have against Allied Insurance Company of the Maldives Pvt Ltd (the **Insurer**).

4. Insurer Information

All cover under this policy is provided by Allied Insurance Company of the Maldives Pvt Ltd (the **Insurer**) incorporated in the Maldives under company no. C-43/84.

Allied Insurance Company of the Maldives Pvt Ltd is authorised and regulated by the Maldives Monetary Authority (MMA) and operates in the Republic of Maldives.

5. Basis of Diving and Travel Assistance Cover

We will (unless specified to the contrary) provide EACH **Insured** named in the **insurance certificate** with insurance in the manner described in each Section of this policy subject to the terms, provisions, conditions, limitations and exclusions therein and the General Exclusions and General Conditions of this policy.

THIS IS NOT a private medical insurance policy and only gives cover during a diving activity. **We** will pay for private treatment only if there is no appropriate reciprocal health agreement in existence, no without charge public service available or no other more specific health or travel insurance cover. **We** also reserve the right to organise a transfer from a private medical facility to a public medical facility where appropriate.

In the event of medical treatment becoming necessary for which reimbursement will be sought, **you** will be expected to allow **us** or **our** representatives unrestricted access to all medical records and information.

6. How to make a Claim

1. If there are any circumstances that may give rise to a claim under this policy the **Insured** (or his/her legal or personal representatives) must in respect of any claim:
 - a. Contact the Claims Handler as soon as practicable but within 14 days of such circumstances arising:
 - i. giving brief details of such circumstances and requesting a claim form

- ii. when contacting the Claims Handler please quote the Short Term ID number or the Policy Number stated in the **insurance certificate**
 - b. Complete and return the claim form together with all receipts, reports and evidence requested on the claim form.
2. **Medical Expenses Claims** – the **Insurer** via its **24/7 Emergency Operating Centre** MUST BE NOTIFIED PRIOR TO:
the **Insured** being admitted as an inpatient at any hospital, clinic or nursing home.
3. FAILURE TO COMPLY WITH THE TERMS OF THIS POLICY MAY PREJUDICE ANY CLAIM. Please refer to the appropriate Section for full details.
4. **YOU MUST ALSO:**
- a. Give all information and assistance that the **Insurers** may require
 - b. Comply with all reasonable deadlines set by the **Insurers**
 - c. Comply with all deadlines set by any court or legally empowered authority for the disclosure of information, production of proof, evidence and/or documentation and provision of assistance

GENERAL DEFINITIONS

DEFINITIONS

APPLICABLE TO ALL SECTIONS OF THE INSURANCE OTHER THAN AS STATED HEREIN TO THE CONTRARY

Wherever these words or phrases appear in bold italic type in this policy they will have these meanings:

1 . **24/7 Emergency Operating Centre**

means the assistance services provided by the Contractor engaged by **us** to provide a 24/7 emergency contact service to **you**

2 . **Accident**

means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place and includes:

- a. barotrauma and decompression sickness (including suspected DCI if diagnosed by **us**);
- b. asphyxia of a non-pathological origin;
- c. acute poisoning or envenomation caused by the ingestion or absorption of substances;
- d. drowning;
- e. exposure hypothermia or frostbite directly resulting from a mishap to a conveyance including being shipwrecked or stranded, that is otherwise unavoidable;
- f. sunstroke or heatstroke;
- g. injuries and traumas in general including when caused by marine life occurring anywhere in the world

3 . **Administrator**

means VING Insurance Brokers Ltd, Continental Operations Office, C.da Padune 11, P.O. BOX 77, 64026 Roseto degli Abruzzi TE, Italy

4 . **Bodily Injury**

means identifiable physical injury which:

- a. is caused by an **Accident**; and
- b. solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the **Insured** within twelve months from the date of the **Accident**

