



## KOSTNAD OCH SKYDD FÖR SPELPASSFÖRSÄKRING, FÖRSÄKRINGSPERIOD 1.1. - 31.12.2018 FÖRSÄKRINGSBELOPPSTABELL

Serienivåer och åldersklasser	TÄVLINGSVERKSAMHET / FULLVUXNA - födda 1998 eller tidigare				TÄVLINGSVERKSAMHET / UNGDOMAR OCH BARN - födda år 1999 eller senare			HOBBY ACTIVITY *			
	Män: Ligan och ettan		Män: Tvåan, Trean, Fyran och lägre		Domare	Ungdom 1 födda 1999-2002	Ungdom 2 födda 2003-2006	Barn födda 2007 eller senare	Fullvuxna Födda 1998 eller tidigare	Ungdom födda 1999-2006	Barn födda 2007 eller senare
	Kvinnor: Ligan		Kvinnor: Ettan-Tvåan och lägre  Old Boys (födda 1983 eller tidigare ) Ladies (födda 1983 eller tidigare )								
Ersättningskategorier	1 Omfattande nivå	1 Begränsad nivå	2 Omfattande nivå	2 Begränsad nivå				Begränsad nivå			
<b>A. Vårdersättning</b> - Inte tandolyckor (punkt D) - Inte gipsning/operationsvård vid privata anstalter - Ersättning betalas max. 2 år	3 000 €	1 500 €	3 000 €	1 500 €	3 000 €	3 000 €	3 000 €	3 000 €	1 500 €	3 000 €	3 000 €
<b>Självrisk vid vårdersättning</b>	200 €	100 €	200 €	100 €	100 €	100 €	100 €	-	100 €	100 €	-
<b>B. Operation och gipsning</b> Privata anstalter	6 000 €	-	6 000 €	-	6 000 €	6 000 €	6 000 €	6 000 €	-	6 000 €	6 000 €
<b>Extra självrisk vid operation och gipsning</b>	10% av kostnaden	-	10% av kostnaden	-	-	-	-	-	-	-	-
<b>C. Fysikalisk vård</b> Som rehabilitering efter operation och gipsning	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €
<b>D. Tandvårdersättning</b> - Orsakad av olycka - Bestående tänder	3 000 €	500 € Akut vård	3 000 €	500 € Akut vård	3 000 €	3 000 €	3 000 €	3 000 €	500 € Akut vård	3 000 €	3 000 €
<b>E. Menersättning</b> Utbetalad ersättning enligt invaliditetsgrad	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €
<b>F. Dödsfallsersättning</b> Orsakad av olycka	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €
Tilläggsersättning vid dödsfall på plan under pågående match	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €
<b>Försäkringspremie</b>	<b>490 €</b>	<b>245 €</b>	<b>290 €</b>	<b>100 €</b>	<b>30 €</b>	<b>140 €</b>	<b>40 €</b>	<b>4 €</b>	<b>50 €</b>	<b>20 €</b>	<b>4 €</b>

\* Hobbyförsäkringen är inte i kraft i seriematcher och tävlingsmatcher som arrangeras av FBF:s distrikts och klubbtag

Gruppköpare, kom ihåg att se efter att spelaren vet vilken försäkring som har tagits och att han får produktbeskrivningen samt försäkringsbeloppstabellen

## Finlands Bollförbund Produktbeskrivning för spelpassförsäkring (1.1.2018)

### Försäkringen träder i kraft

Om försäkringsansökningen har gjorts före den 1. januari träder försäkringen i kraft den 1. januari förutom för spelare som inte har försäkring för den föregående säsongen och som gör försäkringsansökan i december. För dessa spelare är försäkringen i kraft från ansökningstidpunkten. Ifall ansökningen har gjorts den 1. januari eller senare träder försäkringen i kraft då ansökan gjorts. Försäkringsperioden slutar 31. december.

