



Group Plus Personal Accident Insurance

General Terms and Conditions 2021



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This insurance is underwritten by AIG Europe S.A., an insurance company incorporated under the laws of Luxembourg with R.C.S. Luxembourg number B218806. AIG Europe S.A. has its head office at 35D Avenue J.F. Kennedy, L- 1855 Luxembourg. <http://www.aig.lu/>

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With respect to risks located in the Netherlands, AIG Europe S.A. also has to comply with the financial conduct rules deriving from the Dutch Financial Supervision Act, which are supervised by the Autoriteit Financiële Markten. Contact details of the Autoriteit Financiële Markten can be found at www.afm.nl. In some or all respects, the regulatory systems applying in other countries where the Dutch branch of AIG Europe S.A. does business will be different from that of Luxembourg.

If a solvency and financial condition report of AIG Europe S.A. is available, it can be found at <http://www.aig.lu/>.

The *Company* provides cover for those categories (and subcategories) that are listed as covered in the policy and the policy schedule. The cover and the conditions under which cover is provided are determined by this insurance contract, the policy schedule, policy endorsements and clauses.

The *Company* only provides cover for those who are insured on the policy schedule or any attached clauses or policy endorsements for the Period of Insurance, subject to the condition that the premium due has been paid and accepted by the *Company*.

The *Insured Person* is required to read this policy carefully to ensure that he or she understands the cover provided and the limitations and exclusions that apply. If there are elements of the cover which require clarification or do not meet the Insured's requirements, the *Insured Person* should raise them with his or her insurance intermediary in the first instance, if applicable.

Translation

This document has been translated from the original Dutch wording. In case of discrepancies between the wording of this document and the original Dutch wording, the Dutch wording shall prevail.



1. AIG INJURY ASSISTANCE SERVICE

The *AIG Injury Assistance Service* provides support to the *Insured Person* immediately following an Accident to promote self-reliance. The type of assistance will be tailored to the needs of the *Insured Person* by means of an assessment, such as assistance in the household or assistance to promote the Insured's mobility.

The *Company* distinguishes two possibilities that may arise:

Type of assistance	Description
As part of a cover under the policy conditions.	In accordance with Article {5.2}, the <i>Insured Person</i> may claim the services if the conditions of the policy terms and conditions are met.
As part of claims handling for a covered loss.	The <i>Company</i> may, at its discretion, offer the services in specific claim cases to support the <i>Insured Person</i> . The costs are borne by the <i>Company</i> .

The AIG Injury Assistance Service is only applicable for *Insured Persons* residing in the Netherlands.

2. HOW TO REPORT A CLAIM

A claim can be reported by completing and sending in the claim form or by contacting the *Company* using the options set out below.

Address	Telephone number	Email address
AIG Europe, Netherlands PO Box 8606 3009 AP Rotterdam	+31 10 453 54 55 (option 2 in the selection menu)	claims.nl@aig.com

Note that the claim must be reported as soon as reasonably possible. Late reporting may affect the processing of your claim and the availability of the AIG Injury Assistance Service.

You can find more information about this in Article 6 of the General Conditions.

3. OPERATIVE TIME

The *Insured Person* is covered only for the term stated on the policy schedule. The term of cover as stated on the policy schedule is described below.

DD1 – 24-hour cover

- 24-hour worldwide cover

DD2 - Smart Working

- While an *Insured Person* is performing professional duties for the *Policyholder*, on the *Policyholder's* premises, at the *Actual Home Address*; or
- At any time while an *Insured Person* is on the *Policyholder's* premises; or
- During the *Insured Person's* commute between his or her residence and the place of work; or



- While an *Insured Person* is travelling between work locations and the transport between these locations is for the account of or by order of the *Policy Holder*.

4. GENERAL DEFINITIONS

This policy document makes use of terms and expressions that have a specific meaning. In some cases the meaning is unique to this policy document. Below you will find these terms with their definitions. Whenever one of these terms is used in the policy schedule or policy conditions (or in any endorsements), it is written in *italics with a capital letter*. Terms used in the plural form have the same meaning as the singular form.

4.1 AIG Injury Assistance Service

The service that provides the assistance described in this policy document in the name of and for the account of the *Company*.

4.2 Physician

A practitioner of medicine, who has graduated from a medical faculty listed in the Directory of Medical Schools of the World Health Organisation, and is fully qualified to practise his or her profession in the country where he or she holds a licence from the medical authorities of the country where his or her practice is carried out, and who practises within the framework of the applicable and observed requirements (such as education, registration and/or licence) and training.

4.3 Permanent disability

Permanent, full or partial loss of function of body parts or organs due to a *Physical Injury*, which, according to a *Medical Practitioner*, is most likely to remain for the rest of the *Insured Person's* life.

4.4 Bone fracture

A complete fracture of a bone or an open fracture where the bone protrudes through the skin.

4.5 International

Any country other than the *Country of Permanent Residence*.

4.6 Cumulative Limit

The maximum amount the *Company* will pay in total under this and any other Group Accident Insurance issued by the *Company* in the name of the *Policyholder*, for all *Insured Persons* who sustain *Bodily Injury* as a result of the same *Accident* or series of *Accidents* caused by or arising from the same *Event*. The resulting reduction in liability in respect of the *Cumulative Limit for Scheduled Flights*, the *Cumulative Limit for Non-Scheduled Flights* or the *Limit Per Accident* specified in the policy schedule will be proportionately reflected in the amounts payable in respect of each *Insured Person*.

4.7 Cumulative Limit for Scheduled Flights

The maximum amount which the *Company* will pay in total under section 1, including any extensions and any other insurance for personal *Accidents* issued by the *Company* in the name of the *Policyholder* for all *Insured Persons* suffering *Bodily Injury* during the same *Accident* with a *Scheduled Flight* or series of *Accidents* with a *Scheduled Flight* contributed to or caused by the same original cause, *Event* or circumstance.

4.8 Cumulative Limit for Non-Scheduled Flights

The maximum amount which the *Company* will pay in total under section 1, including any extensions and any other insurance for personal *Accidents* issued by the *Company* in the name of the *Policyholder* for all *Insured Persons* suffering *Bodily Injury* during the same *Accident* with an aircraft (not an *Accident* with a *Scheduled Flight*) or series of *Accidents* with an aircraft contributed to or caused by the same original cause, *Event* or circumstance.



4.9 Daily Activities

Activities which the *Insured Person* performs daily, in ordinary life, including but not limited to getting in and out of bed, dressing, eating, drinking, taking medicines, moving and walking, talking and going to the toilet.

4.10 Third-degree Burns

Burns that have resulted in the complete impairment of both the epidermis (the outer layers of skin) and the dermis (the layers of skin containing hair follicles, nerve endings, sweat and sebaceous glands) down to the subcutaneous fatty tissue and require surgical treatment or skin grafting.

4.11 Diagnosis

The final diagnosis made by a *Physician* on the basis of specific evidence as referred to in the definitions of the particular diseases and conditions concerned or, in the absence of such specific evidence, on the basis of objective clinical evidence, including but not limited to radiological, clinical, histological or laboratory evidence acceptable to the *Company*. This *Diagnosis* must be supported by the opinion of the *Medical Practitioner* appointed by the *Company* who may base his or her opinion on the medical evidence provided by the *Insured Person* and/or any additional evidence that may be required by the *Company's* appointed *Medical Practitioner*.

4.12 Serious Side Effect

A serious [negative] adverse reaction after immunisation or an 'Adverse Event Following Immunisation' as described by the World Health Organisation (WHO) at the time of external vaccination, but only if it leads to a pathological deviation from the normal healthy state of the *Insured Person* as *Diagnosed* by a *Physician*.

4.13 Actual Home Address

The address where the *Insured Person* actually resides including the associated land. The *Actual Home Address* also includes a holiday home owned by the *Insured Person* or a *Relative*, including the associated lands.

4.14 Financially Dependent Child

Unmarried children of the *Insured Person*, younger than 27 years, either living at home or living away from home in connection with their studies.

4.15 Event

A sudden and unexpected event or series of related events resulting in loss or damage occurring beyond the control of the *Insured Person* and/or *Policyholder* at a time and place to be determined. The duration and scope of an *Event* is limited to 72 consecutive hours and a radius of 15 km.

4.16 Covered disease(s)

The following diseases if vaccination against them is offered in the *Insured Person's Country of Permanent Residence*.

