

**IMPORTANT**

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| This Policy is incomplete without the Schedule bearing the same policy number as above and all endorsements.  This Policy and its Conditions should be examined, and if incorrect returned at once for alteration.  Every change affecting the risks Insured by this Policy must be immediately advised to the Company. Failure to do this might result in the insurance ceasing to be in effect.  The policy is not transferable from the insured to any other person until the Company’s written consent has been obtained. | |
| **PERSONAL ACCIDENT & SICKNESS** | |
| **POLICY NO** | **{POLICYNO}** |
| **INSURED NAME** | **{INSUREDNAME}** |
| **NAICOM UID:** | **{NAICOMUID}** |
| In the event of any loss or damage notice should be given **IMMEDIATELY** to:    **CORNERSTONE INSURANCE PLC**  **Block D Plot 21, Water Corporation Drive, Oniru Extension, P.O.BOX 75370**  **(off Ligali Ayorinde Street)**  **Victoria Island, Lagos**    Followed by such further steps as are required by the Conditions of this policy. | |
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| **PERSONAL ACCIDENT & SICKNESS**  The proposal form and declaration shall be the basis of this contract. Subject to the Terms, Exceptions and Conditions contained in this policy, if the insured shall sustain any bodily injury caused by violent, accidental, external and visible means which shall be the direct and immediate cause of death, disability, or incurred medical expenses, then the company will upon satisfactory proof pay the lump sums or allowances as set out under the scale of compensation.    This policy shall become absolutely void and no claim shall be entertained if:-  1 the Insured shall engage in any activity/occupation which is excluded under the Policy without giving written notice to the Company;  2 anything stated in the proposal and declaration is found to be untrue;  3 any renewal is obtained through withholding or misrepresentation of any material  fact;  4 false statement is made in support of a claim.  **EXCEPTIONS**  No claim shall be entertained under this Policy in respect of any bodily injury consequent upon:-  [a] war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion revolution, insurrection or military or usurped power;  [b] suicide, whether felonious or not, or any attempt thereat, intentional self-inflicted injury, or the Insured committing breach of law;  [c] any accident occurring while the insured is under the influence of in intoxicants or drugs, or is in a state of insanity;  [d] the Insured being in or upon or entering into or descending or falling from an  aircraft other than:  i] Any fully licensed standard type of aircraft, owned or operated by a recognized airline, operating over regular scheduled air routes, in which the insured is travelling as a fare-paying passenger;  ii] Any aircraft while stationary on land or water, which the Insured is visiting or inspecting, or upon which the Insured is working.  [e] participating in professional sporting activities;  [f] childbirth or pregnancy;  [g] physical defects or infirmity which had existed prior to the accident;    [h] sickness from natural causes, except otherwise stated in the policy.  **CONDITIONS**  This Policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the schedule shall bear the same meaning wherever it may appear.  **RENEWAL**  The Renewal Premiums on this Policy may be paid within fifteen days after the due date thereof, but if not so paid, the Policy shall cease to be in force. During such fifteen days, the Policy shall continue in force unless the Company shall have terminated the risk by declining to receive the premium for another year.    The Company shall not be bound to send any notice of the Renewal Premium becoming due. No receipt for the premium paid shall be valid unless in the printed form used by the Company.  The Insured shall, before each renewal, give notice in writing to the Company of any disease or physical defect of which the Insured may have become cognizant during the preceding year  **CANCELLATION**  The Company shall have power at any time to discontinue the insurance by sending notice of termination to the Insured at the address entered in the books of the Company and returning to him a proportion of the current year's premium, but this shall not prejudice the rights of the Insured to compensation under any claim which may previously have arisen.  **CLAIM NOTIFICATION**  In the event of an accident occurring to the Insured, written notice must be given to the Company, together with full particulars, of the accident and the injury within fourteen days. Under no circumstance will the Company be liable for any claim unless notice is received within three months after the occurrence of the accident. The Insured must as early as possible place himself under the care of a duly qualified Medical Practitioner. It is an express condition that in the event of death immediate notice must be sent to the Company before interment, so that the Company may be represented at the inquest, the holding of which is a condition precedent to any claim.  The Insured or his personal representatives shall at their own expense furnish the company with such information, reports, certificates and evidence in the prescribed form as the company may from time to time reasonably require.  **MEDICAL EXAMINATION**  The Medical or other Representative of the Company shall also be allowed to examine the person of the Insured at all reasonable times and in the event of the death, when any doubt exists that such was caused by accident within the meaning of this Policy, the said Medical Representative shall be permitted to make a post-mortem examination of the body. Compliance with the foregoing provisions shall be essential to the validity of a claim.  No claim shall carry interest against the Company.  **ARBITRATION**  If any difference shall arise as to the amount to be paid under this policy (liability otherwise admitted) such difference shall be referred to an arbitrator to be appointed by the parties in accordance with the statutory provision. Where any difference is to be referred to arbitration the making of an award shall be a condition precedent to any right of action against the Company.  **CHANGE IN RISK**  The Insured shall in all cases of change of residence, occupation, or name, give due notice in writing to the Company.  **NOTICES**  Notice to local Agents, or knowledge on the part of local Agents, of any fact requiring to be communicated to the Company, in terms of this Policy, cannot be accepted as notice to the Company. All such notices must be sent to the Head Office of the Company in Lagos or to one of the Branch Offices. No Agent is authorized to endorse or otherwise alter the Policies of the Company.  **COMPLIANCE**  The due observance and fulfillment of the terms, provisions, conditions, and endorsements of this Policy, in so far as they relate to anything to be done or complied with by the Insured, shall be conditions precedent to any liability of the Company to make any payment under this policy.  **SICKNESS/DREADED DISEASE EXTENSION**  In consideration of the insured having paid an additional premium this Policy is extended to cover the diseases of Heart attack, Stroke, Cancer and Paralysis.  The dreaded disease benefit of **N250,000.00** will become payable on diagnosis of the disease. Ten per cent 10% of this benefit will be paid to the Policy holder for each of the **first three months** following diagnosis of the dreaded disease and the **balance of 70%** of the benefit paid only on survival after this waiting period of three months.  This extension excludes:  1 Existing condition or treatment recommended before the commencement of the insurance.   1. Illness contacted within 21 days of the commencement of the insurance. 2. Illness commencing after the insured person attains the age of 50 years. |