### Försäkringens giltighet

Försäkringen omfattar de fotbolls- och futsalspelare samt domare som är under 70 år, och som skaffat sig en spelpassförsäkring. För barn under 12 år gäller försäkringen i all sport organiserad av Finländska idrottsförbundet. Försäkringen är i kraft i Finland och utomlands vid av FBF, FBF:s distrikts och klubbblags arrangerade

- matcher samt även i matcher som spelas utomlands vars resor arrangeras av FBF, FBF:s distrikts och klubbblag.
- för grenen typiska träningspass, övervakade av träningsledare,
- Skolnings-, motions- och träningsläger för idrottsverksamheten under träningspassen, utslutande övrig fritid,
- Vid resor som direkt kan förknippas med ovanstående aktiviteter.

### Vad ersätts

- skador orsakade av olycksfall som skett plötsligt, oförutsett och av yttre händelse samt
- även sträckningsskador i muskler eller senor som den försäkrade har ådragit sig som en direkt följd av en specifik och enskild kraftansträngning och rörelse, om läkarvård för skadan har getts inom 14 dygn efter det att skadan uppkom.

### Ersättningskategorier

#### Vårdersättning

Försäkringen omfattar följande typer av ersättningar beroende på valt försäkringsalternativ.

Försäkringsalternativen presenteras i separata schemat för försäkringsbelopp.

#### a) Vårdkostnader

Som vårdkostnad ersätts:

- Vård och undersökning som ges av läkare eller annan sjukvårdspersonal, av läkare beordrade läkemedel som säljs på apotek med tillstånd av läkemedelsverket och sjukhusets dagavgift.
- Operation och gipsning utförd vid den offentliga sektorns vårdinrättning.
- Kostnader för anskaffandet av ortopediska förband och stöd.

#### b) Operation och gipsning (ifall denna ersättningskategori ingår i valt försäkringsalternativ)

Vårdkostnader från operation och gipsning utförda av den privata sektorn vårdinrättning.

#### c) Fysikalisk vård

Av läkare angiven fysikalisk vård till följd av operation och gipsning.

#### d) Tandvårdersättning

Tandvårdersättning betalas enligt skyddsnivå alltid vid akut vård av bestående tänder samt vid omfattande skyddsnivå för fortsatt vård, maximalt två (2) år från olycksfallet.

#### e) Menersättning

Vid bestående men orsakat av olycksfall utbetalas menersättning. För fullständigt men utbetalas den avtalade ersättningen, vid partiellt men en motsvarande andel av försäkringsbeloppet.

#### f) Ersättning vid dödsfall

Dödsfallsersättning utbetalas om den försäkrade inom ett år från ett olycksfall avlider av skador som förorsakats av olycksfallet. Ifall menersättning betalats för samma olycka avdras summan från dödsfallsersättningen.

#### g) Resekostnader

Som resekostnad godkänns billigaste möjliga transportmedel från olycksplatsen till närmaste vårdinrättning.

## Begränsningar

- Försäkringen ersätter inte skador som orsakats av sjukdom, benägenhet till sjukdom eller skador.
- Försäkringen ersätter inte olyckor vid träning eller match som sker mot läkares ordinerings/rekommendation.
- Benolyckor ersätts endast om den försäkrade använt benskydd vid olyckstillfället.
- Försäkringen ersätter inte reparations- eller anskaffningskostnader för glasögon, kontaktlinser, hörselapparater eller tandproteser.
- Försäkringen ersätter inte skador på kläder eller spelutrustning.
- Fysikalisk vård ersätts endast vid eftervård av operation eller gipsning.
- Försäkringen ersätter inte förlust av förvärvsinkomst eller andra indirekta utgifter.
- Försäkringen ersätter inte olyckor som orsakats av deltagande i A-landslagets träningar eller matcher.
- Försäkringen ersätter inte skador uppkomna av påfrestning eller slitage.
- Försäkringen ersätter inte olyckor som orsakats av professionell sport

Olyckor, som den försäkrade kan få ersatta som arbets- eller studieolyckor ersätts inte av försäkringen. Försäkringen ersätter inte heller olyckor där den försäkrade har rätt till ersättning enligt trafikförsäkringslagen eller lagen för olyckor vid militärtjänst eller någon annan lag. Vårdersättning utbetalas till den del den försäkrade inte har rätt till ersättning enligt sjukförsäkringslagen eller någon annan lag.

