

# Personal Accident, Sickness & Casting Insurance Policy Document

## Who are AIG?

This insurance is underwritten by AIG Europe S.A., an insurance undertaking with R.C.S. Luxembourg number 218806. AIG Europe S.A. has its head office at 35 D Avenue J.F. Kennedy, L-1855, Luxembourg, <http://www.aig.lu/>. AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances and is regulated by the Central Bank of Ireland for conduct of business rules.

AIG Europe S.A. Ireland branch has its registered branch office at 30 North Wall Quay, International Financial Services Centre, Dublin 1, D01 R8H7 and branch registration number 908876 and is regulated for conduct of business in Ireland by the Central Bank of Ireland.

AIG Europe S.A., Ireland Branch does not provide advice or any personal recommendation about this product. Employees are paid a salary. We do not pay them bonuses or commissions directly linked to sales.

This policy reflects the demands and needs of a person who wishes to purchase personal accident and sickness insurance benefits.

## Overview of the Policy and Your Duty

This policy document sets out the terms of the Personal Accident, Sickness & Casting Insurance cover underwritten by AIG Europe S.A., please read it carefully. It tells the **Policyholder** or **Insured Person** (also referred to as **You** or **Your** in this policy) what is covered, what is not covered, what to do if **You** want to make a claim and who to call if **You** need help. **You** should familiarise yourself with the cover provided by this policy and all the terms, conditions, and exclusions that apply. **You** should read this policy in conjunction with the **Schedule** and review the cover periodically to ensure it continues to meet **Your** needs. **Your** acceptance of this insurance policy confirms that **Your** answers have been provided honestly and with reasonable care. Please note that failure to do so may result in **Your** policy being cancelled or **We** may refuse to deal with any claim or reduce the amount of a claim payment, as detailed under the **Impact of Misrepresentation** Section, which **You** should read carefully.

This policy document, together with the **Schedule**, the Declaration Form and Evidence of Insurance Form (specimen attached in Appendix 1) and any endorsements, collectively form evidence of the contract between **You** and **Us** and applies to whichever cover(s) that has been selected ((a), (b) and/or (c)). **We** agree to provide the insurance cover described in this policy to **Insured Persons** provided that the premium is paid when it is due and **We** agree to accept it.

Please carefully check the insurance cover information confirmed in this document, to ensure that the cover benefits detailed sufficiently meet **Your** insurance cover protection needs. If they do not, please contact **Your** insurance broker who arranged this insurance, immediately.

Signed for and on behalf of AIG Europe S.A.



**Aidan Connaughton**

General Manager

AIG Europe S.A.

30 North Wall Quay,

International Financial Services Centre,

Dublin 1

## SCHEDULE

**Policy Number:** HGA68143

**Insured/Policyholder:** Association of Garda Sergeants and Inspectors (A.G.S.I.)

**Business Description:** Representative Body for Garda Sergeants and Inspectors

**Insured Persons:**

- A. All members of the Association – Benefit 1 & 2 Only
- B. All Superintendents of the Garda (not Members of the Association) as declared as covered – Benefit 1 & 2 Only
- C. All Chief Superintendents and Commissioners of the Garda (not Members of the Association) as declared as covered – Benefit 1 Only
- D. Any **Insured Person** under Categories A, B or C as declared to **Us** as covered for Benefit 3

**Period of Insurance:** 00:00 on 1st January 2025 to 23:59 on 31<sup>st</sup> December 2025 and annually thereafter unless otherwise agreed.

### Table of Benefits:

1. Personal Accident	Death	Nil
	Loss of Sight	€40,000
	Loss of Limb	€40,000
	Permanent Total Disablement	€40,000
	Temporary Total Disablement: <ul style="list-style-type: none"><li>• Deferment Period 14 days</li><li>• Benefit Period 104 weeks</li></ul>	€160 per week
2. Casting Benefit	Bodily Injury or Sickness	€8,000
3. Sickness	Temporary Total Disablement <ul style="list-style-type: none"><li>• Deferment Period 14 days</li><li>• Benefit Period 52 weeks</li></ul>	€130 per week

**Operative Time:** 24/7 During the Period of Insurance

The maximum benefit payable in respect of Benefit 1 Personal Accident is €40,000.