- a) COVID-19 (SARS-CoV-2)
- b) Shingles (Herpes zoster)
- c) Influenza
- d) Hepatitis A
- e) Hepatitis B
- f) Whooping cough - for adults (*Bordetella pertussis*)
- g) Pneumococci (*Streptococcus pneumoniae*)
- h) Diphtheria (*Corynebacterium diphtheriae*)
- i) Tetanus (*Clostridium tetani*)
- j) Polio (Poliomyelitis anterior acuta)
- k) Typhoid fever (caused by *Salmonella enterica enterica*)
- l) Meningococcal disease
- m) Rabies (rabies virus)
- n) Tuberculosis (caused by *Mycobacterium tuberculosis complex*)
- o) Cholera (*Vibrio cholera*)
- p) German measles (Rubella)
- q) Measles (Morbilli)
- r) Mumps (Parotitis epidemica)
- s) Tick-borne encephalitis
- t) Japanese encephalitis flavivirus
- u) Yellow fever (Febris flava)



4.17 Hearing Loss

Permanent, complete and irreparable *Hearing Loss* resulting in the *Insured Person* no longer being able to hear sounds of less than 90 decibels at a frequency between 500 and 3,000 Hz, as determined by a recognised audiologist.

4.18 Gradually Worsening Cause

A cause resulting from non-sudden event(s) which develop over time and cannot be wholly attributed to an *Accident*.

4.19 Specified Infectious Disease (SID)

An illness caused by a micro-organism, sub-micro-organism or virus which is transmitted from one human to another and which, before the first date of infection with it of an *Insured Person*, is classified by the World Health Organisation (WHO) as a Public Health Emergency of International Concern (PHEIC).

4.20 Hemiplegia

Permanent, complete and irreparable paralysis of one leg below the hip and one arm below the shoulder on the same side of the body.

4.21 Annual Salary

- For *Insured Amounts*: the salary of the *Insured Person*, as declared to the Tax and Customs Administration, over the period of twelve months immediately preceding the *Accident*. If the employment did not last a full twelve months, it will be converted as if the employment did exist during the said period.
- For the purpose of calculating the premium: the total annual salary of the *Insured Person(s)* as reported to the Tax and Customs Administration.

4.22 Country of Permanent Residence

The fixed geographical place where an *Insured Person* is registered in the population register and has his or her main residence.

4.23 Bodily Injury

Objective medically established injury to the *Insured Person's* body caused directly and exclusively in a moment by an *Accident*, not arising from any *Disease* or condition and not resulting from a *Gradually Worsening Cause*.

4.24 Scheduled Aircraft

An aircraft with more than 18 seats operating on a published flight schedule from an internationally recognised airport.

4.25 Limit per Accident

The maximum amount that the *Company* will pay in total pursuant to the Table of Cover, including that described in 1.2. Supplementary cover and extensions to Section 1 Personal Accidents.

4.26 Company

AIG Europe, Netherlands.

4.27 Medical Practitioner

A *Physician* (not being an *Insured Person*, a *Relative* of an *Insured Person* or an *Employee* of the *Policyholder*) who holds an accreditation as a medical specialist, issued in accordance with the European Union Medical Guidelines (or a foreign equivalent) or by another comparable recognised body and who specialises in assessing a patient's medical data.

4.28 Criminal Assault

Intentional and/or unlawful use of force against the *Insured Person*: (1) that results in *Bodily Injury* to the *Insured Person*; and (2) that is a criminal offence in the country, province or region where it occurs.

4.29 Acts of War

Extraordinary circumstances such as armed conflict, civil war, insurrection, civil commotion, riot and mutiny. These six forms of acts of war, as well as the definitions of these, form part of the text filed by the Association of Insurers in the Netherlands on 2 November 1981 at the office of The Hague District Court, which text forms part of this insurance.



4.30 Accident

A sudden, unexpected and unintentional, external, direct impact on or in the body of the *Insured Person*, which is the direct and exclusive cause of a *Bodily Injury* that can be objectively medically established and which results in the death or *Permanent Disability* of the *Insured Person*.

4.31 Admitted Patient

An *Insured Person* for whom a clinical medical record has been opened at a *Hospital* and who is admitted to at a *Hospital* for a stay of at least 24 hours in connection with the medical care and treatment of *Bodily Injury* and/or *Disease*.

4.32 Paraplegia

Permanent and complete paralysis of both legs and (part of) the lower half of the body.

4.33 Partner

Spouse, fiancé(e) or registered or de facto *Partner* of the *Insured Person* and with whom the *Insured Person* has lived at least during the three months immediately preceding the *Accident* at the same place of residence.

4.34 Psychological Therapy

Costs incurred for psychological counselling, individually, jointly or with the family, provided referred by the treating *Physician*; and which (1) comply with all accepted standards for the practice of medicine and (2) do not include costs that would not have been incurred had there been no insurance.

4.35 Quadriplegia

Permanent and complete paralysis of both legs and both arms.

4.36 Sexual Violence

Any sexual act performed against someone's will.

4.37 Victim

An *Insured Person* who suffers a covered loss.

4.38 Terrorism

Violent acts and/or behaviour - committed outside the framework of one of the six forms of war risk referred to in Section 3:38 of the Financial Supervision Act - in the form of an attack or a series of attacks that are related in time and purpose, as a result of which injury and/or damage to health, whether or not resulting in death, and/or property damage arises or economic interests are otherwise affected, in which it is plausible that this attack or series of attacks - whether or not in any organisational context - was planned and/or carried out with a view to achieving certain political and/or religious and/or ideological objectives.

4.39 Tests for Infectious Diseases or Viruses

Expenses for tests performed on an *Insured Person* to detect the presence of antibodies, antigens or other indicators of the presence of an Infectious Disease or Virus, provided that they: (1) are prescribed by and performed under the supervision of a *Physician* and are performed by a licensed medical institution; (2) do not exceed the usual costs for similar tests at the place where the costs are incurred; (3) comply with all the generally accepted standards of practice of medicine and (4) do not include costs that would not have been incurred had there been no insurance.

4.40 Working From Home

On the instructions of or with the permission, tacit or otherwise, of the *Policyholder*, performing work at the *Actual Home Address* of the *Insured Person* on regular working days, for at least 50% of the regular work schedule.

4.41 Triplegia

Permanent, complete and irreparable paralysis of both legs below the hip and one arm below the shoulder, or both arms below the shoulder and one leg below the hip.



4.42 Loss of Limbs

In case of loss of a leg or lower limb:

- a) loss due to permanent physical separation at or above the ankle; or
- b) permanent, complete and irreparable loss of use of a whole leg or foot.

In the case of loss of an arm or upper limb:

- a) loss due to permanent physical separation of the four fingers at or above the metacarpophalangeal joint (where the fingers meet the palm of the hand);
- b) permanent, complete and irreparable loss of use of a whole arm or hand.

4.43 Loss of Sight

The permanent, complete and irreparable physical loss of both eyes or the permanent, complete and irreparable loss of a substantial part of the vision of both eyes. The Company considers the *Loss of Sight* to be substantial if the vision is rated as 3/60 or less on the Snellen chart after optimal correction with glasses or contact lenses (at 3/60 on the Snellen chart, a person can see at a distance of 3 metres what a person without vision loss can see at a distance of 60 metres).

4.44 Relative

The aunt, brother, brother-in-law, child, grandchild, grandparent, niece, nephew, parent, parent-in-law, *Partner*, sister, sister-in-law or uncle of the *Insured Person* or of the *Partner* of the *Insured Person*.

4.45 Insured Person

The person or persons named on the policy schedule or in any subsequent policy endorsements.

4.46 Insured Amount

The fixed amount to be paid as stated in the policy schedule or the maximum amount to be paid per *Event*.

4.47 Policyholder

The legal entity stated on the policy schedule and/or associated companies.

4.48 Period of Insurance

The term of the policy document stated on the policy schedule.

4.49 Employee

Any person who has entered into an employment contract with the *Policyholder*.

4.50 Business Equipment

Property (other than Money, vehicles, bicycles, drones, vehicle parts and accessories) of the *Policyholder* for which the *Insured Person* is responsible.

4.51 Hospital

A *Hospital* is an institution duly established and registered as a facility for the care and treatment of sick and injured persons as paying bed patients and which:

- a) has organised diagnostic and surgical facilities,
- b) offers 24-hour nursing services provided by qualified nurses,
- c) is under the supervision of a staff of medical doctors, and
- d) is not a nursing home, rest home, convalescent home, home for the elderly, mental health institution or institution for behavioural problems, preventive hospital, sanatorium or place for treatment of alcoholics or drug addicts and similar establishments, even if located on the same site.