Före utbetalning av ersättning skall ersättning av FPA sökas enligt sjukförsäkringslagen. De flesta läkarstationer söker FPA ersättningen direkt med den försäkrades fullmakt.

Sträckningsskador i muskler eller senor som den försäkrade har ådragit sig som en direkt följd av en specifik och enskild kraftansträngning och rörelse, ersätts för högst sex veckor från det att sträckningsskadan uppkom. Vid sträckningsskador som följd av en kraftansträngning och rörelse ersätts som vårdkostnader inte kirurgiska ingrepp.

Huvudsakliga vårdinrättningar är FBF:s avtalsläkarstationer med vilka FBF avtalat särskilda avgifter för olika vårdingrepp eller den offentliga sjukvården. Ifall operation och/eller gipsning sker vid annan än av FBF godkänd läkarstation eller offentlig hälsostation bör ingripandet godkännas på förhand.

Vårdersättningar utbetalas maximalt två (2) år efter olycksfall. Vårdersättning betalas för kostnad som överstiger självriskens eller självriskernas andel.

## Skadeanmälan

Skadeanmälan vid skador bör göras inom 60 dagar från olyckans inträffande. Skadeanmälan bör undertecknas av lagets representant.

## Försäkringsbelopp samt självrisk

Allmänna villkoren samt försäkringsvillkoren kan ses på Bollförbundets nätsidor. Försäkringsbeloppen samt självriskandelarna är i en skild försäkringsbeloppstabell, som även den kan ses på Bollförbundets nätsidor.

**Group Benefit Insurance Scheme - Football Association of Finland (FAF) Terms and Conditions for Individual Licence Insurance Cover (effective 1.12.2017)**

**Conditions of insurance**

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**1 Insured**

The insurance is valid for football and futsal players and referees under 70 years of age who have bought an Individual licence insurance. For children under 12 years old the licence insurance covers all licenced sports organized by Finnish sports associations. Insurance covers in Finland and abroad events organized by FAF including districts, affiliated clubs and teams

Football Association of Finland (FAF) is the Policyholder of the Group Benefit Insurance Scheme under which any Individual licence insurance is issued.

Chubb European Group Limited Finnish Branch (1855034-2) (sivuliike Suomessa) is the Insurer of the Group Benefit Insurance Scheme and each Individual licence insurance.

**2 When the cover is valid**

If insurance application is made before January 1<sup>st</sup>, the insurance will come in force on January 1<sup>st</sup>, except for the players who do not have cover for the previous season and who buy the insurance in December for the upcoming season – for these players the cover starts from the date of application. If insurance application is made later than January 1<sup>st</sup>, the insurance will come into force when the application is made. The insurance will terminate at the end of insurance period December 31<sup>st</sup>.

If the premium isn't paid in due time, the Insurer has the right to terminate the Individual licence insurance 14 days from sending the Individual policy holder information about this. An Individual licence insurance that has been terminated due to failure to pay the premium, can be revived by paying the premium within 6 months from the termination of the Individual licence insurance.

**3 Where the cover is valid**

The insurance cover is valid worldwide.

**4 What activities are covered**

**4.1 Organized sport**

The insurance covers organized sports of the type of sport the agreement covers, including exercises/drills which is natural to this sport:

- a) During games, competitions, exhibitions/shows
- b) During recognized practice on sports fields/hall.
- c) During mutual practice outside sports fields/hall by instructor.
- d) During practice outside field/hall which is a natural part of officially organised exercise program.
- e) All warming up/down during any of points a through above.
- f) During training, physical exercise and coaching camps in the sphere of sporting activity but not at other times.

During organized sport the insurance covers accidental injury (see point 5.a) and immediate individual exertion or caused by movement of a muscle or tendon strain or tear injury (see point 5.b).

**4.2 Travel**

During direct travel to/from organized sports event/participation and during a stay there, insurance covers Accidental injury, see point 5.a.

**4.3 Stay**

During stay at place of organised sport event/practice, see point 4.1, Accidental injury see point 5.a is covered.

**5 What injuries are covered**

- a) Accidental injury, sudden unforeseen bodily injury due to physical incident during organized sports (see point 4.1), travel (see point 4.2) and stay (see point 4.3). Injury to the mind for instance shock and the like, is not characterised as accidental injury, unless at the same time an injury to the body results in lifelong Irrecoverable invalidity. Accidental injury is an injury on the body arising from a sudden external physical occurrence – during the insurance period, or during travel and stay in connection with organised sports.
- b) During organised sports (see point 4.1), in addition to the accidental injury, the insurance covers immediate muscle or tendon strain or sprain injury caused by individual exertion or movement. The injury must be treated by a doctor within 14 days of the injury. The compensation is paid for maximum six weeks starting from the date of the injury and it does not surgery.

## 6 Benefits covered

- 6.1 Benefit in the event of accidental death.
- 6.2 Benefit in the event of permanent injury of medical invalidity of more than 5%.
- 6.3 Benefit in the event of dental injury to sound and whole teeth.
- 6.4 Benefit in respect of physiotherapy/chiropractor if necessary after surgery.
- 6.5 Benefit in respect of medical treatment, medicines and travel.

Insurance values and deductibles are written in the insurance policy. The insurance value at the time of the injury is the value to be used in calculating the benefit taking into account the deductibles.

## 7 Limitations (what is not covered)

### 7.1 Strain, wear and tear

The insurance does not cover injuries gradually emerging as a result of strain or wear and tear of joints and tendons including but not limited to strain rheumatism (arthritis), or tendonitis and the like.

### 7.2 Injury influenced by illness, illness like condition or predisposition.

The insurance does not cover stroke, fainting or other illness like condition including heart attack. If it is believed illness like condition or predisposition together with injury can have had a contribution cause to the death, invalidity or treatment costs, the benefit will be reduced. It will be reduced accordingly to the extent of the illness like condition or predisposition has had to the death, invalidity or treatment costs.

### 7.3 Injury by medical treatment or use of medical drugs

The insurance does not cover injury caused by medical examination or treatment or by the use of medical drugs unless the Insured is being treated for an injury already covered by the Insurers. Under no circumstances does the insurance cover injuries caused by drugs on the List of Prohibited Substances and Prohibited Methods in Sports by the Finnish Anti-doping Agency FINADA.

### 7.4 Deliberately causing of injury

The Insurers are not liable if the Insured has deliberately caused the injury. However, it is liable if the individuals could not be blamed for the bodily injury due to his/hers age or mental state.

The Insurers are not liable to suicide or attempted suicide due to mental disease. The claimant must prove the suicide or attempted suicide was caused by sudden mental illness – due to age or mental state could not understand the circumstances of his/hers action – and not a mental disease.

### 7.5 Gross negligence caused by Insured

If the insured has shown gross negligence or increased the frame of the injury, the Insurers might reduce or cancel its liability. Same if the Insured by

gross negligence has caused the injury by neglect of a safety regulation.