## Cancellation and Cooling off Period

### Cooling Off Period

Cancelling the policy during the cooling off period – **You** have 14 working days from the start date of this policy to cancel the cover without penalty. **We** will refund **Your** premium provided **You** have not made a claim. **You** will however be charged a pro rata premium for the period **You** were on cover. **We** will require **Your** cancellation request to be in writing (AIG Europe S.A. notice in writing to AIG Europe S.A., 30 North Wall Quay, International Financial Services Centre, Dublin 1 or by e-mail to postmaster.ie@aig.com) with **Your** policy number details included. **Your** cancellation will only take effect upon **Our** receipt of **Your** written cancellation request. Premium will be returned to **You** within 5 working days from the date **We** receive notice of cancellation from **You**.

### Cancellation after the cooling off period

The **Insured** may cancel this policy by giving AIG Europe S.A. notice in writing to AIG Europe S.A., 30 North Wall Quay, International Financial Services Centre, Dublin 1 or by e-mail to postmaster.ie@aig.com. **We** may cancel this policy by giving **You** 30 days' notice in writing to **Your** last known address. For weekly or monthly paid policies, cover will stop from the next premium due date following the date **We** receive notification of cancellation. For annually paid policies, cover will stop on the first day of the next calendar month following the date **We** receive notice of cancellation. The **Policyholder** is responsible for promptly telling other **Insured Persons** that the policy has been cancelled. No person other than the **Policyholder** has the right to cancel this policy.

## Governing Law and Language

This policy will be governed by the laws of the Republic of Ireland and its courts will have exclusive jurisdiction, unless agreed to the contrary by the **Insured** and **us** before the **Period of Insurance**. The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.

## Cover

The Table of Benefits contained in the **Schedule** shows the cover options, a description of this cover and the amounts an **Insured Person** is covered for by this policy. The cover outlined in the Table of Benefits is provided subject to the terms of the policy including the policy definitions and exclusions.

## Extensions

1. Death by drowning or death or **Bodily Injury** caused by the effects of exposure resulting from a mishap (including a Hi-Jack) to a conveyance in which the **Insured Person** is traveling will be deemed to have resulted from accidental **Bodily Injury**.
2. Disappearance: If after a reasonable period of time has elapsed and all available evidence has been examined, there is reason to presume the death of the **Insured** or **Insured Person** as a result of an **Accident**, the disappearance of the **Insured** or **Insured Person** will be deemed a claim under Death benefit section of this insurance. If at any time after payment of such claim by the Underwriters the **Insured** or **Insured Person** shall be found to be living, all sums so paid will be refunded to **us**.

## Definitions:

Wherever the following words and phrases shown below in bold appear in this Policy (and Schedule attaching to and forming part of the Policy) they will always have the meanings defined below.

- **Accident** or **Personal Accident** means a sudden and unexpected event which occurs at an identifiable time and place, happens during the **Period of Insurance** and results in **Bodily Injury** caused by external and visible means.
- **Benefit** means the amount specified in the **Schedule**.
- **Benefit Period** means the total period as specified in the Schedule (not necessarily consecutive) for which the **Temporary Total Disablement** benefit is payable.
- **Bodily Injury** means physical injury resulting from an **Accident** to **Your** body resulting in **Your** death, **Loss of Limb**, **Loss of Sight**, **Permanent Total Disablement**, or **Temporary Total Disablement**, being incurred and is not caused by a **Gradual Deterioration**.
- **Casting Benefit** means compulsory early retirement or discharge from the Garda directly consequent upon **Sickness** or **Bodily Injury** occurring during the **Period of Insurance**.
- **Deferment Period** means the period, as specified in the Schedule, at the commencement of a period of **Temporary Total Disablement** during which no **Benefit** is payable.
- **Disability** means a state of physical incapacity resulting from an **Accident** or **Sickness**
- **Gradual Deterioration** means a circumstance that is the result of a series of events that occur or develop over time and that cannot be attributed to a single **Accident** or **Sickness**, which produce a progressive deterioration or deterioration of the health of the **Insured** or **Insured Person**.
- **Insured Person** means persons registered with the Policyholder and falling into the following categories:
  - Category A. All members of the Association of Garda Sergeants and Inspectors
  - Category B. All Superintendents of the Garda (not Members of the Association) as declared as covered.
  - Category C. All Chief Superintendents and Commissioners of the Garda (not Members of the Association) as declared as covered.
  - Category D. Any person under Categories A, B or C as declared to **Us** as covered for Benefit 3
- **Loss of Limb**
  - In the case of a leg or lower limb
    - a) loss by permanent physical severance at or above the ankle; or
    - b) permanent, total and irrecoverable loss of use of a complete leg or foot.
  - In the case of an arm or upper limb
    - a) loss by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the hand); or
    - b) permanent, total and irrecoverable loss of use of a complete arm or hand.
- **Medical Practitioner** means a medically qualified person other than an **Insured Person**, a relative of an **Insured Person**, or an employee of the **Policyholder**, who is currently registered with the Medical Council in the Republic of Ireland to practice medicine.
- **Misrepresentation** means the innocent, negligent or fraudulent answers provided by the **Policyholder** to the questions on the **Pre-Contract Application Form**.
- **Period of Insurance** means the period for which **You** have paid and **We** have accepted the premium.