4.52 Disease

An impairment of the *Insured Person's* health that was not caused by an *Accident* and that shows objective indisputable symptoms, determined by a *Physician*.



5. PERSONAL ACCIDENTS

5.1 Death and *Permanent Disability* caused by an *Accident*

Description of the coverage

If during the *Period of Insurance* and term of cover specified in the policy schedule an *Insured Person* suffers *Bodily Injury* which results in death or *Permanent Disability* within two years from the date of the *Accident* as a sole cause and independent of any other cause as described in the Table of Cover below, the *Company* will pay the applicable percentage of the *Insured Amount* specified in the policy schedule.

Under this section, cover is provided for the items listed in the Table of Cover below. The amount payable for each *Bodily Injury* is paid as a percentage of the *Insured Amount* stated in the policy schedule.

Extensions to the definition of *Accident*

If an *Insured Person* suffers *Bodily Injury* as a direct result of the situations listed below, the *Company* will pay the applicable percentage of the *Insured Amount* stated in the Table of Cover.

- a) the consequences of improper medical treatment, wound infection or blood poisoning directly related to a covered *Accident*;
- b) the result of lawful self-defence, rescue (or attempted rescue) of endangered persons, animals or property;
- c) the acute and unintentional ingestion of solid, liquid and/or gaseous substances which are harmful to health;

- d) animal and insect bites, insofar as there are demonstrable physical consequences resulting from the bite;
- e) overstretching or tearing of a muscle, tendon, ligament or capsule by a sudden exertion, sprain, strain, dislocation;
- f) exhaustion and deprivation in the case of isolation from the outside world caused by a disaster (flood, shipwreck, forced landing, collapse, etc.), exceptional weather conditions, frostbite, heat stroke, accidental drowning, accidental suffocation (not caused by illness), lightning strike, sunstroke;
- g) bacterial poisoning from an involuntary fall into a solid or liquid substance;
- h) cowpox, anthrax, foot-and-mouth disease, scabies, trichophyte and bovine brucellosis (Bang's disease);
- i) lumbago, tendonitis (tendovaginitis crepitans), whiplash (coup de fouet), tennis elbow (epicondylitis humeri), umbilical hernia (hernia umbilicalis), groin or intestinal hernia (hernia inguinalis) occurring after surgery;
- j) An *Accident* caused by a *Disease*, other than a mental illness or a mental disorder.

Disappearance

If an *Insured Person* disappears and after 12 consecutive months the *Company* has good reason to believe that the *Insured Person* has died as a result of *Bodily Injury*, the *Company* will pay to the *Policyholder* and/or the beneficiary or beneficiaries the amount resulting from application of the percentage to the sum insured as stated in the policy schedule for Item 1.0 - Death from an *Accident* - in the Table of Cover. If after this payment it is established that the *Insured Person* is still alive, all amounts paid by the *Company* in this regard must be refunded.



Table of Cover

Item	Description of accident cover levels	Percentage payable per claim
1.0	Death	100%
1.1	Incurable mental illness	100%
1.2	Permanent complete <i>Loss of Sight</i>	100%
1.3	Permanent complete <i>Loss of one Limb</i>	100%
1.4	Permanent complete <i>Hearing Loss</i> in both ears	100%
1.5	Permanent complete loss of speech	100%
1.6	Third-degree Burns and/or the resulting mutilation of more than 40% of the total body surface	50%
1.7	Permanent total loss of function of the back or spine below the neck without damage to the spinal cord	40%
1.8	Permanent complete <i>Hearing Loss</i> in one ear	30%
1.9	Permanent complete loss of a thumb	30%
1.10	Permanent complete loss of a lower jaw by surgical treatment	30%
1.11	Permanent complete loss of function of the neck or cervical vertebrae without damage to the spinal cord	30%
1.12	Permanent complete loss of an index finger	20%
1.13	Permanent complete loss of a kidney	20%
1.14	Permanent complete loss of a big toe	15%
1.15	Permanent complete loss of sense of touch or taste	10%
1.16	Permanent complete loss of another finger	10%
1.17	Permanent complete loss of another toe	5%
1.18	Permanent complete loss of a spleen	5%
1.19	Loss of at least 50% of healthy and natural teeth as well as teeth with a filling or crown, excluding deciduous teeth and dentures (the stated percentage applies per tooth)	1% up to a total <i>Insured Amount</i> of €10,000 in the event of loss of all teeth
1.20	Shortening of the leg by at least 5 cm	10%



1.21	Partial <i>Permanent Disability</i>	A percentage of the <i>Insured Amount</i> corresponding to the percentage reduction of full physical functioning, taking into account the percentages stated in items 1.2 to 1.19. The degree of <i>Permanent Disability</i> is established in accordance with the latest edition of the Guide to the Evaluation of Permanent Impairment by the American Medical Association (A.M.A.) and the guidelines of the Dutch Specialist Societies.
1.22	Whiplash	The <i>Company</i> pays benefit of up to 8% of the sum insured for <i>Permanent Disability</i> as shown on the policy schedule, for the consequences of a cervical acceleration or deceleration trauma without medically objective abnormalities.
1.23	Post-concussion syndrome	The <i>Company</i> pays benefit of up to 8% of the sum insured for <i>Permanent Disability</i> as shown on the policy schedule, for the consequences of a concussion without medically objective abnormalities.

Conditions

1. The sum insured for Item 1.0 or *Disability* is reduced by 50% or up to €100,000, whichever is lowest, at the time the *Insured Person* has reached the age of 85.
2. If an *Insured Person* had an existing physical disability or medical condition prior to the date of the *Accident*, the benefit for Items 1.1 to 1.23 of the Table of Cover is calculated based on the difference between the *Insured Person's* physical disability or medical condition before and after the covered *Accident*.
3. This assessment is made by an independent *Medical Practitioner*, chosen and appointed by the *Company*, who also determines what percentage of the *Insured Amount* stated in the policy schedule will be paid.
4. If an *Insured Person* sustains one or more *Bodily Injuries* as a result of the same *Accident*, entitling the *Insured Person* to more than one of the benefits listed in the Table of Cover, the maximum amount paid based on all benefits combined will not exceed 100% of the *Insured Amount* stated in the policy schedule.



5.2 Additional Benefits & Cover

The additional cover and extensions apply if the situation described occurs in respect of an *Insured Person* during the *Period of Insurance* and term of cover specified in the policy schedule. All additional cover, with the exception of fixed compensations, are additional to any compensation under a health insurance policy, an entitlement, or any other provision to which the *Insured Person* may have recourse.

Additional cover and extensions for the *Insured Person* as a result of an *Accident*

Paralysis or Disfigurement

If an *Insured Person* suffers *Bodily Injury* that results in a benefit under *Permanent Disability* and includes treatment prescribed by a *Physician*, the *Company* offers the following additional cover:

Cover	Description of the cover	Maximum compensation per person per Accident
Paraplegia	Automatic extension of the benefit for the <i>Insured Person(s)</i> who sustain <i>Bodily Injury</i> resulting in <i>Paraplegia, Hemiplegia, Triplegia or Quadriplegia</i> .	Amount in case of complete: <i>Paraplegia: €50,000</i> <i>Hemiplegia: €50,000</i> <i>Triplegia: €75,000</i> <i>Quadriplegia: €100,000</i>
Prosthesis	If, as a result of <i>Loss of Limbs</i> due to an <i>Accident</i> , a prosthesis is required, the <i>Company</i> will pay for the cost of this prosthesis, provided it is reported within a period of 730 days from the day of the <i>Accident</i> .	Up to €5,000
<i>Psychological Therapy</i>	Reimbursement of the costs of professional <i>Psychological Care</i> incurred within 365 days of an <i>Accident</i> , where the benefit payable is more than 50% of the <i>Insured Amount</i> stated in the policy schedule.	Up to €10,000
Wheelchair	Reimbursement of the cost of a wheelchair, incurred within 12 months of an <i>Accident</i> . The loss of mobility must have been caused solely and directly by an <i>Accident</i> and the compensation for a wheelchair will not be paid if the <i>Insured Person</i> already needed a wheelchair before the <i>Accident</i> .	Up to €1,500
Cosmetic Surgery	If injury resulting from an <i>Accident</i> requires reconstructive cosmetic surgery, the <i>Company</i> will pay for the cost of cosmetic surgery performed or prescribed by a <i>Physician</i> , reported within a period of 730 days from the day of the <i>Accident</i> .	Up to €10,000