## 7.6 Other limitations

- a) Physiotherapy is covered only after surgery or plastering.
- b) Initial place to get treatment is FAF contract medical centre at FAF agreed risk rates for medical doctors or municipal medical centre.
- c) Insurance does not cover injury relating to illness, or predisposition.
- d) Insurance does not cover a player playing against medical advice or whilst signed off by a doctor.
- e) Injury to the shin is only covered if the insured person is wearing shin pad
- f) Damage to glasses or contact lenses is not covered.
- g) If surgery or plastering is treated by private hospital or clinics other than FAF contract medical centre, pre-approval for treatment need to be received from claims administrator.
- h) The insurance does not cover participation on National A Team or during event not organised by FAF, its districts and affiliated clubs.
- i) The insurance does not cover injuries where the insured person can directly claim from the perpetrator of the injury or their insurance company, this does not apply to injuries occurred in normal playing situations.
- j) The insurance does not cover occupational accidents or student accidents that grant entitlement or would have granted entitlement to compensation under the Third Party Motor Liability Insurance Act, the Military Accidents Act, Workers Compensation Act or some other equivalent act.
- k) The Insurers do not cover injury obtained during participation of scuba diving with oxygen or breathing gas, speed racing by motor vehicle/ vehicle, air sports, mountain climbing and expedition like events.
- l) The insurance does not cover personal accidents in professional sport that grant entitlement or would have granted entitlement to compensation under the Finnish Act for sportsmen's personal accident and pension cover (2009/276).

## 8 Change of risk and safety regulations

### 8.1 Liability limitations due to change of risk.

The Insurers are not liable to accident, see point 5., caused by:

- a) Voluntary participation in any criminal activity.
- b) Hang gliding, flying by micro light and ultra light air plains, sky diving, paragliding and ballooning.

### 8.2 Safety regulations

It is an absolute condition of the policy that the insured follow the rules and regulations set by the FAF.



If the insured deliberately does not follow the rules and regulations set by the FAF the right to benefit may be lost or reduced.

## 9 Claims

### 9.1 Combined rules

- a) When injured the insured must see a medical doctor immediately, attend regular follow ups, and follow the doctor's orders.
- b) Individuals putting forward a claim must provide all accessible information they have to the Claims handler to enable them to process the claim and pay the benefit.
- c) Information is submitted on claims form developed by the Claims handler. The claims form must include the insured birth date, social security number and player number.
- d) Claims form must be confirmed/ signed by team leader or coach.
- e) Anyone giving false or wrong information, might lose any claim right by the Insurers in this or any other case. Both the insured and Claims handler has the right to collect medical- and specialty statements significant to the amount of benefit. If the Claims handler finds it necessary to collect new statement from specialist this should be argued thoroughly in writing.
- f) If an improvement of the injury by surgery is possible, but the insured without reasonable cause does not want to have the surgery, the final level of invalidity will be established accordingly to the improvement the surgery might have caused.

Claims will be time-barred according to:

- g) Claim to be reported within (60) days from the injury.
- h) Any claims based on an insurance contract shall be made to the insurer within one year from the date at which the claimant becomes aware of an in-force insurance policy, of the occurrence of an insured event and of the loss, damage or injury that resulted from the occurrence. In any event, the claim shall be made within ten years from the occurrence of the insured event or, if the insurance has been taken out to cover against bodily injury or liability for damages, from the occurrence of the loss, damage or injury. Reporting the occurrence of an insured event is considered to equal the making of a claim for this purpose. If no claim is made within the period provided under Subsection 1, the claimant loses his entitlement to compensation. (Finnish Insurance Contracts Act 14.5.2010/426 Section 73)

### 9.2 Death

If injury causes death within a year, benefit according to the policy is paid. Any invalidity benefit already paid will be deducted. If the insured should die by any other cause, neither death nor invalidity benefit will be paid. No death benefit will be paid after one year, only invalidity benefit. Death benefit not to named spouse/child is paid in accordance with Finnish inheritance law.

