

Deliveroo DMCC Personal Accident Group Policy Wording

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

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Introduction

This policy document outlines the insurance cover, full benefits and exclusions and claims process for all Riders in the United Arab Emirates who provide delivery services to Deliveroo.

This cover is provided to you free of charge, funded by Deliveroo. It provides protection to you if you have an accident whilst you are online and logged in to the Deliveroo Rider app.

If you have an accident and you are injured, incur medical expenses or lose income, this policy provides certain benefits.

In order to provide you with this Personal Accident cover, Deliveroo has taken out an insurance policy with Emirates Insurance Company. You, subject to the terms and conditions, are the beneficiary of these policies.

How long will your cover last?

Your cover will end automatically if you cease to work as a Deliveroo rider. As a beneficiary you do not have the right to cancel the insurance contract between Deliveroo and its Insurer which is subject to the contract terms between them.

Confidentiality

This document contains information which is confidential to the interested parties; Deliveroo, Riders, and Emirates Insurance Company and may not be reproduced in any form or communicated to any other person, firm or company without the prior approval of Emirates Insurance Company

Group Policy Schedule

Insured Persons

Category A:

Any Rider aged less than 70 years (the maximum age limit) of the Group Policyholder included in this Policy and for whom the Group Policyholder has paid the appropriate premiums.

Effective Time:

Whilst undertaking delivery duty, anywhere in the UAE, while logged in and online on the Deliveroo App.

Insured/ Not Insured	Benefit Description Personal Accident Insurance	Benefit Amount (per Insured Person)
SECTION 1. Serious Injury		
Insured	A. Accidental death	AED 175,000
	B. Permanent Total Disablement – Fitted Education/Training	AED 175,000
	C. Permanent Partial Disablement – Continental Scale	Up to AED 175,000
SECTION 2. Disfigurement or scarring of the Face or Body from Accident and Burns		
Insured	A. Face (Disfigurement or scarring of the Face from Accident and Burns) At least one square centimetre or two centimetres in length	AED 3,000
	B. Body (Disfigurement or scarring of the Body from Burns) 4.5% or more of the Total Body Surface Area	AED 3,000 Only one Benefit Amount may be paid for all Disfigurement or scarring of the Body and the Face from Burns. The Benefit Amounts are not cumulative
Section 3. Hospital Confinement		
Insured	Hospital Confinement (Accidents Only, Max 60 days)	AED 200 per each overnight stay in hospital. Only one Benefit Amount may be paid for all Hospital Stays resulting from any one Accident.
Section 4. Coma		
Insured	Coma	
	• Benefit Amount	AED 1,500 per week
	• Benefit Period	26 weeks
Section 5. Funeral Expenses including Repatriation of Mortal Remains		
Insured	Funeral Expenses (including Repatriation of Mortal Remains)	up to AED 10,000
Section 6. Temporary Total Disablement		
Insured	Temporary Total Disablement (7 day Waiting Period, Max AED 200 per day)	Upto 75% of gross Weekly wages for up to 30 days post Waiting Period
Section 7. Accident Medical Expenses		
Insured	Accident Medical Expenses In respect of valid claims under Section 1 Injury	Up to AED 30,000

Section 8. Dependent Child Benefit

	Dependent Child Benefit	AED 25,000
Insured	In the event of death of the Insured due to Accident as under Section 1	

Section 9. Loss or Damage to Personal Belongings due to Assault

	Loss or Damage to Personal Belongings	AED 1,000
Insured	(due to Assault)	

Section 10. Repatriation following Permanent Total Disablement

	Repatriation	Up to AED 20,000
Insured	(following Permanent Total Disablement)	

Cover Information

Eligibility

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

- be resident in the **United Arab Emirates**; and
- hold an active rider account with Deliveroo to undertake delivery services;
- be under the age of 70 at the date of the **Accident** (note: the Policy's maximum age limit is 70, meaning that cover will end when **You** reach 70);

Important information you have given to Deliveroo

When you became a Deliveroo rider, Deliveroo may have needed to ask you some questions, for example to establish your eligibility for this insurance cover. You must take reasonable care to provide complete and accurate answers to any questions Deliveroo ask you. If the information provided by you is not complete and accurate:

- a) we may refuse to pay any claim, or;
- b) we may not pay any claim in full, or;
- c) the extent of cover may be affected.