5 . **Complicated Pregnancy**

means any condition as inpatient in a hospital for illness not connected with pregnancy, however, adversely affected by conception and/or caused by pregnancy. They are nephritis, nephropathy, heart decompensation, threatened abortion and any other medical and surgical conditions of equivalent or severer nature. **Complicated pregnancy** also means the unintentional cesarean section, extrauterine pregnancy and spontaneous abortion. **Complicated pregnancy** does not include neurovegetative phenomena in the first 3-month period, hyperemesis gravidarum, preeclampsia and those conditions associated with a **complicated pregnancy**, which however do not represent any complicated nosology independent of pregnancy

6 . Country of Operation

means the country provided by the **Policyholder** as the location of the **Dive Club** which has been accepted by **us** when applying for this Insurance and appearing on the **Insurance Certificate**

7 . Country of Residence

means the **Insured's** country of permanent residence, indicated to us by the residential address included in your application or renewal for this insurance and which appears on the **Insurance Certificate**. This is the country to which you will be repatriated in the event of a medical emergency, if required.

8 . Dive Club

means a Person, Organisation or Association of any type, defined as the **Policyholder**, providing **Dive Club Services** to persons planning to or participating in **Diving Activities**.

9 . Dive Club Services

means the provision of advice and instruction in **recreational diving and/or snorkelling** including all organising, supervising, training, escorting or guiding services provided by diving instructors, assistant instructors or underwater guides

10 . Diving Activity / Diving Activities

means:

- a. diving with scuba or rebreather apparatus from the moment **you**, the **insured**, lift **your** assembled Buoyancy Compensator Device / underwater breathing apparatus to wear it and enter water, until **you** totally exit water and **your** scuba tank or rebreather unit is placed on the ground or boat deck, whichever is first;
- b. breath-hold diving or snorkelling, from the moment **you**, the **Insured**, completely enter until **you** exit the water.

11 . Diving Bodies

means recognised national controlling organisations whether or not affiliated to R.S.T.C. or C.M.A.S. who establish and publish guidelines and recommendations to their membership for safe diving practice

12 . Emergency Medical Assistance

means any request made for **Emergency Medical Assistance** via the **24/7 Emergency Operating Centre**

13 . Insurance Certificate

means the insurance document providing written confirmation of cover for insurance to the **Policyholder** or to the **Insured** Person and confirming those details declared to **us** before the commencement of any insured **Diving Activity**.

14 . Insured/you/your

means the **Beneficiary** who will benefit from this policy, as being the **Policyholder's** client as stated in the **Insurance Certificate**

15 . Insurer/we/our/us

means Allied Insurance Company of the Maldives Pvt Ltd incorporated in the Maldives under company no. C-43/84 whose registered office is at Fen Building, 2nd Floor, Ameene Magu, Machchangolhi, Male, 20375, Republic of Maldives

16 . Loss of limb

means loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg

17 . Material fact

means facts about **you**, the **Insured**, or **your** activities that are likely to influence **us** in accepting **your** insurance.

This includes medical conditions that may disqualify **you** from performing **diving activities**. If **you** have any doubt as to whether a fact is 'material' **you** should tell **us** in writing by e-mail or for medical **material facts** by completing a medical self-declaration form

18 . Medical expenses

means expenses necessarily incurred by the **Insured** for medical, hospital, surgical, manipulative, therapeutic, x-ray or nursing treatment, including the cost of medical supplies and ambulance hire and other medical evacuation expenses from the location of the **accident** to the nearest reasonable treatment centre

19 . Period of Insurance

means the **Period of Insurance** stated in the **Insurance Certificate**

20 . Permanent Total Disablement

means disablement which entirely prevents the **Insured** from attending to any business or occupation of any and every kind and which lasts twelve months and at the expiry of that period is beyond hope of improvement

21 . Policyholder

means the **Dive Club** as defined in this section

22 . Professional Diving

means the provision of advice and instruction in **Recreational Diving** including all supervising, training, escorting or guiding services provided by diving instructors, assistant instructors or underwater guides including personal **Recreational Diving Activity** and work (both voluntary and remunerated) for civil protection agencies. **Diving Activities** directly or indirectly related to scientific, exploratory or media activities are also considered **professional diving** (unless purely voluntary without any form of remuneration or reward)

23 . Recreational Diving

means all snorkeling, and **recreational Diving Activities** carried out by the **Insured** as stated in the **Insurance Certificate** attached to this Policy with or without breathing apparatus whether as a student or not including:

- a. Compressed air diving in any form
- b. Enriched air "nitrox" diving with fixed percentages with an open circuit or a "rebreather"
- c. The use of oxygen enriched air or of oxygen to maximize decompression safety

DAN Europe recommends gas partial pressures up to a maximum of 1,6ATA Oxygen and 5,6ATA Nitrogen in the breathing mixture

24 . Terrorism

means the use of violence for political ends and includes any use of violence for the purpose of putting the public or any section of the public in fear. In any action, suit or other proceedings where the **Insurers** allege that by reason of the provisions of this clause any loss, destruction or damage is not covered by this Insurance, the burden of proving that such loss, destruction or damage is covered shall be upon the **Insured**

25 . You/ your

means the **Policyholder** and/or the **Insured** unless specified clearly.

Words in the masculine gender shall include the feminine.

Endorsement means the document confirming any alteration in **your** insurance confirmed by **insurers**.

GENERAL CONDITIONS

CONDITIONS

APPLICABLE TO ALL SECTIONS OF THE INSURANCE OTHER THAN AS STATED HEREIN TO THE CONTRARY

1 . Precautions

The **Insured** MUST

- a. Take all reasonable precautions to prevent anything happening which may give rise to a claim under this policy and take all requisite steps for safeguarding and recovering any property **insured**
- b. Not book or undertake the **Diving Activity** or journey against medical advice

2 . Insurer's rights in the event of a claim in respect of all Sections

- a. The **Insurer** shall be entitled but not bound to take over and conduct in the name of the **Insured** the defence or settlement of any claim or to prosecute in the name of the **Insured** for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim
- b. The **Insurer** shall be entitled at any time in its own name or in the name of the **Insured** to take action to effect the recovery of all or any part of a claim for emergency **medical expenses** or for securing reimbursement in respect of any claim settled and the **Insured** shall give the **Insurer** all information and assistance in so doing.

3 . Claims

If there are any circumstances that may give rise to a claim under this policy the **Insured** must follow the procedure How to Make a Claim, detailed in General Information

4 . Fraud

If any claim is in any respect fraudulent or if any fraudulent means or devices are used by the **insured** or if there has been a misstatement or concealment by the **Insured** or any person acting on behalf of the **Insured** to obtain benefit under this policy, all benefit hereunder shall be forfeited

5 . Observance

The due observance and fulfilment of the terms, provisions, conditions and limitations of this policy so far as they relate to anything to be done or complied with by the **Insured** and the disclosure of all **Material Facts** shall be a condition precedent to any liability of the **Insurers** to make any payment under this policy

6 . Arbitration in respect of all Sections

If any difference shall arise as to the amount to be paid under this policy (liability being otherwise admitted) such difference shall be referred to an arbitrator to be appointed by the parties in accordance with law applicable to this contract. The language of arbitration shall be English. Where any difference is by this condition to be referred to arbitration the making of an award shall be a condition precedent to any right of action against the **Insurer**.

7 . Jurisdiction

The **Policyholder** and the **Insurers** have agreed that this policy shall be governed by and construed in accordance with Maldivian Law which will have exclusive Jurisdiction on any policy disputes which will be based on the English policy version

8 . Uninsured Expenses

If any costs and/or expenses not covered by this insurance have been incurred by the **Insurers** on the **Insured's** behalf or any additional or increased costs and/or expenses incurred by the **Insurers** as a result of the **Insured's** failure to comply with the terms, provisions, conditions and limitations of this policy then the **Insured** shall repay all such costs and/or expenses to the **Insurers** within 30 days of his/her being requested to do so by the **Insurers**

