

Roofoods Limited t/a Deliveroo Group Policy Wording

This document contains the terms and
conditions of the Personal Accident
Group Policy

CHUBB®

Contact Information

If you need details in Large Print, Braille, or Audio please call us on 0345 841 0056 for details.

If you have a hearing or speech impairment and would like to speak to us and have a textphone available, you can do so by using the Action on Hearing Loss Next Generation Text service. This is available 24 hours a day, seven days a week and allows customers to contact us via a Text Relay Operator who will relay instructions and other requests verbally to us. To use the Next Generation Text service, You must have access to a textphone or a smartphone with a compatible operating system, tablet, laptop or PC with an internet connection. To use the Next Generation Text service, just dial 18001 and then our number - once the call is connected, a Text Relay Operator will join the call to relay the message. Our responses will then appear as text on Your textphone, smartphone, tablet, laptop or PC. For the Next Generation Text service, please call 18001 0345 841 0056.

Calls may be recorded for training and quality purposes.

Customer Services

Phone +44 (0) 345 841 0056

Email cust.servuk@chubb.com

Claims

You can submit claims at: deliveroo.bikmo.com

Complaints

Underwriting

Or

Claims

Phone +44 (0) 800 519 8026

Phone +44 (0) 2920 320967

Email customerrelations@chubb.com

Email deliverooclaimsint@uk.sedgwick.com

Website www.chubb.com/uk

Insurer:

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevois, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. UK Establishment address: 40 Leadenhall Street, London EC3A 2BJ. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Details about our authorisation can be found on the Financial Conduct Authority website (FS Register number 820988).

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Insurance Agreement

Thank you for choosing this Policy which is underwritten by Chubb European Group SE.

The Policy pays benefits, in accordance with this Policy wording, in the event that **You** suffer injuries following an **Accident**, and has been made available to **You** through the **Group Policyholder** (as specified in the **Group Policy Schedule**).

The **Group Policyholder** and **We** agree that the **Group Policyholder** will pay the premium as agreed. The **Group Policy Schedule** and this Policy constitute the full terms and conditions of the insurance with **Us**. The **Group Policyholder** acknowledges that **We** have offered this Policy and calculated the premium using the information which **We** have asked for and the **Group Policyholder** has provided, and that any change to the responses provided by the **Group Policyholder** may result in a change in the terms and conditions of the Policy and/or a change in the premium.

The **Group Policyholder** should check over the Policy wording and **Group Policy Schedule** carefully to ensure they are correct and meet the **Group Policyholder's** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. The **Group Policyholder** should keep these documents in a safe place and should make them available to the **Insured Persons**, telling them where the documents can be viewed. The **Group Policyholder** must tell **Us** if either their insurance needs or any of the information they have given **Us** changes. A change in circumstances may affect Policy cover, even if the **Group Policyholder** does not think a change is significant, and **We** may need to change this Policy. **We** will update the Policy and issue a new **Group Policy Schedule** each time a change is agreed.

Important Notes

Providing Information to You

At the beginning of each **Period of Insurance**, the **Group Policyholder** must make a copy of the Insurance Product Information Document (IPID) available to **You**, and must also make the Policy wording and **Group Policy Schedule** available too, stating where the documents can be viewed.

Eligibility

To be covered under this Policy, **You** must be legally permitted to work in the **United Kingdom**

Scope of Cover

The Policy does not cover illness or sickness unless they are the direct result of **Accidental Bodily Injury** and does not cover any psychological impacts either.

Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 15 to 19 in this Policy.

Making a Claim

Telling Us about Your Claim

If anything happens that may result in a **Claim** under this Policy, **You** must tell **Us** within 30 days of the **Accident**, or as soon as reasonably possible after that. If **You** cannot do this, a personal representative can do this for **You**.

Please submit your claims deliveroo.bikmo.com

As an alternative you can contact **Us**:

Sedgwick International UK
Oakleigh House
14-16 Park Place
Cardiff
CF10 3DQ

Phone +44 (0) 2920 320967

Email deliverooclaimsint@uk.sedgwick.com

You should notify any **Claim** to **Us** as soon as is reasonably possible. If **You** delay notifying a **Claim** to **Us** and the delay prejudices **Us** in investigating or assessing **Your Claim**, this may impact the **Claim** being paid at all, or the amount of the **Claim** that is paid.