**SCHEDULE**

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| --- | --- | --- |
| **POLICY NO** | {POLICYNO} | |
| **INSURED** | {INSUREDNAME} | |
| **PRODUCT** | {SUBRISK} | |
| **ADDRESS** | {INSADDRESS} | |
| **BUSINESS** | {Occupation} | |
| **PERIOD OF INSURANCE** | A] | FROM: {StartDate}      TO: {EndDate} |
|  | [BOTH DATES INCLUSIVES] | |
| **FIRST PREMIUM** | ~~N~~ {BasicPremium} | |
| **ANNUAL PREMIUM** | ~~N~~ {BasicPremium} | |
| SCALE OF COMPENSATION:  DEATH  [occurring within 3 months of the accident] =N={AggregateLimit} | | |
| **PERMANENT DISABILITY:** | =N={LimitAnyone} | |
| **MEDICAL EXPENSES:** | =N={MedicalExpense} | |
| **BURIAL EXPENSES:** | =N={BurialExpense} | |
| **BENEFICIARY ADDRESS** | {BENADDRESS} | |
| **RENEWAL DATE** | {RenDate}, ANNUALLY | |
| **DATED THIS DATE:** | {StartDate} | |
| **EXAMINED** | {SubmitBy} | |

**{Signature}**

**FOR: CORNERSTONE INSURANCE PLC**

**SCALE OF COMPENSATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Death | | | | {As detailed in the Schedule} | |
| 2 | A) and (B) Permanent Disablement-Basic Sum Insured see hereunder) | | | | {As detailed in the Schedule} | |
| 3 | Temporary Total Disablement per week | | | | {As detailed in the Schedule} | |
| 4 | Medical, Surgical and Hospital-Maximum Indemnity per Accident attached hereto The Period referred to in Provision(d): | | | | {As detailed in the Schedule} | |
| In the event of Permanent Disablement resulting by accident within the meaning of  the policy the Compensation under Items 2(A) and accordance with the following scale: | | | | | | |
| **ITEM 2(A)** | | | | | | **Percentage payable**  **of Basic**  **Compensation** |
| Total paralysis..................... | | | | | | 100 |
| Injuries resulting in being permanently bedridden ..... | | | | | | 100 |
| IITEM 2(B) | | | | | |  |
| Loss of two limbs ................................. | | | | | | 100 |
| Loss of both hands, or of all fingers and both thumbs | | | | | | 100 |
| Total loss of sight of both eyes ..................... | | | | | | 100 |
| Loss of leg   -at hip ............................... | | | | | | 100 |
|  |  | - between knee and hip ............ | | | | 75 |
|  |  | - below knee ............... | | | | 60 |
| Loss of foot .............................................. | | | | | | 40 |
| Loss of toes | | | - all of one foot......... | | | 20 |
|  |  | | - great | | | 5 |
|  |  | | - both phalanges............ | | | 10 |
|  |  | | - one phalanx............ | | | 3 |
| Eye: loss of | | | - whole eye................... | | | 100 |
|  |  | | - Sight ............ | | | 100 |
|  |  | | Sight of, except perception of light ... | | | 30 |
|  |  | | Lens of, except perception of light ....... | | | 30 |
| Loss of hearing | | | - both ears ......... | | | 75 |
|  |  | | -one ear ............................. | | | 15 |
|  |  | | -Loss of arm at shoulder.............. | | | 80 |
| Loss of arm between     -elbow and shoulder...... ... | | | | | | 70 |
|  |  | | -Loss of arm at elbow............... | | | 70 |
| Loss of arm between wrist and elbow......... | | | | | | 70 |
| Loss of hand at wrist.................. | | | | | | 70 |
| Loss of four fingers and thumb of one hand ...... | | | | | | 50 |
| Loss of four fingers.................. | | | | | | 40 |
| Loss of thumb | | | | both phalanges...... | | 25 |
|  | | | | one phalanx........... | | 10 |
| Loss of index finger | | | | three phalanges.................. | | 10 |
|  | | | | two phalanges......... | | 10 |
|  | | | | one phalanx............ | | 4 |
| Loss of middle finger | | | | three phalanges.................. | | 6 |
|  | | | | two phalanges......... | | 4 |
|  | | | | one phalanx............ | | 2 |
| Loss of ring finger | | | | three phalanges.................. | | 6 |
|  | | | | two phalanges......... | | 5 |
|  | | | | one phalanx............ | | 3 |
| Loss of little finger | | | | three phalanges.................. | | 5 |
|  | | | | two phalanges......... | | 4 |
|  | | | | one phalanx............ | | 3 |
| Loss of metacarpals | | | | first or second(additional)....... | | 4 |
|  | | | | third, fourth or fifth (additional).. | | 3 |

