

Roofoods Limited t/a Deliveroo Group Policy Wording

This document contains the terms and
conditions of the Temporary Total
Disablement - Sickness, Assault & COVID-19
Insurance 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.

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 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).

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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 **Sickness** or **Assault**, 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 Criteria

To be covered under this Policy, **You** must:

- be legally permitted to work in the **United Kingdom**; and
- have completed at least 30 orders for the **Group Policyholder** during the 8 weeks prior to **Your Temporary Total Disablement**

Scope of Cover

The Policy covers **Sickness** & COVID-19 (unless it is the direct result of an **Accident**) and **Assault**.

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 13 to 16 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 **Sickness** or **Assault**, 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 must notify any **Claim** to **Us** within 30 days or as soon as is reasonably possible after that. 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

During and after any period of **Sickness**, **Assault** or COVID-19, **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**.

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 **Sickness** or **Assault**.

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.

For all benefits **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**.

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**.

Section 1 - Temporary Total Disablement – Sickness & Assault

If during a **Period of Insurance** and **Effective Time** for Section 1 – Temporary Total Disablement – Sickness & Assault **You** suffer a **Sickness** or **Assault** 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 1 – Temporary Total Disablement – Sickness & Assault

1. **We** will only pay up to two **Sickness Claims** per **Insured Person** under this Section in any 12 month period.
2. A **Waiting Period** applies to **Claims** paid under this section. In addition, to receive the **Benefit Amount**, **You** must have a Statement of Fitness to Work ('fit note') issued by a **Doctor**. Once **Your** period of **Temporary Total Disablement** due to **Sickness** or **Assault** has exceeded the **Waiting Period**, **We** will pay the **Benefit Amount** from the date of **Your** fit note. No **Benefit Amount** will be paid for any period of **Temporary Total Disablement** that is not covered by a fit note.
3. The **Waiting Period** will not apply in respect of a **Recurring Sickness** but the period for which benefit had already been paid for the previous period of disability will be taken into account in calculating the **Benefit Period**.
4. The **Waiting Period** must commence after the **Start Date** of cover.
5. If **You** have received benefit for **Temporary Total Disablement** for the maximum **Benefit Period** under this Policy, and **You** are still disabled and unable to return to work, the benefit for **Temporary Total Disablement** will cease. Cover may be reinstated without further evidence of health after **You** have returned to work for the **Group Policyholder** for a period of two consecutive months.
6. The **Temporary Total Disablement** benefit will not be payable in respect of any day of holiday (including statutory Bank Holidays) for which payment is made by the **Group Policyholder** in full or in part. However, days of disability whilst on holiday will count towards the **Waiting Period**.

Specific Exclusions for Section 1 – Temporary Total Disablement – Sickness & Assault

1. In respect of **Insured Persons** aged 76 years and over, **We** will not be liable for payment of any benefit for **Temporary Total Disablement Sickness** as result of a **Chronic Condition**.

Section 2 - Temporary Total Disablement – COVID-19

If during a **Period of Insurance** and **Effective Time** for Section 2 – Temporary Total Disablement – COVID-19 **You** contract COVID-19 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 2 – Temporary Total Disablement – COVID-19

1. **We** will only pay up to two **Claims** per **Insured Person** under this Section in any 12 month period.
2. A **Waiting Period** applies to **Claims** paid under this section. In addition, to receive the **Benefit Amount**, **You** must have:-
 - a. a Statement of Fitness to Work ('fit note') issued by a **Doctor**; or
 - b. evidence of hospital admission; or
 - c. a documented positive result in **Your** name for a PCR (polymerase chain reaction) test taken at a registered and recognised healthcare facility or laboratory.

Once **Your** period of **Temporary Total Disablement** due to COVID-19 has exceeded the **Waiting Period**, **We** will pay the **Benefit Amount** from the date of **Your** fit note, evidence of hospital admission or positive PCR (polymerase chain reaction) test. No **Benefit Amount** will be paid for any period of **Temporary Total Disablement** that is not covered by a fit note, evidence of hospital admission or PCR (polymerase chain reaction) test.

3. The **Waiting Period** must commence after the **Start Date** of cover.
4. If **You** have received benefit for **Temporary Total Disablement** for the maximum **Benefit Period** under this Section, and **You** are still disabled and unable to return to work, the benefit for **Temporary Total Disablement** will cease. Cover may be reinstated without further evidence of health after **You** have returned to work for the **Group Policyholder** for a period of two consecutive months
5. The **Temporary Total Disablement** benefit will not be payable in respect of any day of holiday (including statutory Bank Holidays) for which payment is made by the **Group Policyholder** in full or in part. However, days of disability whilst on holiday will count towards the **Waiting Period**.

Specific Exclusions for Section 2 – Temporary Total Disablement – COVID-19

1. **We** will not be liable for payment of any benefit for **Temporary Total Disablement** COVID-19 for self-isolation.

Section 3 - Hospital Stay (Heart Attack, Stroke or Aneurysm while on a delivery run)

If during a **Period of Insurance** and during the **Effective Time** for Section 3 – Hospital Stay **You** suffer an **Heart Attack, Stroke** or **Aneurysm** which solely and independently of any other cause results in a **Hospital Stay** of at least one night, **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule**.