Domestic Help and Home and Car Alteration Benefits

Cover	Description of the cover	Maximum compensation per person per Accident
<i>AIG Injury Assistance</i> after an Accident	<p>The <i>Insured Person</i> may claim services as part of the <i>AIG Injury Assistance Service</i> if the <i>Insured Person</i> suffers <i>Bodily Injury</i> and as a result is unable, for a period of not less than 48 hours from the <i>Accident</i>:</p> <ol style="list-style-type: none"> to carry out all aspects of regular occupational duties; and is unable to perform at least one of the <i>Daily Activities</i>. <p>Additional provisions:</p> <ol style="list-style-type: none"> The <i>AIG Injury Assistance Service</i> is available for up to {5} cases per policy document per {12} months. To qualify for this service, the <i>Company</i> must be notified as soon as possible and no later than {14} days after the <i>Accident</i>. The <i>AIG Injury Assistance Service</i> is only applicable for <i>Insured Persons</i> residing in the Netherlands. 	Up to €1,500
Reimbursement of costs of domestic help benefit in case of <i>Permanent Disability</i>	Reimbursement of the reasonable and necessary costs of an external provider of domestic services during the recovery process in the event of a valid claim for cover under Items 1.1 to 1.21 of the Table of Cover and/or the reasonable and necessary costs of transport to and from the <i>Insured Person's</i> usual place of work if it is medically established, by the <i>Medical Practitioner</i> , that the <i>Insured Person</i> is unable to drive a vehicle or travel by public transport. This payment in any case ends when benefit is paid pursuant to the Table of Cover.	5% of the <i>Insured Amount</i> up to a maximum of €10,000 for all costs incurred
Home and Car Alteration Benefit	In the event that the <i>Insured Person</i> suffers <i>Bodily Injury</i> and as a result requires modifications to his or her home and/or car (including but not limited to the installation of ramps for external and internal wheelchair access, internal guide rails, emergency alarm system and similar disability aids) in order to be able to carry out daily activities and stay in and around his or her home, provided that such modifications are made with the prior written consent of the <i>Company</i> and have the approval of <i>Insured Person's</i> treating <i>Physician</i> .	The reasonable costs incurred up to a maximum of €10,000 for all expenses incurred



Hospitalization, Hospital Visitor Expense and Coma Benefits

Cover	Description of the cover	Maximum compensation	Maximum period of payment per person per <i>Accident</i>
Hospitalisation cover	Benefit paid for each day that an <i>Insured Person</i> sustaining <i>Bodily Injury</i> is admitted to a <i>Hospital</i> as an <i>Admitted Patient</i> .	Fixed amount of €50 per day of admission.	Minimum 24 hours and maximum 365 Days.
Cover for expenses of hospital visitors	Reimbursement of the costs for transport of a <i>Partner</i> and/or <i>Financially Dependent Child</i> to the <i>Hospital</i> if an <i>Insured Person</i> is admitted as an <i>Admitted Patient</i> to a <i>Hospital</i> more than 25 kilometres from the <i>Insured Person's</i> place of residence.	The actual costs up to €50 per visit and up to €500 for all visits per admission in a <i>Hospital</i> .	Not applicable
Cover for coma	The <i>Company</i> provides cover if an <i>Insured Person</i> suffers <i>Bodily Injury</i> that results in the <i>Insured Person</i> being permanently unconscious.	Fixed amount of €100 per day of admission.	365 days
Specified Infectious Diseases	Benefit paid for each day an <i>Insured Person</i> is admitted to a <i>Hospital</i> as an <i>Admitted Patient</i> as a result of a <i>Diagnosis</i> with a <i>Specified Infectious Disease</i> .	Fixed amount of €50 per day of admission. Maximum compensation of €10,000 per policy document per year.	180 days
<i>Serious Side Effect</i> after Vaccination	The <i>Company</i> provides cover if, following vaccination against COVID-19, or any other <i>Covered Disease</i> , a <i>Serious Side Effect</i> is diagnosed in the <i>Insured Person</i> within the 30 day validity period.	Fixed amount of €50 per day of admission.	180 days



Burns, Facial Scarring and Fracture Benefits

If, as a result of an *Accident* occurring at the *Actual Home Address* while *Working From Home*, an *Insured Person* suffers *Bodily Injury* resulting in one of the specified injuries listed below, the *Company* will pay the benefit stated for the injury in question to the extent stated:

List of Specified Injuries

Third-Degree Burns cover	Additional compensation per person per Accident
Third-degree Burns covering more than 27% but less than 40% of the body surface	€10,000
Third-degree Burns covering 18% to 27% of the body surface	€5,000
Third-degree Burns covering 9% to 17% of the body surface	€1,500
Permanent Facial Scarring Cover	
Permanent facial scar more than 5 centimetres long or more than 5 square centimetres in size	€5,000
Permanent facial scar 2.5 to 5 centimetres in length or 2.5 to 5 square centimetres in size	€2,500
Fracture Cover	
Fracture of the neck or spine	€3,500
Fracture of the hip or pelvis	€1,500
Fracture of skull (except jaw, cheekbone or nose) or shoulder blade	€650
Fracture of collarbone or upper leg	€650
Fracture of upper arm, kneecap, forearm or elbow	€500
Fracture of lower leg, jaw, wrist (excl. Colle fracture), cheekbone, ankle, hand or foot	€350
Fracture of ribs (per rib)	€135
Fracture of finger, thumb, toe (per finger, thumb, toe)	€100
Maximum benefit for Bone Fractures per <i>Accident</i>	€3,500

Additional terms and conditions applicable to cover for burns, facial scars and *Bone Fractures* while *Working From Home*:

1. For *Insured Persons* who were *Diagnosed* with osteoporosis prior to the *Accident* or as a result of the *Accident*, the benefit for *Bone Fractures* will only be paid once during the term of this Policy.
2. The maximum payment for all claims per *Accident* under the cover for burns, facial scars and/or *Bone Fractures* is €15,000.
3. The *Bodily Injury* must be confirmed by a *Physician* to the *Medical Practitioner*.
4. No benefit will be paid for *Third-degree Burns*, facial scars or *Bone Fractures* if compensation is payable on account of death resulting from an *Accident*.
5. Cover is in force during regular working days of the *Insured Person* on the basis of term of cover DD1 (24-hour cover).



Sexual Violence and Criminal Assault

If during the term of cover an *Insured Person* suffers psychological trauma as a result of becoming a *Victim of Sexual Violence* or a *Criminal Assault* or witnessing an actual or attempted murder, violent armed robbery or act of *Terrorism*, the *Company* will pay the following:

Cover	Description of the cover	Maximum compensation	Maximum compensation per person per attack or loss
Cover for <i>Psychological Care</i>	Reimbursement of expenses for <i>Psychological Care</i> incurred within 365 days of the reported <i>Sexual Violence</i> or <i>Criminal Assault</i> or documentation of evidence of a murder, witnessing a violent armed robbery or act of <i>Terrorism</i> .	€200 per session	€5,000
Cover for hospital visitors	If, as a result of <i>Sexual Violence</i> or a <i>Criminal Assault</i> or violent armed robbery or act of <i>Terrorism</i> , an <i>Insured Person</i> is admitted to a <i>Hospital</i> more than 25 kilometres from his or her usual place of residence, the <i>Company</i> will pay the reasonable costs incurred to transport one person chosen by the <i>Insured Person</i> to the <i>Hospital</i> . The reasonable cost of transport to and from the <i>Hospital</i> and accommodation and meals will be reimbursed for up to 7 days.	€500 per day	€3,500
Cover for <i>Tests for Infectious Diseases or Viruses</i>	Reimbursement of expenses incurred for an <i>Insured Person</i> who undergoes <i>Tests for Infectious Diseases or Viruses</i> within 60 days of <i>Sexual Violence</i> or a <i>Criminal Assault</i> .	€500 per test	€1,500



Additional condition applicable to the above cover for *Sexual Violence*:

1. Proof of *Sexual Violence* must be provided in the form of: (1) a police report, (2) a statement from the treating *Physician* to the *Medical Practitioner*.

Additional cover and extensions for the family of the *Insured Person*

Funeral costs and transport of mortal remains, additional payment for *Financially Dependent Children*, additional payment for *Accidents* suffered jointly, childcare costs, payment of education costs for *Financially Dependent Children*, cover for surviving parents, cover for education of the *Partner* and executor's costs.