If you become aware that information you have given Deliveroo is incomplete or inaccurate, you must inform Deliveroo immediately.

When and where cover applies

Cover commences when you are online in the Deliveroo app for the purpose of providing delivery services and ceases after you go offline

Country

Covers applies only within United Arab Emirates

Sections of the Policy that are insured

Only the sections of cover that are shown in the **Group Policy Schedule** as "insured" are applicable to this Policy – please read the **Group Policy Schedule** carefully to ensure you understand the cover that is in place.

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 17 in this Policy document.

The Cover

Important note: only the sections of cover below that are shown in the group policy schedule as “insured” are applicable to this policy – please read the group policy schedule and policy summary carefully to ensure you understand the cover that is in place.

The type of cover and **Benefit Amount** will be shown in the **Group Policy Schedule**, which is held by the **Group Policyholder**, and the **Policy Summary**, which is held by **You**. The cover applies during the **Effective Time** anywhere in the world.

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

Section 1 - Serious Injury

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

A. Accidental death

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

B. Permanent Total Disablement

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

C. Permanent Partial Disablement

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

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

Specific Information for SECTION 1 – Injury

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

Section 2 - Disfigurement or Scarring of the Face or Body from Accidents and Burns

If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in disfigurement or scarring of **Your** :

- a) **Face** of at least 1 square centimetre or 2 centimetres in length from **Accident** or **Burns**, **We** will pay a **Benefit Amount** that is proportionate to the extent of disfigurement or scarring between the Minimum Benefit and Maximum Benefit stated in the **Group Policy Schedule**, and the Policy Summary.
- b) **Body** of at least 4.5% of the total **Body** surface area from **Burns**, **We** will pay the appropriate **Benefit Amount** stated in the **Group Policy Schedule**, and the Policy Summary.

Section 3 - Hospital Confinement (Accidents Only)

If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in **Hospital Stay of at least 24 Hours**, **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule**, and the Policy Summary.

Section 4 - Coma

If during a **Period of Insurance** and **Effective Time** an **Accident** occurs and causes **Bodily Injury** to **You** resulting in **You** falling into a **Coma** lasting beyond the length of the **Waiting Period**, **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule**, and the Policy Summary, for each full day beyond the **Waiting Period** during which **You** remain in a **Coma** up to the maximum **Benefit Period**.

Section 5 - Expenses following Death-Funeral Expenses including Repatriation of Mortal remains

In the event of an Insured's death, **We** shall organise and meet the cost of transporting the Insured's body to his/her Home. Liability for the cost of the Funeral shall be limited to **the amount as per the policy schedule**.

This service shall also apply to transportation of the body which has been temporarily buried in accordance with local practices and requirements, in order to be buried again or cremated in the Insured Person's Country of Permanent residence

These expenses are payable in addition to any **Benefit Amount** for death payable under Section 1 - Serious Injury of this Policy.

Section 6 - Temporary Total Disablement

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

Specific Information for Section 6 – Temporary Total Disablement

1. The most **We** will pay per week for **Temporary Total Disablement** is 75% of **Your** normal weekly income
2. Payment of a **Benefit Amount** by **Us** for **Temporary Total Disablement** does not prejudice **Your** entitlement to claim under any other section of this Policy, but if a claim is ultimately paid by **Us** under Section 1 - Serious Injury of the Policy for the same **Accident**, then payment for **Temporary Total Disablement** will end as soon as **Your Permanent Disability** is confirmed.
3. Only one of the benefits for **Temporary Total Disablement** will be payable at any one time.
4. Payment of a **Benefit Amount** by **Us** for an incomplete week will be made on a pro-rata basis.
5. The cover afforded by Section 6 shall apply in excess of and after all other insurance has been exhausted. We will only pay amounts that are not covered by other insurance or state benefits.