- **Permanent Total Disablement** means a condition resulting from an **Accident** only which, one year after the date of disablement, is of a permanent, severe and irreversible nature and which is shown by medical evidence to be likely to continue for the remainder of **Your** life and which in **Our** reasonable opinion prevents **You** from engaging in any work or occupation for remuneration or profit.
- **Policyholder** means the Association of Garda Sergeants and Inspectors (A.G.S.I.)
- **Pre-Existing Medical Condition** means a medical or mental condition:
  - a) for which medical advice or treatment was recommended by or received from a Medical Practitioner or other health care practitioners at any time during the thirty-six (36) month period preceding the inception date of this Insurance; or
  - b) for which symptoms were present at any time during the thirty-six (36) month period preceding the inception date of this policy; or
  - c) which caused the Insured Person to be absent from attending to their business or occupation for a period greater than 14 days, not necessarily consecutive, at any time during the thirty-six (36) month period preceding the inception of this Policy.

**Note:** Any Accident or Sickness which occurred prior to 01.01.2025 but which does not give rise to a period of Temporary Total Disablement until after 01.01.2025 AND which would have been indemnified under the previous insurer's (Axa XL) policy, will not be deemed to be a Pre-Existing Medical Condition.

- **Schedule** means the document showing details, amongst other information, of the Insured, Effective Date, **Insured Persons**, Premium, and Benefit level and which should be read with this policy document.
- **Sickness** means any illness or disease of the **Insured Person** the symptoms of which first appear during the **Period of Insurance** and which occasions **Temporary Total Disablement** within twelve consecutive months after the symptoms first appear.
- **Temporary Total Disablement** means temporary **Disability** which entirely prevents the **Insured Person** from engaging in his/her usual business or occupation.
- **War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious, or other goals.
- **We/Our/Us** means AIG Europe S.A.
- **You/Your** means the **Policyholder** and/or the **Insured Person** as specified in the Schedule.

## Exclusions

**You** are not insured and **We** will not pay under any part of this Policy:

- (i) for any claim under Casting Benefit:
  1. where the Insured Person has reached their minimum retirement age;
  - or
  2. has 30 or more years service;
  - or
  3. been discharged for any reason other than Sickness or Bodily Injury.
- (ii) for any claim:

1. arising during the **Deferment Period** or after the expiry of the **Benefit Period**;
  2. for Sickness where an **Insured Person** is aged 55 or over unless they were previously insured under this Policy for Sickness in which case aged 55 is amended to read aged 62.
  3. for **Bodily Injury** or **Sickness** arising more than 36 calendar months after the **Accident** giving rise to **Bodily Injury** or the first onset of the **Sickness** giving rise to the claim.
- (iii) resulting directly or indirectly from the **Insured Person**(’s):
1. suicide or attempted suicide or intentional self-injury;
  2. own criminal act;
  3. engaging in:
    - a. a sport as a professional;
    - b. piloting or crewing an aircraft;
  4. being a member of the armed forces of any nation or international authority or a member of any army reserve forces;
- (iv) resulting directly or indirectly from:
1. any **Sickness** other than a **Sickness** resulting in **Temporary Total Disablement**;
  2. any **Pre-existing Medical Condition**;
  3. Post Traumatic Stress Disorder, psychiatric, mental or nervous disorder, anxiety and/or depression, neuroses, psychoneuroses, psychopathy or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type;
  4. pregnancy, childbirth or abortion;
  5. **War**, hostilities (whether war be declared or not), terrorist activity, revolution, military or usurped power, civil commotion or any similar event;
  6. radiation or radioactive contamination or the effects of radiation;