If an *Insured Person* suffers *Bodily Injury* that results in a benefit for *Death* caused by an *Accident*, the *Company* will pay the following additional benefits:

Cover	Description of the cover	Maximum compensation	Cumulative limit or maximum duration
Funeral Expenses and transport of human remains	Reimbursement of the reasonable and necessary costs of transporting the deceased from the place of death to the place of funeral care, an urn or coffin in which to place the deceased's remains and basic services of the funeral director and funeral staff, including but not limited to embalming, burial or cremation.	Reimbursement of actual expenses up to a maximum of €10,000 per <i>Insured Person</i> per <i>Event</i>	Not applicable
Additional payment for <i>Financially Dependent Children</i>	If an <i>Insured Person</i> is killed in an <i>Accident</i> , an additional amount will be paid for each <i>Financially Dependent Child</i> of the <i>Insured Person</i> .	5% of the <i>Insured Amount</i> for each <i>Financially Dependent Child</i> , with a minimum of €5,000	€50,000 for all <i>Financially Dependent Children</i>
Additional payment for Common Disaster	If the <i>Insured Person</i> and his or her <i>Partner</i> are killed in the same <i>Accident</i> and there are <i>Financially Dependent Children</i> , an additional amount will be paid for each <i>Financially Dependent Child</i> .	10% of the <i>Insured Amount</i> for each <i>Financially Dependent Child</i> , with a minimum of €25,000	€100,000 for all <i>Financially Dependent Children</i>
Childcare Expenses	Additional reasonable and necessary costs incurred by the <i>Partner</i> of the deceased <i>Insured Person</i> for approved, official childcare for each <i>Financially Dependent</i>	The reasonable, actual costs up to €2,750 per <i>Financially Dependent Child</i> per month.	The amount will be paid for a maximum period of 12 months



	<i>Child</i> under the age of five living with the <i>Partner</i> .		
Payment of education costs for <i>Financially Dependent Children</i>	An additional amount will be paid for the educational costs of each <i>Financially Dependent Child</i> enrolled in a full-time educational establishment.	The reasonable, actual costs up to €5,000 per <i>Financially Dependent Child</i> per <i>Accident</i> .	
Cover for training of the <i>Partner</i>	Reimbursement of training costs incurred if the <i>Partner</i> is already enrolled at an institution of higher education or vocational training or trade school, or enrolls in one within four months of the date of the <i>Insured Person's Death</i> caused by an <i>Accident</i> .	Reimbursement of reasonable actual expenses up to €2,500 per year.	Two years in total per claim
Executor's costs	Reimbursement of the reasonable and necessary administrative costs incurred by the executor of the estate in connection with the settlement of the estate, including insurance payments.	Reimbursement of actual costs up to €1,000	

Additional condition for the additional payments for *Financially Dependent Children* and jointly occurring *Accidents*:

- If both the additional payment for *Financially Dependent Children* and the additional payment for a jointly suffered *Accident* are due, only the highest amount will be paid.

Additional condition for the additional payment for a jointly suffered *Accident*

- This benefit will only be paid if both the *Insured Person* and his or her *Partner* are the legal parents or guardians of the *Financially Dependent Child*.



Paralysis, independent financial advice and retraining costs for Partners

If an *Insured Person* suffers *Bodily Injury* that results in a benefit for *Permanent Disability*, the *Company* will pay the following additional benefits:

Benefit	Description of the cover	Maximum compensation
Paraplegia	Automatic extension of cover for <i>Partners</i> and <i>Financially Dependent Children</i> who suffer <i>Bodily Injury</i> resulting in <i>Paraplegia</i> , <i>Hemiplegia</i> , <i>Triplegia</i> or <i>Quadriplegia</i> if the said persons are also <i>Victims</i> of the same <i>Accident</i> as the <i>Insured Person</i> .	Amount in case of complete: <i>Paraplegia</i> : €50,000 <i>Hemiplegia</i> : €50,000 <i>Triplegia</i> : €75,000 <i>Quadriplegia</i> : €100,000
Independent financial advice	If compensation follows from Item 1.0 to 1.6 of the Table of Cover, the <i>Company</i> will pay an additional amount for reasonable and necessary expenses incurred for professional financial, tax and/or investment advice given by a licensed and registered independent financial adviser on the benefit paid by the <i>Company</i> .	Reimbursement of actual costs up to €2,000 per claim
Retraining costs for <i>Partners</i>	Where compensation for 100% <i>Permanent Disability</i> follows from a claim for an <i>Insured Person</i> , the <i>Company</i> will, at the request of the <i>Policyholder</i> , pay the reasonable costs incurred to train or retrain the <i>Partner</i> of the <i>Insured Person</i> for paid work or to increase his or her employment opportunities or to enable him or her to improve the quality of care provided to the <i>Insured Person</i> .	Reimbursement of actual costs up to €7,500 per claim

Additional condition for independent *Financial Advice*:

- This benefit will not be paid if the independent financial adviser is an *Insured Person*, *Employee* of the *Policyholder* or a *Relative* of the *Insured Person*.

Additional cover and extensions for the employer of the *Insured Person*

Costs for temporary replacement personnel, recruitment costs, retraining costs and costs for workplace modification.

- In the event that an *Insured Person* suffers *Bodily Injury* that results in a benefit, the *Company* will pay the following additional benefits:



Cover	Description of the cover	Maximum compensation	Maximum period of payment
Temporary Personnel Replacement Costs	Reasonable costs incurred by the <i>Policyholder</i> in temporarily employing a person as a direct replacement for the <i>Insured Person</i> for whom a valid claim for cover has been made under Item 1.0 or 1.1 to 1.6 of the Table of Cover.	Reimbursement of actual costs up to €10,000 for all costs incurred for one claim	Three months after the date of the <i>Accident</i>
Recruitment Costs	Recruitment costs incurred by the <i>Policyholder</i> in employing a person on a permanent contract to replace the <i>Insured Person</i> for whom compensation has been paid under Item 1.0 or 1.1 to 1.18 of the Table of Cover.	Reimbursement of actual costs up to €10,000 for all costs incurred for one claim	Not applicable
Retraining Costs	Reasonable and necessary retraining costs incurred by the <i>Policyholder</i> to retrain the <i>Insured Person</i> for whom compensation is paid under Item 1.6 to 1.18 of the Table of Cover for another occupation.	Reimbursement of actual costs up to €10,000 for all costs incurred for one claim	The costs must be incurred within 12 months of the date of the <i>Accident</i> .
Workplace Adaptation Costs	Reasonable and necessary workplace adaptation costs incurred by the <i>Policyholder</i> to adapt the <i>Insured Person's</i> usual place of work due to the effects of the <i>Permanent Disability</i> for which compensation has been paid under Items 1.6 to 1.18 of the Table of Cover.	Reimbursement of actual costs up to €10,000 for all costs incurred for one claim	The costs must be incurred within 12 months of the date of the <i>Accident</i> .
Replacement Costs or repair of <i>Business Equipment</i>	In the event that compensation has been paid under Article 1.2.1.4. Cover for burns, facial scars and <i>Bone Fractures</i> while <i>Working From Home</i> , and <i>Business Equipment</i> is damaged as a result of the same <i>Accident</i> , the <i>Company</i> will reimburse the cost of repair or, if that is not possible, replacement of that equipment, up to a maximum of the sum insured.	Reimbursement of actual costs up to €1,000 for all costs incurred for one claim	The costs must be incurred within three months of the date of the <i>Accident</i> .
Cover for visitors	Visitors are insured for <i>Accidents</i> suffered by them in a building or on grounds belonging to the <i>Policyholder</i> (used by and serving as a permanent place of business) for a maximum sum insured per person. Visitors do not include the employees of contractors, installers, engineers, cleaners, utility companies, etc. who come to work in the <i>Policyholder's</i> business, nor temporary employees, trainees and other persons who work for payment in the <i>Policyholder's</i> business. This visitor cover only applies if the <i>Policyholder</i> has insured all <i>Employees</i> under this insurance. Unless stated otherwise on the policy schedule, this cover does not apply to companies whose business is partly geared to receiving visitors, such as amusement parks, catering establishments, zoos, banks, cinemas, museums, shops, public buildings, stations, airports, ports, etc.	€25,000 for accidental death; A maximum of €50,000 for <i>Permanent Disability</i> . A maximum <i>Insured Amount</i> of €500,000 per <i>Event</i> applies.	Not applicable



Additional condition for the temporary personnel replacement costs:

- The costs must be incurred in the three months immediately following the *Insured's Accident*. Cover terminates at the end of the 90 days/third month or on the date payment is made under Item 1.0 or 1.1 to 1.6 of the Table of Cover, whichever occurs first.