Specific Exclusions for Section 3 - Hospital Stay (Heart Attack, Stroke or Aneurysm while on a delivery run)

1. Any **Insured Person** who is aged 66 years or older at the time of **Heart Attack, Stroke** or **Aneurysm**
2. While on a delivery run against the advice of a **Doctor**

Section 4 – Family Expenses for Hospital Visit (Heart Attack, Stroke or Aneurysm while on a delivery run)

If during a **Period of Insurance** and during the **Effective Time** for Section 4 – Family Expenses for Hospital Visit **You** suffer an **Heart Attack, Stroke** or **Aneurysm** which solely and independently 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.

Specific Exclusions for Section 4 – Family Expenses for Hospital Visit (Heart Attack, Stroke or Aneurysm while on a delivery run)

1. Any **Insured Person** who is aged 66 years or older at the time of **Heart Attack, Stroke** or **Aneurysm**
2. While on a delivery run against the advice of a **Doctor**

Section 5 - Recovery (Heart Attack, Stroke or Aneurysm while on a delivery run)

If during a **Period of Insurance** and during the **Effective Time** for Section 5 - Recovery, **You** suffer an **Heart Attack, Stroke** or **Aneurysm** which solely and independently results in **Hospital Stay** of more than one consecutive night 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**.

Specific Exclusions for Section 5 – Recovery (Heart Attack, Stroke or Aneurysm while on a delivery run)

1. Any **Insured Person** who is aged 66 years or older at the time of **Heart Attack, Stroke** or **Aneurysm**
2. While on a delivery run against the advice of a **Doctor**

General Exclusions

We will not be liable for payment of any benefit for Section 1 Temporary Total Disablement – Sickness & Assault and Section 2 Temporary Total Disablement & COVID-19, loss or expense due to:

- **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;
- **Accidents** or **Accidental** injury (unless as a result of an **Assault**);
- **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;
- **Sickness** in any way caused by or resulting from an outbreak of infectious or contagious disease, which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation (WHO).

This exclusion shall apply to **Claims** made after the date of any such declaration(s), other than where a relevant diagnosis has been made by a **Doctor** before the date of any such declaration(s). This restriction will continue to apply until the WHO cancels or withdraws any relevant PHEIC.

This exclusion does not apply to Section 2 – Temporary Total Disablement – COVID-19.

- **Sickness** directly or indirectly caused by or contributed to by or arising from:
 - a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - b) the radioactive toxic explosive or other hazardous properties of any nuclear assembly or nuclear component thereof;
- **Sickness Claims** from **Substitute Riders**
- Any physical defect, infirmity or medical condition for which medical advice or treatment has been received, or should have been received, within the twelve months prior to **Your Start Date** of cover;
- 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.
- **You** not meeting the Eligibility Criteria detailed on page 4 of this Policy.

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 order numbers 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 language

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 Bikmo 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 the **Group Policy Schedule**, 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/Accidental

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

Aggregate Limit

The maximum amount shown in the **Group Policy Schedule** that **We** will pay per **Period of Insurance**.

Air Sports

Airborne leisure activities, for example:

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

Aneurysm

A bulging, weakened area in the wall of a blood vessel resulting in an abnormal widening or ballooning greater than 50% of the vessel's normal diameter (width).

Assault

An act of physical violence committed by a third party against **You** which causes physical injuries and within 1 month of the **Accident**, leads to **Temporary Total Disablement**. **You** must report the **Assault** to the police.

Benefit Amount

The maximum amount **We** will pay based on the level of cover 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**.

Child/Children

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

Chronic Condition

An illness or condition that:-

- requires ongoing or long term monitoring, examinations, tests and check ups; and/or
- requires ongoing or long term treatment or relief of symptoms; and/or
- requires ongoing rehabilitation and specialist supervision; and/or
- continues indefinitely; and/or

- has no known cure; and/or
- has recurred or is likely to recur.

Claim

A single occurrence of **Sickness**, **Assault** or COVID-19 insured by this Policy.

Declaration

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

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**.

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**.

Heart Attack

Sudden loss of heart function with interruption of blood circulation around the body.

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, **Heart Attack, Stroke** or **Anuerysm** 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.

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.

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.

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.

Recovery

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

Recurring Sickness

A **Sickness** for which **You Claim** the **Temporary Total Disablement Sickness** benefit for a period after which **You** return to work but within sixty days are temporarily disabled again from the same or a related illness.

Sickness

A physical or mental illness (excluding any condition arising from an **Accident**) or **Recurring Sickness** diagnosed and treated by a **Doctor** which first manifests itself or is contracted during the **Period of Insurance** and which solely and independently of any other cause within twelve calendar months of manifesting itself or being contracted results directly in **Your Temporary Total Disablement**.

Start Date

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

Stroke

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull.

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 due to **Sickness, Assault** or COVID-19 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 until the period has been exceeded. Thereafter, benefits will be payable back to the first day of **Your Temporary Total Disablement**, or the date of **Your** Statement of Fitness to Work ('fit note') for Section 1, or the date of **Your** Statement of Fitness to Work, admission to hospital, or positive PCR (polymerase chain reaction) test for Section 2, whichever is the later.

War

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

Chubb European Group SE.

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

Chubb

UK Business address:
40 Leadenhall Street
EC3A 2BJ
London
Phone +44 20 7173 7000
Website www.chubb.com/uk

About Chubb

Chubb is the world's largest publicly traded P&C insurance company and the largest commercial 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, 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