## Conditions

1. **You** must comply with the terms and conditions of this Policy before a Claim under it will be paid. The **Policyholder** must make the **Insured Persons** aware of such requirements.
2. **We** may, at any time, pay to the **Insured Person** **Our** full liability under this Policy after which **We** shall have no further liability in any respect.
3. Any benefit payable under this Policy will be payable to the **Insured Person** unless otherwise specified in writing and agreed by **Us**.
4. The **Insured Person** must take all reasonable steps to avoid or minimise any claim and must avoid needless exposure to peril unless while attempting to save human life.
5. Written notice must be given to **Us** as soon as practicable in the event of any change in an **Insured Person**’s occupation or country of residence involving increased personal hazard. Any claim arising from such changed occupation will not be covered hereunder until **Our** agreement has been obtained and any additional premium that may be required has been paid. **We** reserve the right to withhold such agreement.
6. If any fraudulent Claim is made or if any fraudulent means or devices are used to obtain any benefit under this Policy, it shall become void and the premium paid shall be forfeited. **We** may demand immediate repayment of any such benefit paid.



7. The **Schedule** forms part of this Policy and the term 'this policy' includes this policy document, the **Schedule** and any endorsements. Any word or expression defined under Meaning of Words in this Policy has that meaning wherever it appears.
8. Where **We** have accepted a claim, any dispute as to the interpretation of this Policy, or as to any rights or obligations under this Policy shall be referred to Arbitration under the provisions laid down under current legislation. Where any dispute is referred to Arbitration under this provision, the **Insured** shall not exercise any right of legal action against **Us** before an award is made.
9. No cover or benefit shall be provided, and no sum shall be payable under this policy to the extent that providing or paying it would expose **us**, **our** parent Company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
10. **Your** policy will be in English unless **You** and **We** agree otherwise.
11. All monies which become or may become payable by **us** this policy shall in accordance with Section 93 of the Insurance Act 1936 be payable and paid in the Republic of Ireland. The appropriate stamp duty has been or shall be paid in accordance with the provisions of the Stamp Duties Consolidation Act 1999
12. Benefit under **Temporary Total Disablement** will only be payable until such time as the **Insured Person** can return to work activities, their death or is deemed to suffer **Permanent Total Disablement**.
13. Following a period of **Temporary Total Disablement** should the **Insured Person** relapses within a period of three months as a result of the same **Accident** or **Sickness**, any new period of **Temporary Total Disablement** will be considered as a continuation of the previous period and no new **Deferment Period** will be applied as long as the sum of all periods shall not exceed the **Benefit Period** shown in the Schedule.
14. Sanctions - **We** will not be deemed to provide cover and **We** shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of cover, payment of claim or provision of benefit would expose **Us**, **Our** parent company or **Our** parent company's ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Luxembourg, the European Union, the *United Kingdom* or the United States of America.

## Premium payment

The premium is payable monthly via Arachas Corporate Brokers.

## Making a claim

To make a claim, **You** can call **Us** on 01-859 9856 to request a claim form or, email **Us** at [irelandexpressclaims@aig.com](mailto:irelandexpressclaims@aig.com)

Failure to notify **Us** may result in **Our** rejection of the claim if it is made so long after the event that **We** are unable to investigate it fully or may result in the **Insured Person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

**We** will ask for a reasonable amount of information as evidence in support of the claim at no expense to **Us**. If the information supplied is insufficient, **We** will identify the further information which is required. If **We** do not receive the information **We** need, this will affect **our** ability to assess **Your** claim and **Your** claim could be rejected.

**We** may ask **you** to attend one or more medical examinations. If **We** do, **We** will pay the cost of the examination(s) and for any medical reports and records and **Your** reasonable travelling  
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expenses to attend, if these expenses are agreed by **Us** in advance. If **You** fail to attend without reasonable cause, then **your** claim may be rejected.

**You** must give **us** permission to obtain medical reports or records needed from any **doctor** or **medical consultant** who has treated **you**; otherwise **We** may not pay the claim.

If **You**, (or the person claiming on **your** behalf if **you** die), does not comply with any reasonable request by **Us** under this claims procedure, **We** may not pay the claim.

If **you** die, **We** have the right to ask for a post-mortem examination if **We** believe it necessary to assess **your** claim, at **our** expense. If this is refused, **We** may not pay the claim.

When **you** make a claim, **We** will verify with the Association of Garda Sergeants and Inspectors (A.G.S.I.) that **you** are:

- a) a fully paid-up member of the A.G.S.I.; or
- b) a Superintendent, Chief Superintendent or Commissioner declared as covered and continue to perform a qualifying role;

and

- c) that **you** have paid the premium for any **Benefit you** selected, which is not included in the A.G.S.I. membership fee paid by **you**.

