

**IMPORTANT**

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.

**TRAVEL INSURANCE**

|  |  |
| --- | --- |
| **POLICY NO:** | **{POLICYNO}** |
| **INSURED:** | **{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.

**TRAVEL INSURANCE**

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| 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, while travelling as a fare-paying passenger in any fully licensed standard type of aircraft, owned or operated by a recognized airline, operating over regular scheduled international or local air routes shall sustain any bodily injury caused by violent, accidental, external and visible means which shall be the direct and immediate cause of death, injury or loss of luggage, then the company will upon satisfactory proof pay the lump sums or allowances as set out under the scale of compensation. |
| **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]   physical defects or infirmity which had existed prior to the accident;  [d]   the Insured being in or upon or entering into or descending or falling from an aircraft  other than 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; |

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| **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 |
| **CANCELLATION** |
| In the event of an accident, within the meaning of this Policy, occurring to the Insured, notice in writing must be given to the Company, together with full particulars, both of the accident and of the injury and the Insured must as early as possible place himself under the care of a duly qualified Medical Practitioner. Such notice must be given within thirty days after the occurrence of the accident. 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.  In the event of any incident likely to give rise to a claim for loss of luggage, it is a condition of the Policy that the Insured should give immediate notice to the operators of the airline and obtain in writing, evidence of the loss or damage to the luggage.    When a notice of a claim has been given, the Insured [or his representatives] shall, within seven days after request by the Company, cause a written report by his Medical Attendant to be sent to the Company, setting forth the facts of the case and the nature and extent of the injuries received; and from time to time, within a like period, such further Medical or other certificates as may be required. All such reports and certificates shall be on forms provided by the Company and shall be furnished at the expense of the parties claiming. Compliance with the foregoing provisions shall be essential to the validity of a claim. |
| **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. 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 fulfilment 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. |

**SCHEDULE OF COMPENSATION FOR PERMANENT DISABILITY**

|  |  |
| --- | --- |
| **Description of Permanent**  **Disability** | **Percentage Payable of**  **Basic Compensation** |
| 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 speech............ | 100 |
| Total paralysis............ | 100 |
| Injuries resulting in being permanently bedridden .... | 100 |
| Any other injury causing permanent total  disablement............ | 100 |
| Loss of arm at shoulder ........... | 100 |
| Loss of arm between elbow and shoulder...... | 100 |
| Loss of arm at elbow ............ | 100 |
| Loss of arm between wrist and elbow ...... | 100 |
| Loss of hand at wrist ............ | 100 |
| 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 | 25 |
| Loss of ring finger - three phalanges | 5 |
| two phalanges | 4 |
| one phalanx ...... | 2 |
| Loss of little finger - three phalanges | 4 |
| two phalanges . | 3 |
| one phalanx | 2 |
| Loss of metacarpals - | 3 |
| first or second (additional)...... | 3 |
| third, fourth or fifth (additional)... | 2 |
| Loss of leg-at hip ............ | 100 |
| Between knee and hip...... | 100 |
| Below knee............ | 100 |
| Loss of toes - All of one foot | 15 |
| Great, both phalanges..... | 5 |
| Great one phalanx ...... | 5 |
| Other than great, if more than one  toe lost, each ... | 1 |
| Eye: Loss of whole eye | 100 |
| sight ......... | 100 |
| sight of, except perception of light | 50 |
| Lens of, except perception of light | 50 |
| Loss of hearing - both ears........ | 75 |
| one ear ........ | 15 |

Provided that all sums of money which may from time to time be paid by way of compensation to the insured in any one period of insurance shall be taken in diminution of the sum hereby insured, so that in the case of more than one injury,whether fatal or otherwise, occurring during the same period of insurance, the total amount payable under this policy shall not exceed the maximum sum hereby insured.

**SCHEDULE**

**POLICY NO.:**                                       {POLICYNO}

**PRODUCT:**                                       {SUBRISK}

**INSURED:**                                            {INSUREDNAME}

**ADDRESS:**                                          {INSADDRESS}

**BUSINESS:**                                      {Occupation}

**PERIOD OF INSURANCE:**                FROM: {StartDate}

  TO:       {EndDate}

                                                 [BOTH DATES INCLUSIVE]

**FIRST PREMIUM:**                             ~~=N=~~{BasicPremium}

**ANNUAL PREMIUM:**                       ~~=N=~~{BasicPremium}  
  
**DEATH** [occurring within 3 months of the accident]=N={AggregateLimit}  
 **PERMANENT DISABILITY**     =N={LimitAnyone}  
  
**LOSS OF LUGGAGE**=N={MedicalExpense}

**RENEWAL DATE:**                             {RenDate}, ANNUALLY  
  
**BENEFICIARY** {Beneficiary}  
  
**ADDRESS OF** SAME AS ABOVE **BENEFICIARY**  
  
DATED THIS                                       {EndDate}

**EXAMINED:{SubmitBy}**

**{Signature}**

**FOR**: **CORNERSTONE INSURANCE PLC**

**SPECIFICATION ATTACHING TO AND FORMING PART OF {SUBRISK} {POLICYNO} IN THE NAME OF {INSUREDNAME}**

{ListTable3}

**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.