Information We may need about Your Claim

You or the **Group Policyholder** will at their own expense provide **Us** with such certificates, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**, in order to action a relevant **Claim**. **We** will need to be sent any medical certificates or other documents, which **We** ask for. **We** will not pay for these.

Fraudulent Claims

We will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **We** may cancel **Your** cover.

Co-operation in the Claim Process

After any **Accidental Bodily Injury**, **You** should obtain and follow the advice of a **Doctor**. **You** must agree to a medical examination if **We** ask for it. **We** will pay for this.

You may be required to meet with external third parties, approved by **Us**, to substantiate **Your Claim**.

We may insist on a post-mortem examination if the law allows **Us** to ask for one. **We** will pay for this.

Paying Claims

If **You** have a **Claim**, **We** will deal with it based on the cover details stated in **Group Policy Schedule** which is in force at the time of the **Accident**.

All benefit payments on valid **Claims** will be paid in **GBP** and will be paid into **Your** bank account, or to the bank account of the payee set out below under points 1 and 2.

1. For **Accidental** Death and Urgent Expenses following Death, **We** will pay the **Benefit Amount** in full to the first class of **Next of Kin** identified in the order stated in the Policy Definitions., in equal shares if there is more than one **Next of Kin** in that class. If a **Next of Kin** does not exist or cannot be evidenced to our satisfaction then **We** will pay the **Benefit Amount** to **Your** estate. The receipt given to **Us** by **Your Next of Kin** or **Your** estate's representative will be a full discharge of liability by **Us** in respect of the **Claim** for such **Benefit Amount**.

2. For all benefits excluding **Accidental** death and Urgent Expenses following Death, **We** will pay the **Benefit Amount** or the assessed percentage to **You** and **Your** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount** or the assessed percentage. If **You** are under 18 years of age, **We** will pay the **Benefit Amount** to **Your Parent or Legal Guardian**, for **Your** benefit. The **Parent or Legal Guardian's** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount**.

Telephone Helplines - 0800 519 9969

The following telephone helplines (provided by ARAG) are included as part of this Policy, and are available to You to use throughout the Period of Insurance.

Counselling

- a) Identifying and managing stress and stressful situations.
- b) Crisis counselling.
- c) Debt emotional support.
- d) Addiction emotional support.
- e) Support on emotional aspects of living with a long-term injury or disablement.
- f) Following death, support and help for the bereaved customer and work related colleagues to cope with the trauma of their loss.
- g) Support in dealing with the psychological impact of not being able to continue to work due to injury.
- h) Signpost and details of organisations which provide face-to-face counselling.

Personal tax advice

General advice on tax issues of a personal nature (excluding financial planning advice relating to ways of avoiding or reducing personal tax liability). **This service is not provided in the Republic of Ireland.**

Medical advice

- a) General medical information advice which can be given over the telephone.
- b) How to access details of the length of hospital waiting lists.
- c) Providing details of additional sources of information and societies who specialise in dealing with particular disabilities.
- d) Information on facilities available through social services.
- e) Advice on how to obtain a second opinion.

Bereavement advice for you or your family

- a) Information on locating wills, obtaining grant of probate or letters of administration or the need to consult a solicitor.
- b) Advice on how to register death, the duties of the coroner and information on the documents required by the registrar.
- c) Signpost advice to a funeral director and advice on the practical details.

The Cover

The type of cover and **Benefit Amount** is stated in the **Group Policy Schedule**, which is held by the **Group Policyholder**, and the Insurance Product Information Document (IPID), which is held by **You**. The cover applies during the **Effective Time** stated in the **Group Policy Schedule**.

The **Benefit Amounts** payable under this Policy will not take into account any psychological effects.

Section 1 - Serious Injury

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury**, **We** will pay the stated **Benefit Amounts** under Items A, B, or C below.

A. Accidental death

Where **Bodily Injury** results in **Accidental** death **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule**. This **Benefit Amount** will only become payable on production of the final death certificate.

B. Permanent Total Disablement

Where **Bodily Injury** results in **Permanent Total Disablement**, **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule**.

