



## Optis Personal Accident Insurance

### Certificate of Insurance

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

This Certificate is issued by the Coverholder identified within this Certificate in accordance with the authorisation granted to the Coverholder under the Coverholder Appointment Agreement with the Unique Market Reference stated within this Certificate.

Lloyd's Insurance Company S.A. is a Belgian limited liability company (*société anonyme / naamloze vennootschap*) with its registered office at Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium and registered with Banque-Carrefour des Entreprises / Kruispuntbank van Ondernemingen under number 682.594.839 RLE (Brussels). It is an insurance company subject to the supervision of the National Bank of Belgium. Its Firm Reference Number(s) and other details can be found on [www.nbb.be](http://www.nbb.be).

Website address: [www.lloydseurope.com](http://www.lloydseurope.com) E-mail: [enquiries.lloydseurope@lloyds.com](mailto:enquiries.lloydseurope@lloyds.com)

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

In consideration of the payment of the premium included in this Certificate of Insurance, Lloyd's Insurance Company S.A. (hereafter referred to as The Company) is bound to insure the person(s) shown in the Schedule for the Benefits herein.

The Company will pay the **Sum Insured** to the **Insured Person**, or their Executors or Administrators, in accordance with the following Schedule of Compensation in the event of the **Insured Person** sustaining **Bodily Injury**, subject to the terms, Definitions, Exclusions, and Conditions, contained in this Insurance, listed in the Schedule or as amended by any Endorsement attaching to the Schedule.

If however an **Assured** is named in the Schedule, The Company will pay the **Assured** and not the **Insured Person**.

This Insurance insures only those items which have a **Sum Insured** entered by them in the Schedule. Items not insured have the words "NOT COVERED" by them.

IN ALL COMMUNICATIONS THE CERTIFICATE NUMBER APPEARING ON THE SCHEDULE SHOULD BE QUOTED.

THIS INSURANCE IS ONLY VALID WHEN ISSUED WITH A NUMBERED, SIGNED AND DATED SCHEDULE. PLEASE READ THIS CERTIFICATE OF INSURANCE AND ATTACHING SCHEDULE CAREFULLY. IF THE SCHEDULE IS INCORRECT, PLEASE RETURN IT IMMEDIATELY TO OPTIS INSURANCE FOR ALTERATION.

## CONTENTS

	<b>Page</b>
General Definitions	<b>2</b>
Section 1 – Death and Capital Benefits	
Schedule of Compensation	<b>3</b>
Additional Definitions applicable to Section 1	<b>3</b>
Section 2 – Loss Of Earnings Indemnity	
Schedule of Compensation	<b>4</b>
Extension to Section 2	<b>4</b>
Additional Definitions applicable to Section 2	<b>4</b>
Provisions	<b>5</b>
Exclusions and Cyber Incident Clause	<b>5 and 6</b>
Conditions Precedent:	<b>6</b>
Information Given To The Underwriters, Other personal Accident Insurance	
Conditions:	<b>7</b>
Other Occupations, Claims Notification, Medical Examinations, Cancellation Of This Insurance, Fraudulent Claims, Accumulation Limit, Subrogation, Non-Payment Of Premium	
Claims Administrators	<b>8</b>
Notice to the Assured/Insured Person	<b>8</b>
Complaints Notice	<b>9</b>
Amendments to the Insurance	<b>9</b>
Data Protection Clause	<b>10</b>
Your Privacy Notice	<b>10</b>

## GENERAL DEFINITIONS

Throughout this Insurance and attaching Schedule and Endorsements, all words in bold type shall have the following meaning.

“**ACCIDENT**” means a sudden, unexpected, unusual, specific event, which is external to the body and occurs at an identifiable time and place. Such an occurrence shall include unforeseen injury to muscle (other than the heart), tendon, sinew, bone or cartilage. It shall not include any sickness, disease, infection, degenerative process, chronic or naturally occurring condition.

**Accident** shall also include exposure resulting from a mishap to a conveyance in which the **Insured Person** is travelling.

**Accident** shall also include disappearance. If the **Insured Person** is not found within 90 days of disappearing, and sufficient evidence is produced to the satisfaction of The Company that leads them inevitably to the conclusion that the **Insured Person** has sustained **Bodily Injury** and that such injury caused their death, The Company shall pay the death benefit, where applicable, under this Insurance, provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to The Company if the **Insured Person** is subsequently found to be living.

