

**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.

**GROUP PERSONAL ACCIDENT**

**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.

**GROUP PERSONAL ACCIDENT**

Whereas the Insured has applied to the Company by a Proposal and declaration dated as stated in the Schedule which is the basis of this Contract and is deemed to be incorporated therein and has paid the premium as consideration for the Insurance hereinafter contained.

Now this policy of Insurance witnesseth that the Company hereby agrees (subject to the conditions contained herein or endorsed or otherwise expressed hereon which conditions shall so far as the nature of them respectively will permit be deemed to be conditions precedent to the right of the Insured to recover hereunder) that, if during the Period of Insurance an Employee described in the Schedule of Insured Employees shall sustain bodily injury solely and independently of any other cause by accidental, violent, external and visible means resulting in death or disablement, the Company will pay to the Insured, or in the case of death to his personal representatives, compensation as provided in the Schedule.

DEFINITIONS

Temporary Total Disablement means disablement from engaging in or giving attention to any portion of the insured's ordinary profession or occupation. Medical, Surgical and Hospital Expenses means the medical expenses (including operation fees, cost of medicine, surgical appliances and hospital or nursing home charges) necessarily incurred and expended in connection with any injury by accident within the meaning of the policy.

It is a condition precedent to the payment of such medical expenses that the Medical Attendant's detailed account shall, if the Company so requires, be submitted to and approved by the Company.

**PROVISONS**

Forming part of and relating to Items in the Schedule

1. No compensation shall be payable in respect of any one Employee:
   1. Under Item 1 unless the death takes place within twelve calendar months after the date of the injury
   2. Under Item 2(A) except on proof satisfactory to the Company that the disablement has continued for a period of 104 weeks from the date of the injury and in all probability will continue for the remainder of the Insured's life.
   3. Under Item 2(B) unless the loss takes place within three calendar months after the date of the injury.
   4. Under items 3 and/or 4 in respect of any one injury for longer than the period from the commencement of the disablement stated in the Schedule.
   5. Under Items 3 and/or 4 except with the consent of the Company - until the total amount thereof is ascertained and agreed.
2. The Insured shall be entitled to compensation under more than one item in respect of the same injury to one Employee subject to the following restrictions:
   1. Compensation shall not be payable under more than one Item of Items, 1,2(A) and 2(B).
   2. Where there is successive Temporary Total Disablement under Item 3 and Permanent Disablement as referred to in Item 2(B) compensation shall not be payable under Item 3 for any period beyond the date that the injury or wound which resulted in disablement has been healed or cured as far as is reasonably possible notwithstanding that a loss as referred to in Item 2(B) has then been definitely established.
3. The Insured shall be entitled to compensation under more than one item in respect of the same injury to one Employee subject to the following restrictions:
4. In the event of an Employee being accepted for insurance whilst already suffering from a permanent disablement, or if the insurance be continued after such disablement in accordance with the terms of Proviso 3 above, it is hereby understood that should such Employee sustain any further disablement compensation as provided by this policy for such further disablement under item 2(A) and 2(B) shall be calculate as that which would have been payable had the previous disability not existed.

**CONDITIONS**

1. This Policy does not apply to bodily injury whether fatal or non-fatal or blindness directly or indirectly caused by arising or resulting from or traceable to:
   1. An accident happening when the Employee is under the influence of intoxicating liquor or of a drug (unless administered under the orders of

a hospital or a qualified medical practitioner) or is in a state of insanity, or

* 1. The Employee being affected (temporarily or otherwise) by alcohol drug or insanity; or
  2. Suicide or attempted suicide war invasion act of foreign enemy hostilities (whether war be declared or not) civil war, rebellion, riot civil commotion, revolution, insurrection, or military or usurped power; or
  3. The Employee playing football for or against professional clubs or polo or motor cycling (whether as driver or passenger) or mountaineering (with the use of ropes or guides) skiing, skijoring, tobogganing, bob slighting, hunting, or participating in speed or duration tests or races of any kind (other than athletics); or
  4. Child-bearing or other physical causes peculiar to the female sex; or
  5. Air-travel (other than as a fare-paying passenger by a regular schedule Air-Line Service).