C. Permanent Partial Disablement

Where **Bodily Injury** results in **Permanent Partial Disablement**, **We** will pay a percentage of the **Benefit Amount** stated in the **Group Policy Schedule**, as detailed in the Permanent Partial Disablement Scale below, based on the degree of disability:

Permanent Partial Disablement Scale		
i)	Loss of Sight in Both Eyes or Loss of Limb (one or more)	100%
ii)	Loss of Sight in One Eye	50%
iii)	Permanent total Loss of Speech or Loss of Hearing in both ears	100%
iv)	Loss of Hearing in one ear	25%
v)	Permanent total loss of or loss of use of: <ul style="list-style-type: none">• the back or spine below the neck with no damage to the spinal cord• the neck or cervical spine with no damage to the spinal cord	40% 30%
vi)	Permanent total loss of or loss of use of shoulder, elbow or wrist	50%
vii)	Permanent total loss of or loss of use of hip, knee or ankle	30%
viii)	Permanent total loss of, or permanent total loss of use, of: <ul style="list-style-type: none">• one thumb• one forefinger• any other finger• one big toe• any other toe	20% 15% 10% 15% 4%
ix)	Loss of Smell	10%
x)	Loss of Taste	10%
xi)	Permanent total loss of or loss of use of whole lower jaw	45%
xii)	Permanent total loss of or loss of use of kidney	10%
xiii)	To ensure You are provided with a payment for a Permanent Disability that is not listed above, We will assess medical evidence to calculate the degree of disablement relative to this Scale. No account will be taken of Your occupation. For example if Bodily Injury results in 25% of the loss of sight in one of Your eyes, We will pay You 25% of the Benefit Amount for item (ii) in this Scale.	

Specific Information for SECTION 1 – Serious Injury

1. A **Benefit Amount** will not be payable under more than one of Items A, B, or C for **You** in respect of any one **Accident**.
2. The total amount payable will not exceed 100% of the **Benefit Amount** stated in the **Group Policy Schedule** for **You** in respect of any one **Accident**.
3. If **You** were already disabled before the **Accident** or already had a condition which was gradually getting worse, **We** will assess medical evidence of the difference between **Your Permanent Disability** before and after the **Accident**, and may reduce **Our** payment proportionately.
4. If benefit is payable for **Loss of Limb** then benefit for parts of that limb cannot also be claimed.
5. If **You** disappear and it is reasonable for the police or registration authorities to believe that **You** have died as a result of **Bodily Injury**, **We** will pay the **Accidental death Benefit Amount**. **Our** payment will be subject to a signed undertaking given by **Your** legal representatives that if **You** are later found to be alive, the **Accidental death Benefit Amount** will be refunded to **Us**.

Section 2 - Disfigurement or Scarring of the Face

If during a **Period of Insurance** and **Effective Time You** are the victim of assault or Acid attack, resulting in disfigurement or scarring of **Your Face** of at least 3 centimetres in length, **We** will pay a **Benefit Amount** that is proportionate to the extent of disfigurement or scarring between the Minimum **Benefit Amount** and Maximum **Benefit Amount** stated in the **Group Policy Schedule**.

Section 3 - Dental Injury

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury** resulting in **Dental Injury**, including loss or damage to any prostheses (e.g. dentures) while in the mouth, **We** will pay up to the **Benefit Amount** stated in the **Group Policy Schedule**, for the treatment necessarily provided by a qualified dentist or **Doctor** within 12 months from the date of the **Accident**.

Specific Exclusions for SECTION 3 – Dental Injury

(note: General Exclusions also apply – see page 10 of this Policy)

1. **We** will not pay for the treatment of a **Dental Injury** which is:
 - a) caused by **Your** participation in playing rugby (other than rugby played as a school sport) or taking part in boxing, unless **You** were wearing equipment that should reasonably be worn for protection against **Dental Injury**.
 - b) not apparent within one week of the **Accident** which caused the **Dental Injury**.
 - c) caused by any **Foodstuff** while being consumed.
 - d) the result of ordinary deterioration, or wear and tear.
2. **We** will only pay for any bridgework, crown, denture or implant replacement which is a similar type or quality to that lost or damaged by the **Dental Injury**.

Section 4 - Hospital Stay (Accidents Only)

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury** resulting in a **Hospital Stay** of at least one night, **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule**.

Section 5 – Dislocation

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury** resulting in a **Dislocation** **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule**. The **Benefit Amount** is the maximum **We** will pay for a **Dislocation** due to one **Accident**. In the event of multiple **Dislocations** to finger(s) or toe(s) as a result of the same **Accident** the **Benefit Amount** will apply only to one finger(s) or toe(s).