“**ACCUMULATION LIMIT**” means the maximum amount payable by The Company under this Insurance caused by a sudden, unexpected, unusual and specific event occurring at an identifiable time and place.

The duration and extent of such event shall be limited to 72 consecutive hours and within a 10-mile radius.

“**ASSURED**” means the company, organisation or individual shown within the Schedule.

“**BODILY INJURY**” means identifiable physical injury which: -

- a) Is sustained by the **Insured Person** and
- b) Is caused by an **Accident** during the Period of Insurance and
- c) Solely and independently of any other cause, except sickness, disease or infection directly caused by, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the **Insured Person** within twelve months from the date of the **Accident**.

“**COUNTRY OF DOMICILE**” means the country in which the **Insured Person** normally resides.

“**INSURED PERSON**” means the person(s) shown within the Schedule.

“**IRELAND**” means the Republic of Ireland.

In respect of persons not resident in **Ireland** reference to **Ireland** is amended to read “**Country of Domicile**”.

“**MEDICAL EXPENSES**” means expenses properly incurred by the **Insured Person** for medical, hospital, surgical, manipulative, massage, therapeutic, x-ray or nursing treatment, including the cost of medical supplies and ambulance hire.

“**SUM INSURED**” means the limit of Underwriters liability, as shown in the Schedule and any attaching Endorsement.

“**TERRORISM**” means an act or series of acts, including the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), committed for political, religious or ideological purposes, including the intention to influence any government and/or to put the public in fear for such purposes.

## Section 1 - Death and Capital Benefits

### SCHEDULE OF COMPENSATION

Compensation payable in respect of **Bodily Injury**

The following items only cover claims which fall within the definition of **Bodily Injury** and do not cover any claim directly or indirectly caused by sickness or disease.

The Company will pay the **Sum Insured** shown in the Schedule if the **Insured Person** suffers **Bodily Injury** during the Period of Insurance which causes their:

- 1 Death
- 2 **Loss of Sight** of One or Both Eyes
- 3 **Loss of One or More Limbs**
- 4 Permanent Total Loss of Speech
- 5 **Loss of Hearing**
  - a) In One Ear
  - b) In Both Ears
- 6 **Permanent Total Disablement**  
(other than **Loss of Sight, Limb, Speech or Hearing**)

### ADDITIONAL DEFINITIONS APPLICABLE TO SECTION 1 ONLY

**"LOSS OF HEARING"** means the permanent, total and irrecoverable loss of hearing resulting in the **Insured Person** being unable to hear sounds quieter than 90 decibels across frequencies between 500Hz and 3,000 Hz when tested by a qualified audiologist.

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

**"LOSS OF SIGHT"** means the permanent and total loss of sight which shall be considered to have happened: -

- a) In both eyes if the **Insured Person's** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist, or
- b) In one eye if, after correction, the degree of sight the **Insured Person** has left is 3/60 or less on the Snellen scale.

**"PERMANENT TOTAL DISABLEMENT"** means disablement which entirely prevents the **Insured Person** from attending to the duties of their usual business or occupation and which lasts twelve months and at the expiry of that period is beyond hope of improvement.

## Section 2 – Loss Of Earnings Indemnity

### SCHEDULE OF COMPENSATION

Indemnity payable in respect of **Bodily Injury**

The following item only covers claims which fall within the definition of **Bodily Injury**.

The Company will pay the **Insured Person's Loss of Earnings** or the **Sum Insured** shown in the Schedule, whichever is less, if the **Insured Person** suffers **Bodily Injury** during the Period of Insurance which causes their **Loss of Earnings**

#### EXTENSION TO COVER: MEDICAL EXPENSES

In the event of a valid claim under Section 2, The Company will pay **Medical Expenses** incurred up to 15% of the claim admitted subject to a maximum limit of EUR 15,000.

The Company will only pay expenses incurred within 2 years of the date of the **Accident**.

If the **Assured** or **Insured Person** are able to recover **Medical Expenses** under any other insurance, The Company's liability shall be limited to the difference between such recovery and the total cost of **Medical Expenses** incurred (see Subrogation in the Conditions).