Additional conditions for recruitment costs:

- Costs must be reasonable, necessary, documented and agreed in advance in writing between the *Company* and the *Policyholder*.
- The costs must be incurred within 6 months of the date of the *Accident*.
- Recruitment costs will not be paid in addition to any retraining costs.

Additional conditions for retraining costs and workplace adaptation costs:

- The costs must be reasonable, necessary, documented and agreed in advance in writing between the *Company* and the *Policyholder*.
- The costs must be incurred within 12 months of the date of the *Accident*.
- Retraining costs and workplace adaptation costs will not be paid in addition to any recruitment costs.

Additional conditions for cover for visitors:

- The loss will be determined on the basis of Article 1.1.
- *Beneficiary* is: *Policyholder*.
- The article does not apply to visitors for whom a claim for cover already exists for other reasons under this policy document and/or any other related policies.



6. GENERAL EXCLUSIONS

The *Company* will not be obliged to pay any benefit or provide any cover for any loss, *Bodily Injury*, damage or legal liability directly or indirectly caused by or arising from:

1. intentionally self-inflicted injury, suicide or attempted suicide by an *Insured Person*.
2. training for and participation in professional sports of any kind.
3. *Accidents* occurring during the preparation of or participation in crimes or offences.
4. deliberate acts by the *Policyholder*, an *Insured Person* or a beneficiary.
5. being in the service or training of one of the armed forces or the police force, a military or paramilitary organisation.
6. travelling by air, except as a fare-paying passenger of a public means of transport operated by a commercial airline registered to carry passengers according to published, fixed schedules.
7. *Accidents* caused or made possible by the *Insured Person* being under the influence of alcoholic beverages. Being under the influence of alcohol is assumed if the blood alcohol level is higher than legally permitted at the time and place of the *Accident*.
8. *Accidents* caused or made possible by the *Insured Person* being under the influence of intoxicating, stimulating or sedating substances unless the use of such substances is explicitly prescribed by a doctor and the *Insured Person* has complied with the instructions.

7. GENERAL CONDITIONS

These general conditions apply to this policy document in its entirety. We recommend that you read each section for further additional conditions relating to that section.

The *Policyholder* is required to comply with, and ensure that all other *Insured Persons* also comply with, the general conditions and the additional terms and conditions contained in each section of this Policy, the policy schedule and any clauses or policy endorsements.

7.1 Non-transferability

The insurance contract is not transferable unless otherwise agreed in writing with the *Company*.

7.2 Affiliated companies

Where relevant and subject to the prior written consent of the *Company*, this policy document provides cover for a company or organisation which is an affiliate or subsidiary of the *Policyholder*, or any other business entity, provided they are incorporated in the same country and the *Policyholder* owns 50% or more of the shares. Foreign branches are only co-insured if this has been explicitly agreed with the *Company* and it is noted as such on the policy schedule.

7.3 Change of risk

The premium and conditions apply to the capacity/activities of the *Policyholder* as stated at the time of taking out the insurance.

- a) The *Policyholder* will notify the *Company* as soon as reasonably possible in writing or by email of its intention to materially change the insured capacity and/or the business activities associated therewith and/or any information provided to the *Company*.
- b) If a change as referred to in a) above results in such an aggravation of the risk that the *Company* wishes to continue this Policy only with a change in the premium and/or the terms and



conditions thereof, the *Company* will be entitled to change the premium and/or the terms and conditions of the Policy, whereupon the *Company* will notify the *Policyholder* thereof within 1 month of receiving the written notice referred to in a). The *Policyholder* will be entitled to cancel the Policy by the day the change takes effect, and in any event during 1 month after the *Policyholder* has been notified of the change.

- c) If this change results in such an increase in the risk that the *Company* can no longer be expected to be bound by the Policy, the *Company* will be entitled to terminate the Policy early, subject to 2 months' notice after receipt of the written notice referred to in a).
- d) If the *Policyholder* and/or any other *Insured Person* has failed to give notice to the *Company* of the change referred to in a) above or if the *Policyholder* or the *Company* has exercised the right to cancel the Policy in accordance with b) or c) above, respectively, the *Company* will only be liable to pay such compensation as would have been payable by the *Company* if the changes in a) above which should have been communicated to the *Company* had not taken place.

7.4 Premium payment

The *Policyholder* will pay the premium to the *Company*.

If the *Policyholder* fails to pay the premium due, cover will be suspended 15 days after the *Company* has demanded payment from the *Policyholder*. This does not affect the *Company's* right to terminate the insurance contract for non-payment of the premium. This insurance contract will not provide cover during the period that the cover is suspended. The premium due must still be paid, after which cover will be restored as from the day following the day that the premium due is received by the *Company*.

7.5 Change of premium and/or conditions

If the *Company* announces a review of the premium and/or conditions for insurance policies of the same type as this insurance, the *Company* will be

entitled to adjust this insurance in accordance with such change(s) as from the first premium due date following the announcement of the review. The *Company* will, if it exercises this right, give written notice to the *Policyholder* at least 2 months before said premium due date.

If the *Company* changes the conditions of the insurance contract to the detriment of the *Policyholder* or the beneficiary, the *Policyholder* is entitled to terminate the insurance contract effective on the date on which the change takes effect, and in any case during one month after being notified of the change.

7.6 Notification of claim and evidence

As soon as the *Policyholder* or the beneficiary of the claim is aware, or should be aware, that the risk has materialised, he or she must report this to the *Company*. This will be done as soon as reasonably possible.

The *Policyholder* and the beneficiary of the claim will provide the *Company* within a reasonable time with all information and documents which are important for the *Company* to assess its obligation to pay compensation. If the *Policyholder* and/or the beneficiary of the claim intentionally misleads the *Company* by failing to comply with an obligation arising from the insurance contract or from the law, or by failing to provide the *Company* within a reasonable time with all the information and documents which are important for the latter to assess its obligation to pay compensation after a loss, the right to payment will be forfeited, except to the extent that this deception does not justify the forfeiture of the right to payment.

The party (*Policyholder* and/or the beneficiary of the claim) who is guilty of such misrepresentation will also compensate the *Company* for the loss suffered as a result, which loss the *Company* may also offset against a payment if it concerns the beneficiary of the claim.

7.7 Prescription

The right to payment on the basis of this insurance contract lapses three years after the commencement of the day following the day on which the beneficiary of the claim became aware that it was due.



7.8 Currency

Claims for cover involving foreign currency will be converted into the currency in which the premium and benefits/*Insured Amount* are stated, at the exchange rate published on: www.oanda.com/currency/converter on the day of the loss or the following working day. Unless specifically agreed otherwise, claims will be paid in the country where the policy document was issued.

7.9 Obligations and provisions

The *Policyholder*, the *Insured Person* and/or the *Beneficiary* will comply with the obligations and provisions set out in the policy document. If the *Policyholder*, the *Insured Person* and/or the *Beneficiary* fails to do so, the *Company* may reduce the payment by the amount of the loss it suffers as a result.

7.10 Compensation

Compensation is determined on the basis of the medical and factual data available to the *Company*. The *Insured Person* and/or the *Beneficiary* has the right to accept or refuse the compensation offered. In the latter case, he or she must inform the *Company* as soon as possible by letter of his or her objection.

7.11 Beneficiary in case of *Death* caused by an *Accident*

Any person designated as such in the policy document; in the absence thereof, the *Partner*; in the absence thereof, the legal heirs to the exclusion of the State.

7.12 Change of premium and/or conditions

It is in everyone's interest that we fulfil our obligations under this insurance and continue to do so. In special cases, AIG may be forced to change the premium and/or conditions in the interim. This is because a completely unforeseen situation may arise in which AIG cannot wait to make the change until the insurance is renewed, for example because that would have very serious financial consequences for AIG or because legislation obliges AIG to do so. The change applies to all customers or to a selected

group of customers. If AIG changes the premium and/or conditions in the interim, AIG will always let you know in advance. AIG will also explain to you why an interim change is necessary and what will be changed and by when.

Do you disagree with the changes? In that case you can cancel your insurance. You have this right during one month after the change has been communicated. The insurance will then end on the date on which the change would have taken effect. If you accept the change, you do not have to do anything. The insurance will then automatically continue with the new premium and/or conditions as from the change date.

The right of cancellation does not exist if:

- a) the changes result from or are related to changed legislation or court rulings;
- b) the premium increase is the result of an adjustment agreed in the insurance contract, such as – not limitative – an indexation, a discount or a surcharge arrangement;
- c) the change is an adjustment in favour of the *Policyholder* and/or the *Insured Persons* or does not affect the situation of the *Policyholder* and/or the *Insured Persons*.

7.13 Obligations after loss/recovery from third parties

If the *Insured Person* has any claims for compensation against third parties for loss he or she has suffered other than from insurance, those claims will by way of subrogation be transferred to the *Company* insofar as the *Company*, whether obligated or not, will compensate that loss. The *Insured Person* will, after the risk has materialised, refrain from any conduct that impairs the right of the *Company* against those third parties.

7.14 Sanctions

The *Company* is not required to provide cover or make any payment under this insurance if doing so would violate any sanctions law or regulation under which the *Company*, its parent company or the entity ultimately



controlling it could be exposed to any punishment under the applicable sanctions law or regulation.

7.15 Fraud

If the *Policyholder* and/or an *Insured Person* (as the case may be) does not provide the *Company* as soon as possible with all valid, accurate and up-to-date data and documentation relevant for the latter to assess its obligation to pay benefits and/or, if it provides the *Company* with false data and/or documentation with the intention of deceiving the *Company*, the right to benefit will lapse. The person who is guilty of such deceit or misrepresentation will indemnify the *Company* for any and/or all losses suffered by the *Company* as a direct or indirect result of the aforementioned deceit or misrepresentation, and the *Company* will not pay any further amounts under this policy document. In addition, the *Company* will be entitled to terminate the policy document as of the date of the fraud or deception and will refund the premiums already paid in relation to this policy document.

7.16 Concurrence of insurance policies

If loss, which is covered under this insurance all, is also covered under any other insurance contracts, whether or not of an older date, or would have been covered if the present insurance contract had not existed, the present insurance contract will run as an excess over the cover provided under the other insurance contracts, or would have been provided if the present insurance contract had not existed. This does not apply to fixed-sum insurance policies.

7.17 Duration and termination of the insurance

- 1) Informed renewal applies
The insurance contract takes effect on the date stated on the policy schedule and is valid for a fixed period of 12 months. After expiry of the 12-month period, the policy document will automatically renew for another 12-month period. However, the *Company* has the right to terminate the policy document at any

time after the first 12 months have expired. A notice period of one month applies. The *Company* can terminate the insurance contract effective on the policy renewal date, subject to a notice period of two months.

- 2) Informed renewal not applicable
The insurance takes effect on the date stated on the policy schedule and is continued for a fixed period of 12 months, unless otherwise stated. The insurance is tacitly renewed each time for a period of 12 months or for a period as indicated otherwise, unless the *Company* or the *Policyholder* cancels the insurance in writing or by email at least 2 months before the end of such period.
- 3) The *Company* may terminate the insurance contract in the event of bankruptcy of the *Policyholder*, but not earlier than three months after the declaration of bankruptcy.

7.18 Cancellation in the event of Acts of War

The *Company* and the *Policyholder* may terminate the cover for loss arising from *Acts of War* upon the materialisation of such risk, or the imminence thereof, subject to a notice period of seven days.

7.19 Statutory interest

If within a period of 730 days from the *Accident*, the degree of *Permanent Disability* cannot be established for medical reasons, statutory interest will be paid by the *Company* to the Insured Person on the benefit for *Permanent Disability* resulting from an *Accident*, from the 731st day.

7.20 Personal data

How we use your personal data.

We, the Dutch branch of AIG Europe S.A., also trading as AIG Europe, Netherlands, are committed to protecting the privacy of clients, policyholders and other business contacts.

Personal Data identifies you and relates to you or other individuals (for example, your partner or other family members). Whenever you provide



Personal Data about another person, you must (unless we have agreed otherwise) inform that person of the contents of this statement and our Privacy Policy and (where possible) obtain his or her consent to share his or her Personal Data with us.

Depending on our relationship with you, the categories of Personal Data we collect, and why, may include the following: contact information, financial and account information, credit information and credit rating information, sensitive information relating to a health or medical condition (collected with your consent where required under applicable law), as well as Personal Data you provide or that we collect in connection with our relationship with you. Personal Data may be used for the following purposes:

- Administration of insurance contracts, e.g. communication, processing and settlement of claims and payments.
- Evaluating and making decisions about the provision of cover, the terms of insurance and claims settlement.
- Support and advice on medical and travel matters.
- Managing our commercial activities and IT infrastructure.
- Prevention, detection and investigation of crimes, such as fraud and money laundering.
- Establishing, exercising or substantiating a legal claim.
- Compliance with laws and regulations (including compliance with laws and regulations outside your country of residence).
- Monitoring and recording of telephone calls for quality, training and security purposes.
- Internal and external audits.
- Marketing, market research and analysis.

If you no longer wish to receive marketing communications, please contact us by email at gegevensbescherming.nl@aig.com or write to us at: AIG Europe, Netherlands, Attn: Data Protection Officer, Rivium Boulevard 216 - 218, 2909 LK Capelle aan den IJssel, Netherlands. If you no longer wish to

receive marketing communications, we may still send you other important service and administration communications in connection with services we provide to you.

Sharing of Personal Data - Personal Data may be shared for the above purposes with companies in our group and with third parties (such as brokers and other insurance intermediaries, insurers and reinsurers, credit reference agencies, medical experts and other service providers). If required by law and/or regulation, Personal Data will be shared with other third parties (including government agencies).

Personal Data (including personal injury data) may be stored in the Central Information System of insurance companies operating in the Netherlands (Stichting CIS), Bordewijklaan 2, 2591 XR The Hague. The database of CIS is consulted by insurers and authorised agents in order to prevent, detect and investigate fraud, among other things, or to verify your claim history or that of any other person who is or is likely to be involved in the policy document or claim. For more information, please go to www.stichtingcis.nl.

Personal data may be shared with (potential) buyers and may be transferred upon sale of our company or transfer of our assets.

International transfers - Due to the global nature of our business, your Personal Data may be transferred to parties located in other countries (including the United States, China, Mexico, Malaysia, the Philippines, Bermuda and other countries where privacy laws are different from those in your country of residence). In the event of such a transfer, we will always take steps to ensure that your Personal Data is adequately protected and transferred in accordance with the requirements of the privacy laws. Further information on international transfers can be found in our Privacy Policy (see below).

Security of Personal Data - Appropriate technological and physical security measures will be used to keep your Personal Data safe and



secure. When we transfer Personal Data to a third party (including our service providers) or use a third party to collect Personal Data on our behalf, that third party will be carefully selected and required to implement appropriate security measures.

Your Rights - You have a number of rights under privacy legislation in connection with our use of Personal Data. These rights may apply only under certain circumstances and may be subject to certain exceptions. These rights include, without limitation, the right to access Personal Data, the right to have inaccurate data amended, the right to have data erased and the right to have the processing of Personal Data restricted. These rights may also include the right to transfer your Personal Data to another organisation, the right to object to the use of your Personal Data, the right to request that certain automated decisions taken by us have human intervention, the right to withdraw your consent and the right to lodge a complaint with the supervisory authorities. More information on your rights and how to exercise them can be found in our Privacy Policy (see below).

Privacy Policy - Further information on your rights and how we process your Personal Data can be found in our full Privacy Policy at <https://www.aiginsurance.nl/privacybeleid>. You can also request a copy by writing to: AIG Europe, Netherlands, Attn: Data Protection Officer, Rivium Boulevard 216 - 218, 2909 LK Capelle aan den IJssel, Netherlands, or by sending an email to: gegevensbescherming.nl@aig.com.

7.21 Complaints procedure

If you are not satisfied with our service, you can file a complaint by contacting AIG Europe S.A., Netherlands Branch.

In writing: AIG Europe S.A., Netherlands Branch, General Manager
PO Box 8606
3009 AP Rotterdam
By email: info.rotterdam@aig.com
By telephone: +3110 453 54 55

AIG Europe S.A., Netherlands Branch will send an acknowledgement of receipt within 1 week of receiving the complaint, keep the complainant informed of progress and provide a final substantive response within 2 weeks after receipt of the complaint unless this proves impossible due to certain circumstances, in which case the complainant will be informed in writing in good time.

Dutch Institute for Financial Disputes

AIG Europe S.A., Netherlands Branch is associated with the Financial Services Complaints Tribunal (KiFiD). Financial Services Complaints Tribunal is the competent complaints institute if the policyholder as a consumer has concluded an insurance contract with the insurer, if a natural person derives an individual right of action from an insurance contract with the insurer, or if a natural person has a privacy complaint against the insurer. It is also open to legal persons whose objects are so centred on the private interests of one or more natural persons who are shareholders or directors or members of that legal person that it can be regarded as an extension of those natural persons.