Section 6 - Temporary Disablement

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury** resulting in **Temporary Total Disablement** which lasts longer than the **Waiting Period**, **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule** up to the maximum **Benefit Period**.

Specific Information for Section 6 – Temporary Disablement

1. Payment of a **Benefit Amount** by **Us** for **Temporary Total Disablement** does not prejudice **Your** entitlement to **Claim** under any other section of this Policy, but if a **Claim** is ultimately paid by **Us** under Section 1 - Serious Injury of the Policy for the same **Accident**, then payment for **Temporary Total Disablement** will end as soon as **Your Permanent Disability** is confirmed.
2. Only one of the benefits for **Temporary Total Disablement** will be payable at any one time.
3. Payment of a **Benefit Amount** by **Us** for an incomplete week will be made on a pro-rata basis.

Section 7 - Accident Medical Expenses

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury** resulting in **You** incurring **Accident Medical Expenses** in the **United Kingdom**, as part of a valid **Claim** under Section 1 Serious Injury, **We** will pay **You** up to the Maximum **Benefit Amounts** stated in the **Group Policy Schedule**.

Section 8 – Family Expenses

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which requires you to attend **Hospital** for treatment, **We** will reimburse **You** for expenses incurred by your **Immediate family**, up to the **Benefit Amount** stated in the **Group Policy Schedule**, for the reasonable cost of travel, accommodation and meals incurred by **Your Immediate Family** when visiting **You** in **Hospital**.

Section 9 - Urgent Expenses following Death (including Funeral Costs)

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury** resulting in **Your** death, **We** will pay up to the **Benefit Amount** stated in the **Group Policy Schedule** to cater for expenses which need urgent/immediate payment, including funeral costs, whilst the administration of **Your** estate is being arranged. These expenses are payable in addition to any **Benefit Amount** for **Accidental** death payable under Section 1 - Serious Injury of this Policy. **We** may require a copy of the interim death certificate.

Section 10 – Home Adaptation/Relocation (Accidents Only)

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which results in Permanent Total Disablement, **We** will pay up to an additional £10,000 for reasonable expenses to adapt **Your** home and/or vehicle or to relocate to another home to cater for the practical changes involved in living with the disablement.

Section 11 - Recovery (Accidents Only)

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury** resulting in **Hospital Stay** of at least one consecutive nights and, when subsequently discharged, **You** are advised by a **Doctor** to undergo a period of **Recovery**, **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule** for each **Accident**.

Section 12 – Repatriation following Accidental Death or Permanent Total Disablement only

If during a **Period of Insurance** and **Effective Time You** have an **Accident** which results in **Your Accidental Death** or **Permanent Total Disablement**, **We** will pay reasonable additional costs to repatriate **You / Your Body** to **Your** country of origin, provided that such repatriation is agreed by **Us**, and arranged by Chubb Assistance, who can be contacted by calling +44 (0) 20 7173 7798.

General Exclusions

These General Exclusions apply to all sections of this Policy, and are in addition to the Specific Exclusions listed under Sections 3 (Dental Injury), and Specific Information under Sections 1 (Serious Injury), and 6 (Temporary Disablement) of this Policy.

We will not be liable for payment of any benefit for **Bodily Injury**, loss or expense due to:

- any illness or disease not directly resulting from **Bodily Injury**;
- **War** or any act of **War**;
- suicide, attempted suicide or deliberate self-inflicted injury by **You** regardless of the state of **Your** mental health;
- **You** being a member of any armed forces or reserve armed forces whilst called out for active service;
- **You** engaging in any form of **Air Sports** or taking part in air travel, unless travelling as a fare-paying passenger in an aircraft which is provided and operated by an airline or air charter company which must be licensed for this;
- **Your** illegal acts;
- repetitive stress (strain) injury or syndrome or any gradually operating cause;
- bacterial or viral infection except where it is the direct result of **Accidental Bodily Injury**.
- **We** will not pay any **Claims** which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. **You** should contact **Our** Customer Services Team on 0345 841 0056 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. Applicable to US Persons only : Policy cover for a journey involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons will be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.
- **We** will not be liable to make any payment under this Policy where **You** do not meet the Eligibility Criteria detailed on page 4 of this Policy.
- **We** will not pay any claims in respect of section 6 Temporary Disablement, for **Substitute Riders**

When Cover Starts and Ends

Cover will begin on the **Start Date** or the date a person is included in this insurance through the **Insurance Arrangement**, whichever is the later.

A person's insurance cover will cease at midnight on the day that one of the following events occur:

- they no longer meet the description of **Insured Persons** contained in the **Group Policy Schedule**; or
- they choose to opt-out of cover under this Policy; or
- they die; or
- **We** terminate this Policy following the agreed notice period; or
- this Policy expires

whichever happens first.

Group Policy Conditions

Assignment

Subject to the Policy Condition headed 'Paying Claims', the benefits under this Policy may not be assigned or transferred by **You** or the **Group Policyholder** unless agreed by **Us** in writing.

Bank Charges

We will not be liable for any charges applied by the receiving bank for any transactions made in relation to a **Claim**.

Cancellation

The **Group Policyholder** may cancel this Policy by giving 90 days written notice to **Us** at our UK business address. The minimum and deposit premium is non-refundable, and the **Group Policyholder** shall be liable to pay premium for each month (or part thereof) **We** are on risk, subject to the hours declared to **Us**, up to and including the date of cancellation.

If for any reason, **You** do not wish to continue with the cover under this Policy, **You** should contact the **Group Policyholder**.

We may cancel:-

- a) this Policy by giving 90 days written notice to the **Group Policyholder**. In the event of cancellation by **Us**, the **Group Policyholder** must notify **You** of such cancellation.
- b) **Your** cover, if **You** have knowingly provided incomplete, false or misleading information that **We** have asked for during the policy application process, at any time during the **Period of Insurance**, or in respect of a **Claim**. If this happens, **We** will give **You** 30 days written notice, via the **Group Policyholder** and, in such event, the premium for the period up to the date when the cancellation takes effect will be calculated and **We** will promptly return any unearned portion of the premium paid.

Changing Cover

The **Group Policyholder** may, during the **Period of Insurance**, add or delete **Insured Persons** from the Policy through **Declarations**. The **Group Policyholder** may not make any other changes to this Policy except where specifically agreed in writing by **Us**.

We reserve the right to make changes, add to the Policy terms and/or to change the total amount payable for this insurance for legal, regulatory or taxation reasons. If this happens, **We** will write to the **Group Policyholder** with details of the changes at least 30 days before **We** make them. It is the **Group Policyholder's** responsibility to inform **You** of such changes. Any changes **We** make will be the same for all **Insured Persons** under the Policy. **We** will not make changes that only apply to a particular **Insured Person**, other than as stated in part b) of Cancellation above.

Choice of Law

This Policy, and any non-contractual obligation arising out of or in connection with it, will be governed by and construed in accordance with the laws of England and Wales and the English Courts alone will have jurisdiction in any dispute. All communication in connection with this Policy will be in English.

Compliance with Policy Requirements

The **Group Policyholder** (and where relevant the **Group Policyholder's** representatives) and **You**, will comply with all applicable terms and conditions specified in this Policy. If they or **You** do not comply, **We** reserve the right not to pay a **Claim**.

Contracts (Rights of Third Parties) Act

The Contracts (Rights of Third Parties) Act 1999, or any amendment to it will not apply to this Policy. Only **We** and the **Group Policyholder** can enforce the terms of this Policy. No other party may benefit from this contract as of right. This Policy may be varied or cancelled without the consent of any third party.

Misrepresentation and Non-Disclosure

The **Group Policyholder** and, where applicable, **You** must ensure that all of the information provided to **Us** in the Application Form, on the **Declaration**, by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a **Claim** may not be paid. The **Group Policyholder** acknowledges that **We** have offered the Policy and calculated the premium using the information which **We** have asked for and the **Group Policyholder** has provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

Interest

No sum payable by **Us** under this Policy will carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

Other Taxes and Costs

We are required to notify **You** and the **Group Policyholder** that other taxes or costs may exist which are not imposed or charged by **Us**.

Complaints Procedures

We are committed to providing a high quality service and want to maintain this at all times.

If **You** have a complaint about the sale or provision of this insurance please contact the **Group Policyholder** or the intermediary that arranged the policy on behalf of the **Group Policyholder**.