If the **Insured Person's Country of Domicile** is outside **Ireland**, this Extension may not apply (see Exclusion 13).

#### ADDITIONAL DEFINITIONS APPLICABLE TO SECTION 2 ONLY

"**BENEFIT PERIOD**" means the maximum (but not necessarily consecutive) period for which **Loss Of Earnings** is payable, after deduction of the **Excess Period**.

In any circumstance, the **Benefit Period** will cease after 104 weeks from expiry of the **Excess Period**.

"**EXCESS PERIOD**" means the period at the commencement of each **Benefit Period** during which the **Sum Insured** is not payable.

"**LOSS OF EARNINGS**" means the actual reduction to the **Insured Person's Net Weekly Earnings** due to the disablement of the **Insured Person** (in accordance with the Schedule of Compensation) and where:

- a) Such disablement results in the **Insured Person** being unable to attend to part or all of the usual duties of their occupation (as shown in the Schedule), and
- b) The reduction in **Net Weekly Earnings** is irrecoverable from any other insurance, compensation scheme or government programme.

The maximum amount payable will be the **Insured Person's Net Weekly Earnings** or the **Sum Insured** shown in the Schedule, whichever is the lesser.

If the **Insured Person** has a permanent contract of employment whereby they are paid an annual gross basic salary:

"**NET WEEKLY EARNINGS**" shall mean 1/52<sup>nd</sup> of the **Insured Person's** annual gross basic salary on the date that **Bodily Injury** occurs, less Income Tax, National Insurance (or equivalent) and any deductions normally taken.

**Net Weekly Earnings** shall exclude remuneration received in respect of bonuses, commission or overtime.

If the **Insured Person** has a temporary contract of employment that does not provide an annual gross basic salary or is a sole trader rather than a limited or public company:

"**NET WEEKLY EARNINGS**" shall mean the average of the **Insured Person's** taxable earnings for the thirteen weeks immediately preceding the date that **Bodily Injury** occurs, less Income Tax and National Insurance. In addition, where applicable, payment will include fixed, regular costs that were contracted to be paid by the **Insured Person's** business prior to the date that **Bodily Injury** occurred.

**PROVIDED ALWAYS THAT:-**

1. (a) Payment shall not be made under more than one of the items of the Schedules of Compensation in respect of the consequences of one **Accident**,
  - (b) No **Loss Of Earnings** payment shall be made until the amount thereof has been ascertained and agreed by The Company. If, nevertheless, **Loss Of Earnings** are paid, the amount so paid shall be deducted from any lump sum becoming claimable under Section 1 in respect of the same **Accident**, and
  - (c) Any **Loss of Earnings** payments shall be offset by any other payments made to the **Insured Person**, from the date that **Bodily Injury** occurs, by someone other than The Company in respect of the **Insured Person's** occupation (as shown in the Schedule).
2. The total sum payable under this Insurance in respect of any one and all claims shall not exceed in all during the Period of Insurance the largest amount of benefit payable under any one of the items contained in the Schedules of Compensation under Section 1 or Section 2 or added to this Insurance by endorsement, except that The Company will in addition pay **Medical Expenses** as provided herein.
3. Any claim payments for **Loss Of Earnings** and **Medical Expenses** will cease upon the death of the **Insured Person**.

**EXCLUSIONS**

This Insurance does not cover claims in any way caused or contributed to by: -

1. The **Insured Person** whilst engaged in or taking part in military, air force or naval service or operations (other than reserve or volunteer training).
2. The **Insured Person** whilst engaged in or taking part in aeronautics or aviation, other than as a passenger.
3. The **Insured Person** whilst engaged in or taking part in mountaineering or rock climbing normally involving ropes and/or guide ropes.
4. The **Insured Person** whilst riding or driving in any kind of race.
5. The **Insured Person's** intentional self-injury, suicide or attempted suicide, provoked assault, fighting (except in bona fide self-defence), or from the **Insured Person's** own criminal act, or whilst engaged in or taking part in civil commotions or riots of any kind.
6. War, whether war be declared or not, invasion or civil war; except whilst the **Insured Person** is travelling outside **Ireland**, however this exception shall not apply where the **Insured Person** is taking an active part in such war, invasion or civil war.
7. **Terrorism** involving the actual or threatened use of pathogenic or poisonous biological or chemical materials.
8. The **Insured Person** being in a state of insanity, whether temporary or otherwise.
9. Any claim arising out of any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder of the **Insured Person**, including anxiety, stress, depression and/or post-traumatic stress disorder.
10. Nuclear reaction, nuclear radiation or radioactive contamination.
11. Physical or mental conditions or disabilities of a recurring or chronic nature from which an **Insured Person** suffered, and was known to suffer, prior to the commencement of this Insurance, or prior to the date of addition to this Insurance, whichever is the later.

Continued/...

## EXCLUSIONS (continued)

12. The Company will not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose them 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.
13. The Company will not be liable to pay any claim or benefit to the extent that the provision of such cover, payment of such claim or provision of such benefit would contravene local laws or regulations.
14. Any claim for disablement arising from the interaction between **Bodily Injury** and another medical condition, whether diagnosed or not.

## CYBER INCIDENT CLAUSE

Any benefits for **Bodily Injury** accidentally caused by the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device) are payable subject to the terms, limitations and exclusions of this Insurance.

However, The Company will not pay any benefits for **Bodily Injury** arising from the above that are caused by a deliberate, unauthorized, malicious or criminal act.

## CONDITIONS PRECEDENT

### Information Given To The Company

In deciding to accept this Insurance and in setting the terms and premium, The Company has relied on the Statement of Fact which has been signed and agreed by the **Insured Person**.

If it is established that the **Insured Person** deliberately signed the Statement of Fact knowing it to be untrue, The Company will treat this Insurance as if it never existed and decline all claims.

If it is established that the **Insured Person** signed the Statement of Fact knowing that their circumstances might change, The Company will: -

- Treat this Insurance as if it had never existed and refuse to pay all claims and return the premium paid. This will only happen if The Company provided insurance cover which would not otherwise have been offered, or
- Amend the terms of this Insurance. The Company will apply these amended terms as if they were already in place if a claim has been adversely impacted by the **Insured Person's** carelessness, or
- Charge the **Insured Person** more for this Insurance or reduce the amount The Company pay on a claim in the proportion the premium paid bears to the premium which The Company would have charged.

The Company or the Agent shown in the Schedule will write to the **Insured Person** if any of these actions are taken.

## GENERAL CONDITIONS

### Other Occupations

If the **Insured Person** shall engage in any occupation in which greater risk may be incurred than in the occupation disclosed in this Insurance without first notifying The Company and obtaining their written agreement to the amendment of this Insurance (subject to the payment of such reasonable additional premium as The Company may require as the consideration for such agreement), then no claim shall be payable in respect of any **Accident** arising out of or in the course of such occupation.

### Claims Notification

Notice must be sent to the Claims Administrators as soon as practicable of any **Accident** to the **Insured Person**. See page 8 for details of the Claims Administrators.

### Medical Examinations

In no case will The Company be liable to pay compensation to the **Insured Person** or to their representatives unless the medical adviser or advisers appointed by The Company shall be allowed so often as may be deemed necessary to make an examination of the person of the **Insured Person**.

### Cancellation Of This Insurance

If the Period of Insurance is less than 3 months and/or cover has been purchased to insure a specific event/activity: -

- The **Insured Person** can cancel this Insurance from inception and receive a full refund of premium and tax if the Insurance and Schedule is returned to the Agent shown in the Schedule within 14 days of receipt or prior to the trip commencing or the activity taking place, whichever the earlier.
- There will be no refund after this time or if a claim is made.

If the Period of Insurance is 3 months or longer: -

- The **Insured Person** can cancel this Insurance from inception and receive a full refund of premium and tax if the Insurance and Schedule is returned to the Agent shown in the Schedule within 14 days of receipt.
- There will be no refund after this time or if a claim is made. However should the **Insured Person** believe that there are legitimate reasons to have cancelled mid-term, then they may request a refund and this will be considered at The Company's discretion.

### Fraudulent Claims

If the **Insured Person**, or anyone acting on their behalf, makes a claim knowing it to be false or fraudulent in amount or in any other respect, which is unknown to the **Assured** (if there is an **Assured**), the insurance will become invalid in respect of that **Insured Person**. This means The Company will not pay the false or fraudulent claim, or any subsequent claim, in respect of that **Insured Person**.

If the **Assured**, or anyone acting on the **Assured's** behalf, makes a claim knowing it to be false or fraudulent in amount or in any other respect, the whole insurance will become invalid. This means The Company will not pay the false or fraudulent claim, or any subsequent claim, in respect of the **Assured** and all **Insured Persons**.

### Accumulation Limit

In the event of an **Accident** involving more than one **Insured Person** and where the claim exceeds the **Accumulation Limit** shown in the Schedule, the compensation payable in respect of each **Insured Person** shall be proportionately reduced until the total does not exceed that limit.

### Subrogation

The Company will be subrogated to all the **Insured Person's** rights of recovery against any person or organisation for any claim paid or payable under this Insurance up to the limit of The Company's liability in respect of such claim. The **Insured Person** shall give all such information and assistance as The Company may require to secure such rights.

### Non Payment of Premium

If the premium has not been paid to the Agent specified in the Schedule within the payment terms agreed between the **Insured Person** and the Agent, then The Company reserves the right to cancel this Insurance from inception as though cover was not taken up. The Company or the Agent shown in the Schedule will write to the **Insured Person** if this action is taken.

This does not affect your statutory rights.

If there is an **Assured** named in the Schedule, these Conditions shall also apply to **Assured**.

**Claims Administrators**

All claims should be notified to: -

Accident & Health Claims Services LLP  
Chapel house,  
Thremhall Park,  
Start Hill,  
Bishops Stortford,  
Hertfordshire, CM22 7WE  
United Kingdom

Tel: +44 (0) 1279 713 860  
email: [claims@ahclaimsservices.com](mailto:claims@ahclaimsservices.com)

Accident & Health Claims Services LLP have internal complaints handling procedures, which are available upon request.

**Notice to the Assured / Insured Person**

It is agreed that this Insurance shall be governed exclusively by the law and practice of Ireland, and any disputes arising under, out of or in connection with this Insurance shall be exclusively subject to the jurisdiction of any competent court in Ireland.

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

Eamonn Egan, Country Manager for Ireland, Lloyd's Ireland Representative Ltd, 7/8 Wilton Terrace, Dublin 2.

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

Lloyd's Insurance Company S.A. by giving the above authority does not renounce its right to any special delays or periods of time to which it may be entitled for the service of any such summonses, notices or processes by reason of its residence or domicile in Belgium.

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## Complaints Notice

### Complaint handling arrangements

Any complaint should be addressed to:

Service Manager, Operations Team, Lloyd's Insurance Company S.A.

Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium

Tel: +32 (0)2 227 39 39; E-mail: [lloydseurope.complaints@lloyds.com](mailto:lloydseurope.complaints@lloyds.com)

Your complaint will be acknowledged, in writing, within 5 (five) business days of the complaint being made. You will also be informed of the name of one or more individuals that will be your point of contact regarding your complaint until the complaint is resolved or cannot be progressed any further. You will be provided with an update on the progress of the investigation of your complaint, in writing, within twenty business days of the complaint being made.

A decision on your complaint will be provided to you, in writing, within 40 (forty) business days of the complaint being made.

Should you remain dissatisfied with the final response or if you have not received a final response within 40 (forty) business days of the complaint being made, you may be eligible to refer your complaint to the Financial Services and Pensions Ombudsman (FSPO). The contact details are as follows:

Financial Services and Pensions Ombudsman

Lincoln House, Lincoln Place, Dublin 2, D02 VH29, Republic of Ireland

Tel: +353 1 6 567 7000; E-mail: [info@fspo.ie](mailto:info@fspo.ie); Website: [www.fspo.ie](http://www.fspo.ie)

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

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

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18/11/2022

### Amendments to this Insurance

Should the **Insured Person** (or **Assured**, if named in the Schedule) wish to amend this Insurance, notification of such amendment should be given to the Agent shown in the Schedule.

### Are there charges for cancellation or amendment?

There may be a charge payable to the Agent shown in the Schedule for cancelling or amending the Insurance.

If a charge is payable the amount will be advised to you by the Agent at the time of the notification.