If **you** do not satisfy these conditions (a-c) we may not pay the claim.

## Complaints Handling Process

AIG Europe S.A. wants to give **You** the best possible service. If **You** feel **You** have cause for complaint **You** should contact:

The Customer Complaints Officer  
AIG Europe S.A.,  
30 North Wall Quay,  
IFSC,  
Dublin 1,  
D01 R8H7.

Phone: +353 1 208 1400

E-mail: [customercomplaints.ie@aig.com](mailto:customercomplaints.ie@aig.com)

Website: [www.aig.ie/complaints](http://www.aig.ie/complaints)

**We** will acknowledge the complaint within 5 business days of receiving it, keep the complainant informed of progress and provide an answer within one month (unless specific circumstances prevents **us** from doing so, in which case the complainant will be informed).

At any stage **You** may contact any of the following:

### Insurance Ireland

Insurance Centre,  
5 Harbourmaster Place,  
IFSC,  
Dublin 1,  
D01 E7E8.

Phone: +353 1 676 1820

E-mail: [feedback@insuranceireland.eu](mailto:feedback@insuranceireland.eu)

Website: <http://www.insuranceireland.eu>



### Financial Services and Pensions Ombudsman

3rd Floor,  
Lincoln House,  
Lincoln Place,  
Dublin 2,  
D02 VH29.

Phone: +353 1 567 7000

E-mail: [info@fspo.ie](mailto:info@fspo.ie)

Website: [www.fspo.ie](http://www.fspo.ie)

As AIG Europe S.A. is a Luxembourg based insurance company, complainants who are natural persons acting outside of their professional activity may also, in addition to the complaint's procedure set out above, if they are not satisfied with AIG's Irish Branch response or in the absence of response after 90 days:

- raise the complaint with our head office by writing to AIG Europe SA "Service Reclamations Niveau Direction" 35D Avenue JF Kennedy L- 1855 Luxembourg - Grand Duché de Luxembourg or by email at [aigueurope.luxcomplaints@aig.com](mailto:aigueurope.luxcomplaints@aig.com) ;
- access one of the Luxembourg mediator bodies the contact details of which are available on AIG Europe S.A.'s website: <http://www.aig.lu/>: or
- lodge a request for an "out of court resolution" process with the Luxembourg Commissariat Aux Assurances (CAA) by writing to CAA, 7 boulevard Joseph II, L-1840 Luxembourg - Grand Duché de Luxembourg, or by email at [reclamation@caa.lu](mailto:reclamation@caa.lu) or online through the CAA website: <http://www.caa.lu>.
- All requests to the CAA or to one of the Luxembourg mediator bodies must be filed in Luxembourgish, German, French or English.

If the insurance contract has been concluded online, the complainant may also use the European Commission's platform for Online Dispute Resolution (ODR) using the following link: <http://ec.europa.eu/consumers/odr/>

Following this complaint procedure or making use of the one of the above options does not affect the complainant's right to take legal action.

## Compensation Fund

The **Insured** may be entitled to compensation from the scheme in the unlikely event that AIG Europe S.A. cannot meet its obligations. The maximum amount that could be available in respect of any sum due to an **Insured** is 65% of the sum due or EUR 825,000, whichever is the lesser.

Further information on the Insurance Compensation Fund is available on the Central Bank of Ireland's website though the following link: <https://www.centralbank.ie/regulation/industry-market-sectors/insurance-reinsurance/solvency-ii/insurance-compensation-fund>

## How We use Personal Information

AIG Europe S.A. is committed to protecting the privacy of customers, claimants and other business contacts.

For the purposes of this section (How **We** use Personal Information) '**You**' and '**Your**' is amended as follows:

**You** or **Your** is the **Insured Person**

**“Personal Information”** identifies and relates to **You** or other individuals (e.g. **Your partner** or other members of **Your** family). If **You** provide Personal Information about another individual, **You** must (unless **We** agree otherwise) inform the individual about the content of this notice and **our** Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with **us**.

**The types of Personal Information We may collect and why** – Depending on **our** relationship with **You**, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with **Your** consent where required by applicable law) as well as other Personal Information provided by **You** or that **We** obtain in connection with **our** relationship with **You**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of **our** business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defense of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside **Your** country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis

**Sharing of Personal Information** - For the above purposes Personal Information may be shared with **our** group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. **We** may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers and transferred upon a sale of our company or transfer of business assets.