If **You** or the **Group Policyholder** are not happy with **Our** claims service, or any other service that **We** have provided, please contact **Us**, quoting the Policy details, so that **We** can deal with the complaint as soon as possible. **Our** contact details are:

The Customer Relations Manager,
Sedgwick International UK
Oakleigh House
14-16 Park Place
Cardiff
CF10 3DQ

Phone +44 (0) 2920 320967
Email deliverooclaimsint@uk.sedgwick.com

If **You** or the **Group Policyholder** with any other service that **We** have provided, please contact **Us**, quoting the Policy details, so that **We** can deal with the complaint as soon as possible. **Our** contact details are:

The Customer Relations Manager,
Chubb
Sentinel Building,
103 Waterloo St,
Glasgow,
G2 7BW

Phone +44 (0) 800 519 8026
Email customerrelations@chubb.com

You may be able to approach the Financial Ombudsman Service for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within six months of **Our** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

The Financial Ombudsman Service,
Exchange Tower, Harbour Exchange Square,
London, E14 9SR

Phone +44 (0) 800 023 4 567 (Monday to Friday – 8am to 8pm, Saturday – 9am to 1pm) Calls are free from a UK landline or mobile.
Phone +44 (0) 300 123 9 123 Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs.
Email complaint.info@financial-ombudsman.co.uk
Website www.financial-ombudsman.org.uk

Following this complaints procedure does not affect **Your** statutory rights relating to this Policy. For more information about statutory rights, **You** should contact Citizens Advice.

Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. Plural forms of the defined words have the same meanings as the singular form. The following definitions apply to this Policy as a whole.

Accident and Accidental

A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Accident Medical Expenses

Reasonable expenses necessarily incurred by **You** for:-

- medical, surgical or other remedial attention or treatment given or prescribed by a **Doctor**;
- all **Hospital**, nursing home and ambulance costs for medical treatment

caused by **Accidental Bodily Injury** which results in a valid **Claim** under Section 1 Serious Injury or Section 12 Temporary Disablement of this Policy.

Air Sports

Airborne leisure activities, for example:

- ballooning;
- bungee-jumping;
- gliding;
- hang-gliding;
- micro lighting;
- parachuting;
- paragliding; or
- parascending.

Benefit Amount

The maximum amount **We** will pay based on the level of cover stated in the **Group Policy Schedule**, and Policy. Some amounts may apply on a per unit of cover basis and, if applicable, this is stated in the **Group Policy Schedule**.

Benefit Period

The maximum consecutive period for which a **Benefit Amount** is payable as stated in the **Group Policy Schedule**. The **Benefit Period** commences at the end of the **Waiting Period**.

Bodily Injury

Injury to **You** which happens while the Policy is in force and which is caused only by an **Accident** and on its own:

- a) within 24 months of the **Accident**, leads to **Permanent Disability**, death, disfigurement or scarring of the **Face** or **Body**, **Hospital Stay**; or
- b) within 1 month of the **Accident**, leads to **Temporary Total Disablement**; or
- c) leads to **Dental Injury** which becomes apparent within seven days of the **Accident** and results in a **Claim** covered under this Policy.

Body

The head (excluding the **Face**) neck, trunk, legs and arms.

Child

The children, step-children, and legally adopted children for whom the **Insured Person** are the **Parent** or **Legal Guardian** or foster carer.

Claim

A single loss or series of losses due to one cause insured by this Policy.

Declarations

The information supplied to **Us** by the **Group Policyholder** confirming **Your** up to date details and the premium due to **Us**.

Dental Injury

An injury to the teeth and supporting structures (including damage to dentures or orthodontic appliance whilst being worn) which is directly caused by a sudden, external and identifiable event that happens by chance and could not have been expected.

Dislocation

The dislocation of a **Body** part listed below requiring medical treatment:

- hip;
- shoulder;
- kneecap (patella);
- wrist (carpals);
- Collar bone (clavicle)
- elbow;
- ankle (tarsals);
- finger(s);
- toe(s);
- jaw.

Doctor

A doctor or specialist registered or licensed to practice medicine under the laws of the country in which they practice who is neither:

- **You**; or
- one of **Your** relatives unless approved by **Us**.

Effective Time

When and where the insurance provided by this Policy applies as specified in the **Group Policy Schedule**.