Any permanent partial disablement not specified above other than loss of taste or smell such percentage to be fixed by the company which is consistent with the above scale of fixed percentage though without regard to the insured persons occupation

It is further understood that:

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| a) | In the event of multiple injuries arising from one accident the total compensation for Permanent Disablement shall not in the aggregate exceed the Basic Compensation under item 2(B) above. |
| b) | Permanent total loss of use of a member shall be treated as loss of the member. |
| c) | Loss of sight of an eye means total and irrecoverable loss of all sight rendering the Insured absolutely blind in that eye beyond remedy by surgical or other treatment. |
| d) | Where any bodily injury not mentioned herein however small is sustained a percentage of permanent disability will be fixed which in the opinion of the company is consistent with the above scale of fixed percentages. |

EXAMINED:    {SubmitBy}

**{Signature}**

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**CORNERSTONE INSURANCE PLC**

**SPECIFICATION ATTACHING TO AND FORMING PART OF PERSONAL ACCIDENT AND SICKNESS POLICY NO {POLICYNO} IN THE NAME OF {INSUREDNAME}**

{ListTable3}

**MEMORANDA ATTACHING TO AND FORMING PART OF PERSONAL ACCIDENT AND SICKNESS POLICY NO {POLICYNO} IN THE NAME OF {INSUREDNAME}**

{ListTable2}

**COMPLAINTS PROCEDURE**

We always aim to meet and exceed your expectation as our well-cherished customer. However, if you are not satisfied with our service, you may lodge your complaints to us in writing through your Broker/Agent or directly {if there is no Broker/Agent} to:

The Group Head, Customer Experience Group,

Customer Services Department

CORNERSTONE INSURANCE PLC

Block D Plot 21, Water Corporation Drive,

Oniru Extension, P.O.BOX 75370

(off Ligali Ayorinde Street)

Victoria Island, Lagos.

Contact Customer Service on:

* Telephone No: 0700 Cornerstone (0700 26763778663)
* Email: [enquiries@Cornerstone.com.ng](mailto:enquiries@Cornerstone.com.ng)

**Information to be provided with the complaint**

Name, address, contact details, and description of the complaint.

**How complaints are handled.**

* Once a complaint is received, the Customer Services Team shall acknowledge receipt of the complaint within 2 days.
* All complaints will be resolved within 3 working days.
* For exceptional cases where a complaint takes a longer time to be resolved, the Customer Services Team will keep the complainant informed of the status on a regular basis.
* In the event of an inability to resolve the complaints, the Complaint Co-Ordinator will ensure compliance with the Arbitration clause spelled out in the policy document.

**The following other options are available for the client/complainant in case the resolution is not satisfactory:**

Arbitration Committee of the Nigerian Insurers Association [NIA] at no extra cost to you.

Address: No 42, Saka Tinubu Street, Victoria Island, Lagos.

Telephone Number: 08029908531

E-mail - [info@nigeriainsurers.org](mailto:info@nigeriainsurers.org)

The Complaint Bureau of the National Commission

Address: Plot 1239, Ladoke Akintola Boulevard

Garki II, PMB 457 Garki

Abuja, Nigeria

Telephone Number: +**234 (09) 875-6021**

E-mail: [contact@naicom.gov.ng](mailto:contact@naicom.gov.ng).

Where the above processes fail to produce the desired result, customers have the right to the competent court of Jurisdiction as the final arbiter.

Thank you for choosing Cornerstone Insurance Plc as your preferred Insurance Company.