**International transfer** - Due to the global nature of **our** business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in **Your** country of residence). When making these transfers, **We** will take steps to ensure that **Your** Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in **our** Privacy Policy (see below).

**Security of Personal Information** – Appropriate technical and physical security measures are used to keep **Your** Personal Information safe and secure. When **We** provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on **our** behalf, the third party will be selected carefully and required to use appropriate security measures.

**Your rights** – **You** have a number of rights under data protection law in connection with **our** use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to

correct inaccurate data, a right to erase data or suspend **our** use of data. These rights may also include a right to transfer **Your** data to another organisation, a right to object to **our** use of **Your** Personal Information, a right to request that certain automated decisions **We** make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about **your** rights and how **You** may exercise them is set out in full in **our** Privacy Policy (see below).

**Privacy Policy** - More details about **Your** rights and how **We** collect, use and disclose **Your** Personal Information can be found in **our** full Privacy Policy at: <https://www.aig.ie/privacy-policy> or You may request a copy by writing to: Data Protection Officer, AIG Europe S.A., 30 North Wall Quay, International Financial Service Centre, Dublin 1 or by email at: [dataprotectionofficer.ie@aig.com](mailto:dataprotectionofficer.ie@aig.com).



# Appendix 1

## THE ASSOCIATION OF GARDA SERGEANT AND INSPECTORS (A.G.S.I.)

### EVIDENCE OF INSURANCE.

The A.G.S.I has arranged insurance under Policy Number XXXXXX (hereinafter called the Master Policy) issued by AIG Europe S.A. (the Insurer) in respect of Personal Accident, Casting Benefit and Sickness cover.

This document is issued to notify **You** that **Your** name has been added as an **Insured Person** with respect to the coverage shown in the attached Declaration, under the above mentioned Master Policy.

The insurance provided is in accordance with the terms, conditions and exclusions contained in the Master Policy and any attachments and/or endorsements. The original Master Policy may be inspected at the offices of the Association:

6th Floor Phibsborough Tower  
Phibsborough  
Dublin 7  
Republic of Ireland.

The details shown in the attached Declaration are those shown in the Master Policy as applicable to **Your** insurance.

**Your Name:**

**Your Address:**

In the event of a claim or any circumstances giving rise to the possibility of a claim the **Insured Person** must notify **Us** as soon as practicably possible, by emailing **Us** at [irelandexpressclaims@aig.com](mailto:irelandexpressclaims@aig.com)

The **Insured Person** must also place themselves under the care of a Medical Practitioner as soon as practicably possible.

**THE ASSOCIATION OF GARDA SERGEANT AND INSPECTORS  
(A.G.S.I.)  
DECLARATION FORM**

**Your Name:**

**Your Address:**

- Member Category:**
- A. All members of the Association – Benefit 1 & 2 Only
  - B. All Superintendents of the Garda (not Members of the Association) as previously declared as covered – Benefit 1 & 2 Only
  - C. All Chief Superintendents and Commissioners of the Garda (not Members of the Association) as previously declared as covered – Benefit 1 Only
  - D. Any **Insured Person** under Categories A, B or C as declared to **Us** as covered for Benefit 3.

**Period of Insurance:** 00:00 on 1st January 2025 to 23:59 on 31<sup>st</sup> December 2025 and annually thereafter unless otherwise agreed.

**Table of Benefits:**

1. Personal Accident	Death	Nil
	Loss of Sight	€40,000
	Loss of Limb	€40,000
	Permanent Total Disablement	€40,000
	Temporary Total Disablement: <ul style="list-style-type: none"><li>• Deferment Period 14 days</li><li>• Benefit Period 104 weeks</li></ul>	€160 per week
2. Casting Benefit	Bodily Injury or Sickness	€8,000
3. Sickness	Temporary Total Disablement <ul style="list-style-type: none"><li>• Deferment Period 14 days</li><li>• Benefit Period 52 weeks</li></ul>	€130 per week

**Operative Time:** 24/7 During the Period of Insurance

<b>Premium Rates</b>	Category A	EUR 0.89 each Insured Person weekly
	Category B	EUR 0.78 each Insured Person weekly
	Category C	EUR 0.52 each Insured Person weekly
	Category D	EUR 1.32 each Insured Person weekly

Subject to the terms, conditions and exclusions contained in the Master Policy and any attachments and/or endorsements.

Signed and Dated: