



Policy Summary

You may purchase this cover if **you** own a Satellite Navigation device purchased at the same time as purchasing this insurance cover. The cover has been arranged by Lifestyle Services Group Limited with a single provider, London General Insurance Company Limited. The seller of the insurance acts as **our** agent.

This policy covers:

- One specified Satellite Navigation device (the **insured device**)
- Payment towards the cost of replacement following theft of the **insured device**
- The **insured device** whilst in the United Kingdom, Isle of Man and the Channel islands
- One single claim during the policy term

Full details can be found in **section C** of the Policy Document.

This policy does not provide cover for:

- The policy **excess** of £25, £50 or £75 as stated on **your certificate**
- Theft of the **insured device** from an unattended motor car, van, minibus, bus or lorry, unless secured in a glovebox or locked boot. If **your** vehicle does not have a glovebox or boot, the **insured device** will not be covered whilst the vehicle is unattended
- The **insured device** whilst it is in a vehicle other than a motor car, van, minibus, bus or lorry (for example, scooter or motorcycle)
- The **insured device** whilst it is in an occupied or unsecured public hire or private hire car, taxi, minibus or bus, unless the driver was in sight of the **insured device** at the time the theft was caused
- Theft of the **insured device** from any unattended building or premises, unless evidenced damage was caused in gaining entry to, or exit from, the premises
- Theft of the **insured device** where it has been left accidentally or deliberately in a public place or a place to which others have access
- Theft of the **insured device** where it has been passed to someone else other than a family member of staff employed by **you**
- The wear and tear which may reasonably be apportioned to **your insured device** over time. This shall be up to 25% of the purchase price each year; the 25% reduction will apply on a pro-rata basis throughout each year. To enable replacement of **your insured device** a further cash contribution may be required from **you**

Full details can be found in **sections H** and **I** of the Policy Document.

Price

The cost of the policy is dependent on the original cost of **your** Satellite Navigation device and the term of cover selected and is specified on **your certificate**. This includes any taxes which may apply.

The policy is prepaid by **you** at the time the Satellite Navigation device is purchased and runs for a period of one, two or three years as stated on **your certificate**. The policy expires at the earlier of a successful claim or the date stated on **your certificate**. At the time of a successful claim it may be possible to purchase a new policy to cover **your** replacement Satellite Navigation device.

Claims

Should **you** need to register a claim, please telephone **0870 060 2397*** or visit **our** website at www.lifestylegroup.co.uk/satnavs.

Please refer to **section D** of the Policy Document.

Cancellation

You may cancel this policy within the first 14 days after receiving these terms. **We** will refund **your** payment, although if a claim has been made during this period, **you** may be required to pay for the **services** provided. **You** should contact **us** on **0870 060 2397*** to cancel the policy.

Please refer to **section J** of the Policy Document.

If **you** wish to cancel this policy after the first 14 days of receiving these terms, no refund of any premium will be due.

Enquiries

Should **you** have an enquiry or complaint, **you** can contact **us** on **0870 060 2397***. Any complaints may be raised without prejudice to **your** right to take legal proceedings. If after making a complaint **you** are still unhappy and **you** feel the matter has not been resolved to **your** satisfaction, **you** may contact the Financial Ombudsman Service.

Please refer to **section L** of the Policy Document.

Compensation Scheme

The parties to this contract are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if they cannot meet their obligations. Most insurance contracts are covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. **You** can get more information about the compensation scheme arrangements by contacting the FSCS on **020 7892 7300** or by visiting their website at www.fscs.org.uk

Under European law, both parties to the contract may choose which law will apply to this contract. English law will apply unless both parties agree otherwise, in writing, prior to the start of the policy. The contract is written in English and all communication by **us** with **you** will be in English.

This Policy Summary does not contain the full terms and conditions of **your** policy. Please refer to the Policy Document section.



Policy Document

These terms and **your certificate** should be read as one document. Words or expressions that have a particular meaning are shown in **bold type** and shall have the same meaning wherever they may appear.

The policy, which is governed by these terms and conditions, has been arranged on **your** behalf by Lifestyle Services Group Limited who deals with the **administration** of this insurance and the handling of claims. Acceptance of cover is at **our** discretion.

Your policy is based on the information **you** gave to **us** verbally or otherwise about **you** and **your** personal details when **you** applied for the insurance. These details are confirmed on **your certificate**. The terms detail what is covered and what is not covered, how claims are settled and other important policy information.

Our part of the contract is as follows:

- Cover will only apply during the **period of insurance**, the starting date being shown on **your certificate**
- Where **we** attach a special meaning to a word it is shown in **bold type**
- **We** will handle claims on behalf of the **insurer**
- **We** will hold money on behalf of the **insurer**

Your part of the contract is as follows:

- **You** must have paid **your** entire premium in advance
- **You** must ensure that all payments due to **us** have been made without deduction or set-off
- **You** must adhere to all the conditions detailed in these terms
- If **you** do not believe the policy is suitable for **you**, **you** can cancel it within 14 days of receiving these terms
- The **insured device** stated on **your certificate** must be **your** property or responsibility or the property or responsibility of, members of **your** family or staff employed by **you**

You can request another copy of these terms. They are also available in large print, audio and Braille versions. If **you** would like a copy in any of these formats, please call Customer Services on **0870 060 2397*** or write to:

Customer Services
Lifestyle Services Group Limited
PO Box 395
CREWE
CW1 6WT

Under European law, the parties to this contract may choose which law will apply to this contract. English law will apply unless both parties agree otherwise in writing prior to policy inception.

The contract is written in English and all communication by **us** with **you** will be in English.

A Definitions

Administrator/Administration

Lifestyle Services Group Limited. Contact details can be found in **section M**.

Certificate

Certificate of Insurance.

Excess

The policy excess of £25, £50 or £75 as stated on **your certificate** payable by **you**.

Incident

Any event that may lead to a claim being made for replacement of the **insured device**. Any incident involving a crime must be reported to the Police within the given timescales. **You** must obtain an incident reference number.

Insured device

The Satellite Navigation device which **you** have specified to be covered, which is identified by the **serial number** and detailed on **your certificate**. **We** will cover the accessories provided in the original purchase box at the time of purchase, if they are stolen at the same time as the **insured device**.

Insurer

London General Insurance Company Limited, whose main business is general insurance. Contact details can be found in **section M**.

Period of insurance

The time period for which **you** have a valid policy with the **insurer** with the entire premium being paid in advance.

Proof of purchase

The receipt provided at the point of sale that details the **insured device**, or similar documentation that provides proof that **you** own the **insured device**.

Serial number

The serial number of the **insured device** which **we** will use to identify it.

Services

The work **we** undertake for **you** in arranging the insurance and acting as an intermediary between **you** and the **insurer**.

We/Us/Our

The **administrator**.

You/Your

The customer named on the **certificate**.

B Price

The cost of the policy is dependent on the original cost of **your** Satellite Navigation device and the term of cover selected and is specified on **your certificate**. This includes any taxes which may apply.

The policy is prepaid by **you** at the time the Satellite Navigation device is purchased and runs for a period of one, two or three years as stated on **your certificate**. The policy expires at the earlier of a successful claim or the date stated on **your certificate**. At the time of a successful claim it may be possible to purchase a new policy to cover **your** replacement Satellite Navigation device.

C Cover

Cover will be provided for:

- One specified Satellite Navigation device whilst in the United Kingdom, Isle of Man and Channel Islands (the **insured device**)
- Payment towards the cost of replacement following theft of the **insured device**. The payment will take into account the wear and tear which may reasonably be apportioned to **your insured device** over time. This shall be up to 25% of the purchase price each year; the 25% reduction will apply on a pro-rata basis throughout each year. To enable replacement of **your insured device** a further cash contribution may be required from **you**
- One single claim during the policy term

D How to make a claim

To make a claim, either

1. Visit **our** website at www.lifestylegroup.co.uk/satnavs to register **your** claim online.
2. Contact Customer Services on **0870 060 2397***:

Monday-Friday	9.00am - 6.00pm
Saturday	9.00am - 5.00pm

You must register a claim within 48 hours of discovering the **incident** for which **you** wish to make a claim.

Please have **your** policy ID number to hand. **You** must inform the Police within 24 hours of discovering the theft for which **you** wish to make a claim and ask for an incident reference number.

You must complete and return the claim form to **us** within 14 days of receiving it, ensuring **you** have followed the procedure detailed on the claim documentation.

E Conditions on making a claim

1. **You** must register a claim within 48 hours of discovering the **incident** for which **you** wish to claim by contacting Customer Services on **0870 060 2397***.
2. **You** must inform the Police within 24 hours of discovering the theft for which **you** wish to make a claim, obtaining an incident reference number.
3. **You** must complete and return the claim form to **us** within 14 days of receiving it, ensuring that **you** have followed the procedure detailed on the claim documentation.
4. **You** must pay the policy **excess** of £25, £50 or £75 as stated on **your certificate** if **your** claim is accepted.
5. **You** must provide **proof of purchase** for **your** Satellite Navigation device with **your** claim form.