9 . Other Insurance or Indemnities

- a. The **Insurers** will not seek contribution from any other insurance held by the **Insured** in respect of any claim under Disability benefit
- b. The **Insurers** will seek contribution from any other insurance held by the **Insured** where:
 - i. There is in force insurance covering the same claim in which case this policy shall apply only in excess of any amount paid under such other insurance or which would have been paid thereunder had this policy not been effected
 - ii. The **Policyholder** or **Insured** Person also seeks to obtain indemnity in respect of the same claim from any other insurance in which case the **Insurers** will not be liable to pay more than their proportionate share of any such claim, costs and expenses in connection therewith

10 . Data Protection Act

Personal Information – The **Insurer** may collect, hold and process certain types of information regarding the **Policyholder** and/or the **Insured** for particular purposes as allowed by law and in accordance with the **Insurer's** Data Protection and Privacy Statement (a copy of which can be obtained from **us** on request). Due to the sensitive nature of some of this information the **Policyholder** and/or the **Insured**, by accepting this policy, consents to the **Insurer** to process this information and where required by the **Insurer** to pass this information to third parties such as loss adjusters and other agents

11 . No (re)insurer

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

GENERAL EXCLUSIONS

APPLICABLE TO ALL SECTIONS OF THE INSURANCE OTHER THAN AS STATED HEREIN TO THE CONTRARY

1. This insurance does not cover any:
 - a. Person aged 75 or over, unless the policy specifically confirms this in writing
 - b. Loss, damage, **bodily injury**, death, disease, illness, liability costs or expenses arising out of or in connection with any wilful, malicious or criminal act of the **Insured** or breach of any law or enactment by the **Insured** or arising out of **Your** gross negligence
 - c. Claim arising out of a **Material Fact**
 - d. Claims arising if at the time of purchasing this insurance the **Insured**:
 - i. Is aware of any circumstances which could reasonably be expected to give rise to a claim under this insurance
 - ii. Have had a cancerous, cardiovascular, cerebrovascular, renal, respiratory, psychiatric or mental condition
 - iii. Have had any other medical condition which is under the supervision of a hospital or a consultant or doctor or has required any hospital admission or treatment in the previous 12 months
 - iv. Have been taking continuous medication and have had any change in medication or increase in dosage in the previous 12 months resulting from a deterioration in the condition being treated
 - v. Have any medical conditions for which the **Insured** is on a hospital or specialist's waiting list for inpatient or outpatient treatment or investigation
 - vi. Have been advised of a terminal prognosis
 - e. Claim caused by or arising from:
 - i. Willfully self-inflicted illness or injury, the influence of intoxicating liquor or drugs (except drugs taken in accordance with treatment prescribed and directed by a registered medical practitioner other than for drug addiction), alcoholism, drug addiction, solvent abuse, sexually transmitted diseases, travel contrary to medical advice or where the purpose of travelling is to obtain medical treatment
 - ii. Mental illness
 - iii. Myocardial infarction and its consequences, hernias and the breaking of subcutaneous tendons, unless such diseases are the consequence of an **insured** external and violent cause
 - iv. Human Immunodeficiency Virus (HIV) and/or any HIV related illness including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutant derivatives or variations thereof
 - v. **Complicated Pregnancy** and/or Childbirth
 - f. Death, injury, illness or disablement directly or indirectly resulting from or consequent upon the **Insured's** own suicide or attempted suicide or deliberate exposure to danger (except in an attempt to save human life) or the **Insured's** own criminal act
 - g. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war or any act, condition or warlike operation incident to war
 - h. Warlike action by a regular or irregular military force or civilian agents, or any action taken by any government, sovereign or other authority to hinder or defend against an actual or expected attack
 - i. Insurrection, rebellion, revolution, attempt to usurp power or popular uprising or any action taken by governmental or martial authority in hindering or defending against any of these
 - j. Discharge, explosion or use of a weapon of mass destruction whether or not employing nuclear fission or fusion, or chemical, biological, radioactive or similar agents, by any party at any time for any reason

- k. Terrorist Action or any action taken by anyone to prevent real or perceived imminent Terrorist Action or to address ongoing Terrorist Action.
 - l. Loss, destruction, damage, liability costs or expenses caused by pressure waves from aircraft or other aerial devices travelling at sonic or supersonic speeds
 - m. Claim directly or indirectly caused by, contributed to or arising from:
 - i. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - ii. The radioactive, toxic, explosive or other hazardous properties of any explosive, nuclear assembly or nuclear component thereof
2. The **Insurer** shall not be liable for any claim caused by or arising from the failure of any computer hardware or software or other electrical equipment to recognise or process any date as the true calendar date. This exclusion does not apply to Section 1 - Diving Risks.
3. The **Insurer** shall not be liable for any claims arising directly or indirectly from:
- a. Medical treatment or expense prescribed or administered by a family member of the **Insured**
 - b. Medical treatment or expense not approved as necessary or of a medical nature
 - c. Aesthetic treatments, complications following vaccinations or for treatment from chiropractors and osteopaths
4. Notwithstanding anything in the Insurance or in any extension(s) thereof, it is hereby declared and agreed that as an exclusion overriding all other terms (including the nature and terms of perils **insured** against) this Insurance does not cover loss or destruction of or damage to any property or **Bodily Injury** anywhere in the world or loss resulting therefrom caused by or happening through or in consequence of:
- (i) Civil commotion
 - (ii) Any unlawful, wanton or malicious act committed maliciously by a person or persons acting on behalf of or in connection with any unlawful association as defined by the national legislation on **Terrorism** in the **country of residence** of the **Policyholder** and/or the **Insured**.
- This overriding exclusion applies to this Insurance and to any extension(s) thereof, except only if an extension be issued hereafter which expressly cancels this overriding exclusion.
5. Contracts (Rights of Third Parties) Exclusion Clause – Neither this policy nor any document issued pursuant to this policy shall confer any benefits on any third parties. No third party may enforce any term of this policy or of any provision contained in any document issued under this policy. This clause shall not affect the rights of the **Policyholder** and/or the **Insured** (as assignee or otherwise) or the rights of any loss payee.

COVERAGE SECTION 1

DIVING RISKS

The **Insurers** hereby agree that if an **Accident** occurs during a **Diving Activity** within the **period of Insurance** then **we** the **Insurers** will pay to or on behalf of the **Insured** reasonable **Medical Expenses** incurred as a result and disability benefits after the total claim shall be substantiated.

You will be covered during **Recreational Diving** for the following expenses as long as in **Our** opinion following consultation with **Our** Medical Officers, these expenses are medically necessary and the costs reasonable.

In respect of coverage under this Section, the definition of **diving activity** is deemed to include:

1. Assembly/disassembly and checking of diving equipment
2. Kitting up with and kitting off from diving equipment
3. Loading and unloading of diving equipment onto a means of transport for the purpose of directing oneself towards or from a dive location
4. Embarkation or disembarkation onto/from a dive boat.

1. Emergency Medical Expenses & Repatriation

1. **Medical Expenses** the **Insured** will have to pay or which **We** may elect to pay on the **Insured's** behalf, inside the **Country of Operation** of the **Policyholder** unless stated otherwise on the **Insurance Certificate**. These expenses must be for first aid, medical, surgical, hyperbaric and hospital or clinic charges, emergency dental treatment, emergency transport by ambulance (or other rescue service to take **you** to the hospital or clinic), nursing home and nursing costs.
2. Rescue costs following a diving related **accident** only (including cave diving)
3. Extra accommodation (room costs only) and travel expenses in case of disruption of travel plans following an indemnifiable diving related **accident**, for the **Insured** and up to 1 travelling companion or travel partner

Furthermore if as a result of an **Accident**:

4. **Our** Medical Officers consider prescribing specialised Medical Care including early post-acute care, rehabilitation and post-traumatic stress therapy **we** will indemnify the **Insured** for these treatment costs up to the limits stated in the **Insurance Certificate** attached to this Policy. The condition applies inside the **Country of Operation** of the **Policyholder** or in the **Country of Residence** provided by you when applying for this insurance unless stated otherwise on the **Insurance Certificate**.

2. Disability

1. The **Insurers** hereby agree that if an **Accident** occurs during the **Diving Activity** of a Recreational Diver within the **Period of Insurance** that results in **Bodily Injury** than **we**, the **Insurers** will pay to or on behalf of the **Insured** the **Insured** Benefits, according to the Table of Serious Permanent Disabilities after the total claim shall be substantiated.

2. Provided always that the **Insured** Benefits are conditional that:
 - a. Compensation shall not be payable under more than one of the Items of the Table of Serious Permanent Disabilities in respect of the consequences of one **Accident** to any one **Insured**,
 - b. The total sum payable to the **Insured** in respect of one or more claims under this Section, shall not exceed the largest amount of benefit available under any one of the items contained in the Table of Serious Permanent Disabilities or added to this section by endorsement. However, the **Insurers** will, in addition, pay **Medical Expenses**, up to the insured limit.
 - c. No weekly compensation shall be payable.
3. Compensation shall only be payable if:

Under Items a) to j) of the Table of Serious Permanent Disabilities, loss occurs within twelve months from the date of the **Accident** and such disablement lasts for twelve months and at the expiry of that period is beyond hope of improvement.

3. Table of Serious Permanent Total Disabilities

The percentages indicated below represent a percentage of the sum insured indicated under the Permanent Total Disability benefit in the Insurance Certificate attached to this Policy. Cover is for Permanent Total Loss only of the limbs or parts or functionality of the body as defined below:	
a. Total loss (anatomical or functional) of sight or of two or more limbs or of an eye and of a limb	100%
b. Total loss (anatomical or functional) of one eye or limb	50%
c. Total loss of the voice or complete deafness in both ears	100%
d. Total loss (anatomical or functional) of a shoulder, an elbow, a hip, a knee, an ankle or a wrist	20%
e. Complete deafness in one ear	15%
f. Total loss (anatomical or functional) of:	
- A thumb	15%
- An index finger	10%
- Any other finger of the hand or a big toe	3%
- Any other toe	1%
g. Loss of:	
- Both hands or both feet	100%
- One hand and one foot	100%
- Sight of both eyes	100%
h. Total loss of sight of one eye and loss of one hand or one foot	100%
i. Loss of one hand or one foot	50%
j. Loss of balance due to irreversible vestibular damage, impairing normal equilibrium/autonomous walking	50%

Loss of a hand or a foot is understood to mean their anatomical loss at or above the wrist or the ankle. Loss of the sight of one or both eyes is understood to mean the irrecoverable loss of that faculty.

If, as a result of the **accident**, the **Insured** suffers even more than one of the above-mentioned injuries, **We** will only indemnify the **Insured** for one of the benefits above whichever is the highest.

4. Exclusions applicable to Section 1 only

This Section does not cover any **Accident** directly or indirectly arising out of the use of underwater transport crafts, whether or not under the control of or being used by the **Insured**, except for underwater scooters for individual use.

5. Conditions applicable to Section 1 only

1. If an **Insured** shall engage in any of the above excluded **diving activity** which expose the **Insurer** to greater risk without first notifying **Insurers** and obtaining their written agreement to the amendment of this Section (subject to the payment of such additional premium as the **Insurers** may reasonably require as the consideration for such agreement), then no claim shall be payable in respect of any **Accident** arising therefrom
2. Should the national health service not provide medical services for Accidents arising from **Diving Activities**, **your Medical Expenses** shall be incurred by **us**. Nevertheless **We** reserve the right to organise a transfer from a private medical facility to a public facility where appropriate
3. If the consequences of an **Accident** shall be aggravated by any condition or physical disability of the **Insured** which existed before the **Accident** occurred, the amount of any compensation payable under this Section in respect of the consequences of the **Accident** shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated
4. Notice must be given to the **Insurers** as soon as reasonably practicable of any **Accident** which causes or may cause Medical Expense or disablement within the meaning of this Section, and the **Insured** must as early as possible place himself under the care of a duly qualified medical practitioner
5. **We** shall not incur any telephone, mobile, internet costs or other expenses incurred to prepare or submit a claim against **us**