Excess

The first amount of any **Claim** which each **Insured Person** must pay.

Face

The area bordered by **Your** natural hairline surrounding the forehead, the front of the ears and the lower jaw.

Foodstuff

Food or drink, including any foreign body in such food and drink.

GBP/£

United Kingdom pounds sterling.

Group Policy Schedule

The document issued to the **Group Policyholder** by Us, detailing **Your** cover and other important information.

Group Policyholder

The person, firm, company or organisation named in the **Group Policy Schedule**.

Hospital

An establishment which:

- exists primarily for the diagnosis, medical care and treatment of sick or injured people on an **In-Patient** basis under the supervision of **Doctor(s)** one or more of whom is available for consultation at all times;
- provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
- provides full-time nursing service by and under the supervision of nursing staff;

hospital will not include a special unit in a hospital or a place existing primarily:

- for the treatment of psychiatric disease or sub-normality;
- for the care of the aged, drug addicts or alcoholics;
- as a health hydro or nature cure clinic, a nursing or convalescent home, extended care facility, rest-home or hospice.

Hospital Stay

Admission to a **Hospital** as an **In-Patient** on the advice of, and under the regular care and attendance of a **Doctor**.

Immediate Family

Your Partner, **parents**, grandparents, brothers, sisters and **children**

In-Patient

Your Hospital Stay as a resident bed patient, for which a clinical case record has been opened and which is necessary for the medical care, diagnosis and treatment of **Bodily Injury** covered by this Policy and not merely for any form of nursing, **Recovery**, rehabilitation, rest, or extended-care.

Insurance Arrangement

The process by which an **Insured Person** has been added to this insurance operated by the **Group Policyholder**.

Insured Person

Any person or category of persons shown in the **Group Policy Schedule** and who is also specified in the **Declarations** as appropriate.

Loss of Hearing

Permanent profound deafness, which means the quietest sound **You** can hear is louder than 90 decibels when tested by a qualified audiologist.

Loss of Limb

With reference to:

- an arm – amputation or complete and permanent loss of all functional use – at or above the wrist joint;
- a leg – amputation or complete and permanent loss of all functional use – at or above the ankle (talo-tibia joint).

Loss of Sight in Both Eyes

Permanent blindness which, based on medical evidence, **You** will never recover from and which results in **Your** name being added (on the authority of a qualified ophthalmic specialist) to the Register of Blind Persons maintained by the government.

Loss of Sight in One Eye

Permanent blindness which, based on medical evidence, **You** will never recover from, in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 60 feet away can only be seen from 3 feet away or less.

Loss of Taste

Complete and permanent total loss of taste as confirmed by a **Doctor**.

Loss of Speech

Permanent and total loss of speech as confirmed by a **Doctor**.

Loss of Smell

Complete and permanent total loss of smell as confirmed by a **Doctor**.

Next of Kin

Your: (1) spouse or civil **Partner**, (2) children aged 18 years or over (including adopted children), (3) grandchildren aged 18 years or over, (4) parents, or (5) siblings.

Partner

The **Insured Person's**:

- Spouse; or
- Civil partner registered pursuant to the Civil Partnership Act; or
- Someone of either sex with whom the **Insured Person** has been living as though they were their spouse for at least three months.

Parent or Legal Guardian

A parent or a legal guardian with parental responsibility, or a legal guardian, both being in accordance with the Children Act 1989 and any statutory amendment modification or re-enactment of it.

Period of Insurance

As set out in the "Period of Insurance" section on the **Group Policy Schedule** commencing at 00.01 hours on the earliest date stated and expiring at midnight on the latest date stated.

Permanent Disability

Any form of functional disability which has lasted for at least 12 months and from which, based on medical evidence, **You** will never recover.

Permanent Partial Disablement

Any **Permanent Disability** other than **Quadriplegia**, **Paraplegia** or **Permanent Total Disablement**, that is not otherwise excluded.

Permanent Total Disablement

If **You** were in paid work at the date of the **Accident**:

A **Permanent Disability** which stops **You** from carrying out occupational duties for which **You** are fitted by way of training, education or experience; or

If **You** were not in paid work at the date of the **Accident**:

A form of **Permanent Disability** calculated on a medical assessment by **Us** or an independent medical expert appointed by **Us**, which results in **Your** inability to perform, without assistance from another person, at least two of the following activities of daily living:

- eating;
- getting in and out of bed;

- dressing and undressing;
- toileting; or
- walking 200 metres on level ground.