F What will happen if your claim is approved

1. **We** may, at **our** discretion, settle a claim for **your insured device** by replacing it, or by payment to **you** by cheque. The method of settlement will be at **our** discretion.
2. Replacement devices will come from available stock (which may be refurbished). If the same model is not available, the replacement will be of a similar specification and quality, which will be determined by **us**.
3. If the stolen **insured device** is recovered after the claim is approved, it shall become the property of the **insurer** and must be returned to **us** immediately.
4. If the **insured device** has been stolen, it will be disabled through available security systems and manufacturer networks. Any attempt to re-activate the **insured device** is likely to be detected.
5. In the event of a successful claim **your** policy will terminate. A new policy would need to be purchased in order to continue cover.

G Important things that you must do

1. **You** must use the **insured device** in accordance with the manufacturer's instructions.
2. Take reasonable care to prevent theft to the **insured device**. If it is considered that **you** have not done so, **your** claim may not be accepted.
3. Advise **us** if any of **your** personal details change, or if **you** wish to transfer the cover to a new owner of the **insured device**.
4. Inform **us** of any theft covered by **your** policy within the given timescales.
5. Advise **us** by telephone if **you** intend to cancel **your** policy or Direct Debit payment.

H Theft exclusions

Cover will not be provided for:

1. Theft from an unattended motor car, van, minibus, bus or lorry, unless the **insured device** is secured in a glovebox or locked boot (other than in the circumstances in 2 below). The vehicle must be locked and all security devices activated. Damage must be caused by the thief and evidence provided with **your** claim. Cover will not be provided if **your** vehicle cannot be secured against unauthorised entry.

If **your** vehicle does not have a glovebox or boot, the **insured device** will not be covered whilst the vehicle is unattended.
2. The **insured device** whilst it is in an occupied or unsecured public hire or private hire car, taxi, minibus or bus, unless the driver was in sight of the **insured device** at the time the theft was caused.
3. The **insured device** whilst it is in a vehicle other than a motor car, van, minibus, bus or lorry (for example, scooter or motorcycle).
4. Theft of the **insured device** from any unattended building or premises unless evidenced damage was caused in gaining entry to, or exit from, the premises.
5. Theft of the **insured device** where it has been left accidentally or deliberately in a public place or a place to which other people have access (other than as described in 2 above).
6. Theft of the **insured device** where it has been passed to someone else, other than a family member of staff employed by **you**.
7. Theft whilst the **insured device** is outside the United Kingdom, Isle of Man and Channel Islands.
8. Theft caused by war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, or insurrection by military or usurped power.
9. Theft arising out of any wilful act or negligence of the user.

I General Exclusions

Cover will not be provided for:

1. Loss of the **insured device**.
2. The policy **excess** of £25, £50 or £75 as stated on **your certificate**.
3. Software, faulty software, software connection problems, and loss or corruption of digital content saved to the **insured device**, however caused. It is recommended that **you** keep a back-up copy of any data.
4. The cost of any subscription or update service **you** subscribe to.
5. Any loss (business or personal) resulting from loss of use of the **insured device**.
6. Where the **serial number** cannot be determined and/or **proof of purchase** cannot be provided to prove ownership.
7. The wear and tear which may reasonably be apportioned to **your insured device** over time. This shall be up to 25% of the purchase price each year; the 25% reduction will apply on a pro-rata basis throughout each year. To enable replacement of **your insured device** a further cash contribution may be required from **you**.
8. Any claim arising from, or in connection with, the repossession of the **insured device** by any bank, finance, leasing or similar company, or person acting with such authority, and/or the confiscation or impounding of the **insured device** by any Police, Customs or Government Authority.
9. People who are not permanently resident in the United Kingdom.
10. Any consequential loss incurred by **you** during the administration of the policy or at the time of a claim.
11. A second or subsequent claim.

J Cancelling the policy

1. If the policy does not meet **your** requirements, please telephone Customer Services immediately on **0870 060 2397*** or write to:

Customer Services
Lifestyle Services Group Limited
PO Box 395
CREWE
CW1 6WT

2. **You** have the right to cancel this policy within the first 14 days after receiving these terms. **We** will refund **your** payment, although if a claim has been made during this period, **you** may be required to pay for the **services** provided. If **you** cancel after 14 days no refund of premium will be due.
3. **We** may cancel this policy with immediate effect by registered letter to **you** at **your** last known address in the event of **you** submitting any fraudulent or inaccurate information. Any refund will be at **our** discretion.