### 9.3 Lifelong medical invalidity

- a) To be paid if injury results within 2 years in permanent lifelong medical invalidity. Occupation, individual predisposition or social rank is not to be allowed for. By full invalidity the full insurance value is paid. Partially invalidity is partially paid.
- b) Invalidity is based on table of invalidity at the time of settlement. The Insurers are only liable to invalidity of 5% or above, for each insurance event.
- c) For combined injury in one body part/ organ, the whole loss of function is estimated according to rates of total loss of function in that body part/ organ. The level of invalidity in one insurance case cannot exceed 100%, even if more than one body part/ organ is injured.
- d) Loss or damage on body part or organ completely inoperative before the injury does not give right to benefit. If partly useless a deduction of the same grade/size is made. When illness like condition or predisposition is a significant cause of increase of invalidity level regulation in point 7.2 is in use.
- e) Dental injury does not apply to invalidity benefit.

### 9.4 Treatment expenses

- a) **General about treatment expenses**

The Insurers will pay necessary medical treatment of injury within 2 years from date of injury. Covers expenses according to FAF own risk rates for medical expenses, according to the Finnish National Health Insurance act, hospital stay, bandages, medicine and prosthetics given by medical doctor. The reimbursements paid by KELA (The Social Insurance Institution of Finland) are subtracted from compensations. Travel expenses are covered by least expensive way of transportation between home/place of injury and nearest place of treatment, limited to one return trip only. The condition of the insured is to be taken into consideration. Expenses covering private hospitals/clinics/medical doctors are covered according to the policy. Originals or copies of original receipts must be provided.
- b) **Dental injury**

The Insurers cover dental injury to sound and whole teeth within 2 years from date of injury with insurance value according to insurance policy. The Insurers also cover first permanent treatment even if this is later than 2 years from date of injury subject to recommendation from dentist or dental technician that treatment should be delayed. Final dental settlement is based on quote by dentist or dental technician within 2 years of date of injury. Dental injury due to eating is not covered.
- c) **Physiotherapy**

Covers necessary treatment on requisition by medical doctor after surgery or plastering.

d) **Non-agreement private clinics**

Use of private clinics is allowed where considered necessary for the timely healing of the patient and where no alternative is available from another source at chosen FAF contract medical centres at FAF own risk rates for medical doctors. Other private clinics need to be pre-approved by FAF claims administrator.

**10 Compensation procedure**

The claimant shall submit all documents and information necessary to determine the Insurer's liability. The documents shall be submitted as soon as possible Pax Verum Oy (PL 130, 00171 Helsinki, email vahinko@pvvahingonkasittely.fi, tel. 010 843 9930) who will handle the claims and claims payment on behalf of the Insurer.

A notification of claim shall include the following information:

- Name of the Insured;
- Short description of the loss event;
- Receipts or other evidence of the medical expenses and service charges; and
- Appropriately dated and signed doctor's certificate where necessary

Pax Verum Oy may request other information and documents where needed.

A written claim must be presented to the Insurer within one year of the date on which the claimant was informed on her/his right to compensation, and at the latest, within ten years from the occurrence of the loss event.

## CONTINENTAL SCALE

The following Table of Benefits details the Benefits applicable in respect of specific parts of the body with the Percentage Benefit being stated as a percentage of Benefit as detailed in the applicable Schedule of Benefits:-

<u>Disability</u>	<u>Percentage Benefit</u>
Total disorientation of mind	100%
Loss of bony substance of the skull in all its thickness:-	40%
1) 6 sq.cm. or more	20%
2) 3 to 6 sq.cm	10%
3) less than 3 sq.cm.	30%
Loss of Hearing in one ear	30%
<u>Upper Limbs</u>	<u>Right</u> <u>Left</u>
Complete immobility to shoulder joint	40%    35%
Complete immobility to elbow:-	25%    20%
1) in favourable position (within 15 degrees of right angle)	40%    35%
2) in unfavourable position	
Complete immobility of wrist:-	20%    15%
1) in straight position	30%    25%
2) in awkward position	20%    15%
Total loss of thumb	10%    6%
Partial loss of thumb: one phalange	15%    10%
Complete immobility of thumb	15%    10%
Total loss of forefinger	10%    8%
Partial loss of forefinger:	5%    3%
1) two phalanges	5%    3%
2) one phalange	
Total loss of any other finger	5%    3%
<u>Lower Limbs</u>	<u>Right or Left</u>
Loss of half of foot	30%
Complete immobility of hip	40%
Complete immobility of knee	25%
Total or partial loss of kneecap with considerably restricted movement	30%
Total or partial loss of kneecap with full movement preserved	15%
Shortening of lower limb:-	30%
1) by 5 cm. or more	20%
2) by 3 to 5 cm.	10%
3) by less than 3 cm.	15%
Loss of big toe	10%
Complete immobility of big toe	3%
Loss of any other toe	3%

### **Provided that:-**

- 1) if the Insured Person is left handed, the Percentage Benefit applicable to the Right Upper Limb shall be deemed to apply to the Left Upper Limb and vice versa.
- 2) the Percentage Benefit payable in respect of any part of the body not specified shall be calculated by the Company in accordance with its severity as compared to those listed in the Table of Benefits without taking into account the Insured Person's Business occupation or pursuits
- 3) the total Benefit payable in respect of each Insured Person for all Bodily Injury arising from one accident shall not exceed 100% of Benefit as stated in the applicable Schedule of Benefits
- 4) the total Benefit payable for more than one of the separate parts of a single body member shall not exceed the Benefit which would have been payable in respect of that entire body member
- 5) if Benefit becomes payable in respect of an entire body member then Benefit for parts of that body member cannot also be claimed
- 6) the amount of Benefit payable for Bodily Injury in respect of any part of the Insured Person's body already affected by a permanent disability shall be reduced by the Percentage Benefit that would have been payable if such pre-existing permanent disability had qualified for Benefit hereunder.



### **11 Insured's right to regret**

If the Insured is not satisfied with any aspect of the claims service received from the claims handler Pax Verum Oy, any complaint should be addressed in the first instance to:

Chubb claims department  
Chubb European Group Limited, Finnish branch  
PL 687, 00101 Helsinki  
e-mail: [Asiakaspalvelu@chubb.com](mailto:Asiakaspalvelu@chubb.com)  
Tel: 09 6861 5151

If the Insured is not satisfied with the way a complaint has been dealt with, they should contact:

Chubb Complaints officer  
Chubb European Group Limited, Finnish branch  
PL 687, 00101 Helsinki  
e-mail: [Asiakaspalvelu@chubb.com](mailto:Asiakaspalvelu@chubb.com)  
Tel: 09 6861 5151

Please state the nature of the complaint. Quote the policy and/or claim number, the name of any claim handling organization with whom they have been dealing and their reference number.

If the matter is still not resolved to the Insured's satisfaction they may request assistance from:

Kuluttajariitalautakunta  
Hämeentie 3  
PL 306  
00531 HELSINKI  
puh. 029 566 5200  
[kril@oikeus.fi](mailto:kril@oikeus.fi)  
Website – <http://www.kuluttajariita.fi>

or

Vakuutuslautakunta  
Porkkalankatu 1  
00180 HELSINKI  
Tel: 09 6850 120  
fax: 09 6850 1220  
[info@fine.fi](mailto:info@fine.fi)

The Insured may also bring a suit against the Insurer in the Finnish courts in accordance with the applicable Finnish laws.

### **12 Data protection**

Chubb uses modern computer technology at the registration of the personal information the company receives, and of other personal data that are substantially related to the insurance relationship. The aim is to process applications and optimally serve customers, manage insurance policies and handle payment and collection practices. For such purposes, Chubb can transmit personal data to companies within their own group and to other companies that Chubb cooperates with. This includes companies in the EU/EES and outside EU/EES as well as companies in the United States provided that European Commission approved standard clauses are used, as well as to companies in countries approved by the European Commission. The customer has the right to obtain information about the use of his or hers personal information. The customer may at any time ask Chubb to correct erroneous information regarding their insurance.

### **13. Applicable law**

The policy is subject to the terms and conditions of the Policy Wording as well as the Finnish Insurance Contract Act and other Finnish law.