1. The Insured shall give immediate notice to the Company of any change of address, or of any change in occupation or pursuits or of any disease physical defect or infirmity by which an Employee has become affected.
2. No alteration in the terms of this Policy and no endorsement hereon shall be valid unless signed or initialed by the attorney of the Company or by an authorized official of the Company.
3. The Company shall not be affected by notice of any trust charge lien assignment or other dealing with this Policy and the receipt of the Insured or of his personal representatives for any compensation hereunder shall in all cases be an effectual discharge to the Company.
4. If an Employee shall sustain any injury in respect of which a claim is or may be made under this Policy written notice thereof shall be given to the Company as soon as possible and in any event within three calendar months after the date of the injury but if the said Employee shall die notice of death shall be given forthwith. The Insured with the assistance of the Employee or his personal representatives shall at his or their expense furnish to the Company such certificates information and evidence as the company may from time to time reasonably require in the form and of the nature prescribed by the Company.

The Company shall be allowed at its own expense upon reasonable notice to the Employee to have a medical examination of that Employee from time to time or in the case of death upon reasonable notice to the said Employee's personal representatives to have a post mortem examination of the body. No claim under this Policy shall be payable unless the Insured or his personal representatives have complied with the terms of this condition.

1. As soon as possible after the occurrence of an accident which may be the subject of a claim under this Policy the Employee must obtain and follow the advice of a registered Medical Practitioner. The Company shall not be liable for any consequences arising from failure by the Employee to obtain and follow such advice of a registered Medical Practitioner.
2. 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 in that behalf for the time being in force. 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 company.
3. The Company shall be at liberty at any time by giving seven days notice in writing to the insured by Registered Letter posted to the address of the Insured as last known to the Company to determine and cancel this Policy as from the date of the expiration of such notice in which event the Company shall on demand return to the Insured a proportionate part of the premium corresponding to the unexpired term of the Policy.

|  |  |  |
| --- | --- | --- |
|  |  | **SCHEDULE** |
| **POLICY NO** | **:** | {POLICYNO} |
| **PRODUCT** | **:** | GROUP PERSONAL ACCIDENT |
| **INSURED** | **:** | {INSUREDNAME} |
| **ADDRESS** | **:** {INSADDRESS} | |
|  |  |  |
| **BUSINESS** | **:** | {Occupation} |
| **The EMPLOYEES INSURED** |  | **:** As described in the Schedule of Insured |
|  |  | Employees attached hereto. |
|  | | |
| **PERIOD OF INSURANCE** | **:** | a) From {StartDate} to {EndDate} Both dates inclusive |
|  |  | b) Any subsequent period for which the |
|  |  | Insured shall pay and the Company shall |
|  |  | agree to accept a renewal premium. |
| **TOTAL SUM INSURED** | **:** | AS PER SPECIFICATION ATTACHED |
| **FIRST PREMIUM** | **:** | {ProRataPrem} |
| **ANNUAL PREMIUM** | **:** | {BasicPremium} |
| **LOCATION OF RISK** | **:** | AS PER SPECIFICATION ATTACHED |
| **RENEWAL DATE** | **:** | {RenDate}, ANNUALLY |
| **EXAMINED** | **:** | {SubmitBy} |

**{Signature}**

for: **CORNERSTONE** **INSURANCE PLC**

|  |  |  |  |
| --- | --- | --- | --- |
| SCALE OF COMPENSATION | |  |  |
| 1. | Death | { As detailed in the Schedule of | |
|  |  | Insured | Employees } |
| 2. | A) and (B) Permanent Disablement-Basic | { As detailed in the Schedule of | |
|  | Sum Insured see hereunder) | Insured | Employees } |
| 3. | Temporary Total Disablement per week | { As detailed in the Schedule of | |
|  |  | Insured | Employees } |

1. Medical, Surgical and Hospital-Maximum Indemnity per Accident attached hereto The Period referred to in Provison1(d):

{ As detailed in the Schedule of Insured Employees }

In the event of Permanent Disablement resulting by accident within the meaning of the policy the Compensation under Items 2(A) and (B) shall be payable in 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

other than great, if more than one toe lost, 2

each

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, forth 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:

1. 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.
2. Permanent total loss of use of a member shall be treated as loss of the member.
3. 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.
4. 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.

{VehicleExcess}

**SPECIFICATION ATTACHING TO AND FORMING PART OF GROUP PERSONAL ACCIDENT {POLICYNO} IN THE NAME OF {INSUREDNAME}**

{ListTable3}

EXAMINED:{SubmitBy} for: **CORNERSTONE INSURANCE PLC**

**MEMORANDA ATTACHED TO AND FORMING PART OF GROUP PERSONAL ACCIDENT INSURANCE 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.