We may cancel this policy (except where point 3 applies) by providing at least 30 days notice of intention to cancel. **You** may telephone or write to **us**. **We** will write by registered letter to **you** at **your** last known address. No refund of the premium will be made.

K Fraud

Identity fraud is a serious problem in the United Kingdom. **Your** details will be used to help prevent fraud of this nature occurring to **you**.

If **you** receive information that **your** details have been used for fraudulent purposes, please call Customer Services on **0870 060 2397*** and ask to be transferred to the Security and Risk Management team.

Alternatively, **you** can write to:

Security and Risk Management
Lifestyle Services Group Limited
PO Box 395
CREWE
CW1 6WT

The personal details which were supplied to **us** during the application process will be used to combat fraud. These details will be retained for legal reasons for a reasonable period after **your** policy expires, and for up to one year after **your** policy expires in relation to fraud specifically. The contract between **you** and **us** is based on mutual trust. If **you** (or anyone acting for **you**):

- Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect
- Make a statement in support of a claim knowing the statement to be false in any respect, or submit a document in support of a claim knowing the document to be forged or false in any respect
- Make a claim in respect of any theft caused by **your** wilful act, or with the intent to defraud **us** or the **insurer**

then:

- **We** shall not honour the claim
- **We** shall not honour any other claim which has been or will be made under any policy held by **you**
- **We** shall not make any return of payments made for cover and **we** may, at **our** option, cancel the policy
- **We** may be entitled to recover from **you** the cost of any claim already paid under this policy (if necessary the cost may be recovered through the instigation of court proceedings)
- **We** may be entitled to recover from **you** the cost of any investigation into a fraudulent claim under this policy (if necessary the cost may be recovered through the instigation of court proceedings)
- **We** may inform the Police, Government or regulatory bodies of the circumstances

Details of claims may be put onto a Register of Claims through which insurers share information to prevent fraudulent claims. A list of participants and the name and address of the operator are available on request.

L Enquiries/Complaints

We will always be fair and reasonable when handling **your** policy or claim. Should there ever be an occasion when **you** feel that **we** have not provided **you** with a satisfactory level of service, **we** would like **you** to inform **us** so that **we** can do **our** best to solve the problem. **We** will do everything possible to ensure that **your** query is dealt with promptly.

The easiest way to contact **us** is to call **our** Customer Relations team on **0870 060 2397***.

Alternatively, **you** can write to **us** at the following address, quoting **your** Policy ID number in all correspondence:

Customer Relations Department
Lifestyle Services Group Limited
PO Box 395
CREWE
CW1 6WT

Our staff will attempt to resolve **your** query immediately. If this is not possible, **we** promise to acknowledge **your** query within 5 working days of receiving it. In the unlikely event that **your** query has not been resolved within 4 weeks of **our** receiving it, **we** will write and let **you** know the reasons why, and what further action **we** will take. Once **we** have resolved **your** query, **we** will confirm **our** response in writing.

If **you** are not satisfied with **our** decision, please contact **our** Customer Relations team on the above number.

If **you** have a complaint relating to the policy wording or contract, please contact the **insurer** at their registered address.

If **you** remain dissatisfied, **you** can, within 6 months of **our** final decision, refer **your** query for an independent assessment to:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
LONDON
E14 9SR



The parties to this contract are covered by the Financial Ombudsman Service who, once contacted, will liaise with **us** on **your** behalf. They will inform **you** directly of their decision. Referral to the Financial Ombudsman Service will not prejudice **your** right to take subsequent legal proceedings. Further information can be obtained at their website: www.financial-ombudsman.co.uk

The parties to this contract are covered by the Financial Services Compensation Scheme. In the unlikely event any of the parties to this insurance are unable to meet their liabilities; **you** may be entitled to compensation. The scheme covers 100% of the first £2000 of the claim, and 90% above this limit. Further information can be obtained from their website: www.fscs.org.uk

For the purposes of the Data Protection Act 1998, the Data Controller in relation to the personal data **you** supply is Lifestyle Services Group Limited.

*0870 calls will be charged at a maximum 7.6p a minute from a BT line. Calls from non-BT phone lines may vary. Calls may be recorded or monitored for training/customer services purposes and/or the prevention or detection of crime.

M Other information

Lifestyle Services Group Limited
Registered in England No. 05114385
Registered Office:
Unit 12,
Crewe Hall Enterprise Park, Weston Road,
Crewe, Cheshire
CW1 6UE

London General Insurance Company Limited
Registered in England No: 1865673
Registered office:
Combined House
15 Wheatfield Way
Kingston Upon Thames
Surrey
KT1 2PQ