If the complainant does not agree with the insurer's handling of a complaint, he or she may refer the complaint to the Financial Services Complaints Tribunal within three months of the date of the insurer's final position. This is also possible if the complaint is not settled within six weeks after confirmation of receipt or eight weeks after the complaint was submitted.

KiFiD

By post: PO Box 93257
2509 AG The Hague
By email: consumenten@kifid.nl
By telephone: +70 333 89 99
www.kifid.nl



Head office AIG Europe S.A. / Commissariat aux Assurances or one of its mediation bodies

As AIG Europe S.A., Netherlands Branch is a branch of the Luxembourg-based company AIG Europe S.A., complainants who are natural persons and acting outside the course of their business or profession, if they disagree with the final position taken by AIG Europe S.A., Netherlands Branch or in the absence of a response after 90 days, may also use the following options in addition to the possibilities set out above.

File a complaint with the head office of AIG Europe S.A.

In writing: AIG Europe SA 'Service Réclamations Niveau Direction'
35D Avenue John F. Kennedy
L-1855, Luxemburg - Grand Duché de Luxembourg
By email: aigeurope.luxcomplaints@aig.com

Apply for an out-of-court settlement to the Commissariat aux Assurances, Luxembourg

In writing: CAA, 7 Boulevard Joseph II, L-1840 Luxembourg - Grand Duché de Luxembourg
By fax: +352 22 69 10
By email: reclamation@caa.lu
Online: <http://www.caa.lu>

or access one of the mediation bodies in Luxembourg:

Service National du Médiateur de la consommation

Ancien Hôtel de la Monnaie
6, Rue du Palais de Justice
L-1841 Luxembourg
+352 46 13 11
info@mediateurconsommation.lu
www.mediateurconsommation.lu

Médiateur en Assurances

ACA
c/o Médiateur en Assurance
B.P. 448
L-2014 LUXEMBOURG
+352 44 21 44 1
mediateur@aca.lu
<https://www.aca.lu/fr/mediateur-assurance>

Requests to the CAA or one of the mediation bodies in Luxembourg can only be submitted in French, German, English or Luxembourgish.

If the complainant does not wish to make use of these complaint handling options, or does not find the handling or the outcome of the complaint satisfactory, the complainant can submit the dispute to the competent court. The use of one or more of the aforementioned options to complain does not affect the right to initiate legal action.

7.22 Applicable law and choice of forum

The insurance agreement shall be governed and construed by the laws of the Netherlands. The Dutch courts shall have exclusive jurisdiction for any dispute in relation to the execution or the interpretation of this agreement.



8. TERRORISM COVER CLAUSE

With the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT).

1 Definitions

In this clauses sheet and the provisions based thereon, the following terms will have the following meanings unless otherwise stated:

1.1 Terrorism

Violent acts and/or behaviour - committed outside the framework of one of the six forms of war risk referred to in Section 3:38 of the Financial Supervision Act - in the form of an attack or a series of attacks that are related in time and purpose, as a result of which injury and/or damage to health, whether or not resulting in death, and/or property damage arises or economic interests are otherwise affected, in which it is plausible that this attack or series of attacks - whether or not in any organisational context - was planned and/or carried out with a view to achieving certain political and/or religious and/or ideological objectives.

1.2 Malicious contamination

Outside the framework of one of the six forms of war risk referred to in Section 3:38 of the Financial Supervision Act, the spreading of pathogens and/or substances that cause injury and/or damage to health, whether or not resulting in death, as a result of their direct or indirect physical, biological, radioactive or chemical effects, may cause harm to people or animals and/or may cause property damage or otherwise harm economic interests, in which it is plausible that the spreading - whether or not in any organisational context - was planned and/or carried out with the intention of achieving certain political and/or religious and/or ideological objectives.

1.3 Preventive measures

Measures taken by the government and/or the insured and/or third parties to avert the imminent danger of terrorism and/or malicious contamination or - if this danger has materialised - to limit the consequences thereof.

1.4 Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT)

A reinsurance company incorporated in the Netherlands by the Dutch Association of Insurers (*Verbond van Verzekeraars*), to which payment obligations arising from insurance contracts for insurers authorised in the Netherlands may be submitted directly or indirectly as a result of the materialisation of the risks referred to in Articles 1.1, 1.2 and 1.3.

1.5 Insurance contracts

- a) Non-life insurance contracts to the extent that they relate to risks located in the Netherlands in accordance with the provisions of Section 1:1 under 'State in which the risk is situated' of the Financial Supervision Act.
- b) Life insurance contracts to the extent that they are concluded with a policyholder with habitual residence in the Netherlands, or, if the policyholder is a legal person, with the branch established in the Netherlands of the legal person to which the insurance relates.
- c) Funeral services contracts to the extent that they are concluded with a policyholder with habitual residence in the Netherlands, or, if the policyholder is a legal person, with the branch established in the Netherlands of the legal person to which the insurance relates.

1.6 Insurers authorised in the Netherlands

Life, funeral services and non-life insurers that, pursuant to the Financial Supervision Act, are authorised to conduct insurance business in the Netherlands.

2 Limitation of the cover for the terrorism risk



2.1 If and insofar as, with due observance of the descriptions given in Articles 1.1, 1.2 and 1.3 and within the limits of the applicable policy conditions, cover exists for the consequences of an event which is directly or indirectly related to:

- terrorism, malicious contamination or preventive measures,
- acts or conduct in preparation of terrorism, malicious contamination or preventive measures.

hereinafter jointly called the 'terrorism risk', the insurer's obligation to pay compensation in respect of any claim for compensation and/or benefits submitted to it is limited to the amount of the payment received by the insurer in respect of that claim under the reinsurance for the terrorism risk with the NHT, in the case of insurance with a capital accumulation increased by the amount of the capital accumulation already realised pursuant to the insurance in question.

With life insurance policies, the amount of the realised capital accumulation is set at the premium reserve to be maintained pursuant to the Financial Supervision Act with respect to the insurance policy in question.

2.2 The NHT provides reinsurance cover for the aforementioned claims up to a maximum of EUR 1 billion per calendar year. The aforementioned amount may be adjusted from year to year and applies to all insurers affiliated to the NHT jointly. Any adjustment will be announced in three national newspapers.

2.3 Contrary to the provisions of the foregoing paragraphs of this article, the following applies to insurance policies in respect of:

- damage to immovable property and/or the contents thereof;
- consequential damage to immovable property and/or the contents thereof,

that per insured location per annum a maximum of 75 million euro will be paid out under this agreement, for all participating insurers as referred to in Article 1 together, irrespective of the number of policies issued.

For the application of this paragraph, insured location is understood to mean:

all items insured by the policyholder located at the address of premises subject to the risk, as well as all items insured by the policyholder located outside the address of premises subject to the risk, the use and/or purpose of which is related to the business activities at the address of premises subject to the risk. As such will in any case be considered all items insured by the policyholder which are located at a distance of less than 50 metres from each other and of which at least one is located at the risk address. For the application of this paragraph the legal entities and companies which are affiliated in a group, as referred to in Section 2:24b of the Dutch Civil Code, shall be considered to be one policyholder, irrespective of which group company or companies belonging to the group has/have taken out the policy document(s).

3 Payment protocol NHT

3.1 The Protocol on Settlement of Claims (hereinafter: the Protocol) applies to the reinsurance of the insurer with the NHT. On the basis of the provisions laid down in said Protocol, the NHT is entitled, inter alia, to defer payment of compensation or the sum insured until such time as it can determine whether and to what extent it has sufficient financial resources at its disposal to settle in full all claims for which it provides cover as reinsurer. To the extent that the NHT proves not to have sufficient financial resources at its disposal, it is entitled to make a partial payment to the insurer in accordance with said provisions.

3.2 With due regard for that stated in provision 7 of the Protocol on Settlement of Claims, the NHT is authorised to decide whether an event in connection with which a claim for compensation is made must be regarded as a consequence of the manifestation of the terrorism risk. A decision taken to that effect by the NHT in accordance with the aforementioned provision is binding upon the insurer, policyholder, insured parties and parties entitled to compensation.



3.3 Only after the NHT has informed the insurer what amount, whether or not by way of an advance, will be paid to it in respect of a claim for benefits, can the insured person or the beneficiary claim the benefit referred to in Article 2.18.3 from the insurer.

3.4 Pursuant to Article 17 of the Protocol, reinsurance cover with the NHT will only apply to claims for compensation and/or benefits which are reported within two years of the NHT establishing that a particular event or circumstance is deemed to be a materialisation of the terrorism risk within the meaning of this clauses sheet.



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