Recovery

Your necessary recovery at home, under the regular care and advice of a **Doctor**.

Start Date

The date specified in the **Group Policy Schedule** showing when the insurance will start for the **Group Policyholder**.

Substitute Rider

The Substitute Rider is a person approved by the **Insured Person**, who carries out Deliveroo deliveries on the **Insured Person's** behalf and meets the criteria of the **Insured Person's** valid rider supplier agreement.

Temporary Total Disablement

Temporary disablement which completely prevents **You** from undertaking each and every function of **Your** usual occupation with the **Group Policyholder**.

United Kingdom

England, Scotland, Wales and Northern Ireland (excluding Channel Islands and the Isle of Man).

Waiting Period

The period stated in the **Group Policy Schedule** at the beginning of **Temporary Total Disablement** during which benefits are not payable.

War

Armed conflict between nations, invasion, act of foreign enemy, civil war, or taking power by organised military force.

We, Our, Us

Chubb European Group SE.

Weekly Pay

The average of the gross weekly amount payable to **You** for services provided, as set out in **Your** contract of service or contract for services (reasonably adjusted to take into account any overtime or other payments earned by **You**):

1. in the 26 weeks immediately preceding the date of commencement of the period of **Temporary Total Disablement**; or
 2. in any shorter period if **You** have been contracted for less than 26 weeks,
- excluding loans whether repayable or otherwise, benefits in kind, profit share payments, expense payments and/or dividends.

You, Your

The **Insured Person**.

Our Regulators

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. UK Establishment address: 40 Leadenhall Street, London EC3A 2BJ. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Details about our authorisation can be found on the Financial Conduct Authority website (FS Register number 820988).

Financial Services Compensation Scheme

In the unlikely event of **Us** being unable to meet our liabilities, **Insured Persons** who are located in the UK, Channel Islands, Isle of Man or Gibraltar (or who have risks located in these jurisdictions) may be entitled to compensation under the Financial Services Compensation Scheme.

Further information can be obtained from the Chubb European Group SE or from the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme
PO Box 300
Mitcheldean
GL 17 1DY

Phone 0800 678 1100 or 020 7741 4100
On-Line Form <https://claims.fscs.org.uk/>
Website www.fscs.org.uk

Data Protection

The Personal Information You provide

We use personal information which the **Group Policyholder** supplies to **Us** or, where applicable, the **Group Policyholder's** insurance broker, in order to write and administer this Policy, including any **Claims** arising from it.

This information will include basic contact details such as **Your** name, address, and policy number, but may also include more detailed information about **You** (for example, your age, health, details of assets, **Claims** history) where this is relevant to the risk **We** are insuring, services **We** are providing or to a **Claim** the **Group Policyholder** or **You** are reporting.

We are part of a global group, and **Your** personal information may be shared with its group companies in other countries as required to provide coverage under this policy or to store **Your** information. **We** also use a number of trusted service providers, who will also have access to **Your** personal information subject to **Our** instructions and control.

You have a number of rights in relation to their personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how **We** use personal information. For more information, **We** strongly recommend the **Group Policyholder** and **You** read its user-friendly Master Privacy Policy, available here: <https://www2.chubb.com/uk-en/footer/privacy-policy.aspx>. The **Group Policyholder** and **You** can ask **Us** for a paper copy of the Privacy Policy at any time, by contacting **Us** at dataprotectionoffice.europe@chubb.com.

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Contact Us

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About Chubb

Chubb is the world's largest publicly traded P&C insurance company and a leading commercial lines insurer in the U.S. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. We combine the precision of craftsmanship with decades of experience to conceive, craft and deliver the very best insurance coverage and service to individuals and families, and businesses of all sizes.

Chubb is also defined by its extensive product and service offerings, broad distribution capabilities, direct-to-consumer platform partnerships, exceptional financial strength and local operations globally. The company serves multinational corporations, mid-size and small businesses with property and casualty insurance and risk engineering services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, homeowners, automobile and specialty personal insurance coverage; companies and affinity groups providing or offering accident and health insurance programs and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage.

Chubb Limited, the parent company of Chubb, is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

Chubb. Insured.SM