## DATA PROTECTION NOTICE

### ***Who are we***

We are Lloyd's Insurance Company S.A. (Hereafter referred to as "Lloyd's Europe") an insurance company authorised and regulated by the National Bank of Belgium (NBB) and regulated by the Financial Services and Markets Authority (FSMA). Its registered office is at Place du Champ de Mars 5, Bastion Tower, 14<sup>th</sup> floor, 1050 Ixelles, Belgium. Its company/VAT number is BE 0682.594.839, RPR/RPM Brussels. LIC is a wholly owned subsidiary of the Society of Lloyd's, 1 Lime Street, London, EC3M 3HA, United Kingdom (Society of Lloyd's).

### ***What personal information we process about you***

We collect and use relevant information about you to provide you with the insurance cover or the insurance cover that benefits you, and to meet our legal obligations and the obligations of others in the insurance chain.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover, or the cover from which you benefit. This information may include special categories of personal data details such as information about your health and any criminal convictions you may have.

### ***Why we collect your personal information and the lawful basis for processing***

We collect and use your personal data to provide you with the insurance cover. The legal basis is the contract performance with you as the data subject and the compliance with legal obligations, amongst other insurance and tax law obligations.

For processing sensitive health personal data, the general legal basis is the consent, unless there is a local statutory right to do so as a legal basis.

For processing child personal data, the legal basis is the consent given or authorised by the holder of parental responsibility over the child.

Finally, we can also process your personal data for fraud prevention and detection with legitimate interest as the legal basis.

### ***Who we are sharing your personal data with***

The way insurance works means that your information may be shared and used by several third parties in the insurance sector (inside and outside the European Economic Area -EEA). For example, insurers, insurance agents or insurance brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that is provided, and to the extent that it is needed or allowed by law.

From time to time, we may need to share your personal information with third parties outside EEA and we will always take steps to ensure that any international transfer of information is carefully managed to protect your rights and interests:

- We will only transfer your personal information to countries which are recognised as providing an adequate level of legal protection or where we can be satisfied those alternative arrangements are in place to protect your privacy rights.
- Transfers to service providers and other third parties will always be protected by contractual commitments and where appropriate, further assurances.
- Any requests for information we receive from law enforcement or regulators will be carefully checked before personal information is disclosed.

### ***How long we keep your data***

We keep your personal details for no longer than is necessary in offering the insurance arranged or to comply with our legal or regulatory requirements.

We will securely delete or erase your personal information if there is no valid business reason for retaining your data. In exceptional circumstances, we may retain your personal information for longer periods of time if we believe there is a prospect of litigation, in the event of any complaints or there is another valid business reason the data will be needed in the future.

### ***Other people's details you provide to us***

Where you provide us (or your insurance agent or insurance broker) with details about other people, you must ensure that this data protection notice is provided to them.

**Complaints, contacting us and the regulator, and your rights**

If you wish to know how we use your information or see a copy of our full Privacy policy, please contact us [LloydsEurope.DataProtection@lloyds.com](mailto:LloydsEurope.DataProtection@lloyds.com) or go to the Privacy policy at website <https://www.lloydseurope.com> where we have full details.

You have the following rights in relation to the information we hold about you:

Right to access, right to rectification, right to erasure, right to restriction of processing, right to data portability, right to object, right to withdraw consent.

If you wish to exercise your rights, you need to contact the insurance agent or insurance broker that arranged your insurance.

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

**Consent**

For processing health or genetic personal data, and for processing child personal data below that age of 16, in connection with the insurance cover, the insurance agent or insurance broker that arranged the contract will ask you to obtain your consent through the data protection consent form, except in countries where, for the processing of sensitive health personal data, in the context of an insurance policy, there is a local statutory right to do so.

The processing of child personal data will be lawful if the consent is given or authorised by the holder of parental responsibility over the child.

Member States may provide by law for a lower age for those purposes provided that such lower age is not below 13 years.

You are free to give us your consent, however, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

**Contact details of the Data Protection Officer**

If you have any questions relating to data protection that you believe we will be able to answer, please contact our Data Protection Officer:

Data Protection Officer  
Lloyds Insurance Company S.A.  
Bastion Tower  
Place du Champ de Mars 5  
1050 Bruxelles  
Belgium  
Email: [LloydsEurope.DataProtection@lloyds.com](mailto:LloydsEurope.DataProtection@lloyds.com)

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