Section 7 - Accident Medical Expenses

We will pay **You** for **Accident Medical Expenses** incurred in the United Arab Emirates up to the maximum **Benefit Amounts** shown in the **Group Policy Schedule** and the Policy Summary.

Specific Information for Section 7 – Accident Medical Expenses

1. The cover afforded by Section 7 shall apply in excess of and after all other insurance has been exhausted. We will only reimburse amounts if they are not covered by other insurance or state benefits.

Section 8 – Dependent Child Benefit following Accidental Death of Insured Person

We will pay for the education expenses to your surviving **dependent child(ren)**, provided they were enrolled in a government licensed institution of learning at the time of accident, upto to the maximum **Benefit Amounts** shown in the **Group Policy Schedule** and the Policy Summary.

Section 9 – Loss or Damage to Personal Belongings due to Assault

In the event of Material Damage affecting the clothes and accessories (wristwatch, jewellery, leather goods, spectacles) worn by the insured who is the victim of an Assault, the Insurer shall indemnify the Insured up to the amount as per the policy schedule to replace his/her ruined personal clothes and/or accessories, on presentation of supporting proof.

Specific Exclusions to benefit for Personal belongings as a result of an Assault

The following shall be expressly excluded from benefit:

- Accidents other than those resulting from an Assault.
- Identity papers and official documents.
- Dentures, artificial eyes and other prostheses, spectacles, contact lenses.
- Mobile telephones.
- Audio-visual equipment, cameras, video or hi-fi equipment

Section 10 – Repatriation following Permanent Total disablement

In the event of an Insured's **Permanent Total Disablement**, **We** shall organise and meet the cost of transporting the Insured to his/her Home country

General Exclusions

These General Exclusions apply to all sections of this Policy, and are in addition to the Specific Exclusions listed under section 6 - Temporary Disablement of this Policy.

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

- any illness or disease not directly resulting from **Bodily Injury**;
- **War** or any act of **War**;
- suicide, attempted suicide or deliberate self-inflicted injury by **You** regardless of the state of **Your** mental health;
- **You** being a member of any reserve armed forces whilst called out for active service;
- **You** engaging in any form of **Air Sports** or taking part in air travel, unless travelling as a fare-paying passenger in an aircraft which is provided and operated by an airline or air charter company which must be licensed for this;
- **Your** illegal acts;
- repetitive stress (strain) injury or syndrome or any gradually operating cause;
- post-traumatic stress disorder or related syndromes or any psychological or psychiatric condition;
- bacterial or viral infection except where it is the direct result of **Accidental Bodily Injury**;
- **We** will not pay any claims which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, United States of America or the United Arab Emirates. **You** should contact **Our** Customer Services Team on Emirates Contact Number 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, United Arab Emirates 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 shall be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.
- **We** will not be liable to make any payment under this Policy where **You** do not meet the Eligibility Criteria detailed on page 4 of this Policy.

When Your Cover Ends

Your insurance will cease at midnight on the day that one of the following events occur:

- the last day of the month during which **You** no longer meet the description of **Insured Persons** contained in the **Group Policy Schedule**; or
- the end of the **Period of Insurance** in which **You** reach **Your** 70th birthday; or
- when **You** die; or
- **We** terminate this Policy following the agreed notice period; or
- if this Policy expires

whichever happens first.

Making a Claim

Telling Us about Your Claim

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

Emirates Insurance Company (PSC)
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E-mail: contactcenter@eminsco.com
info@eminsco.com

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

Information We may need about Your Claim

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

Fraudulent Claims

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

Co-operation in the Claim Process

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

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

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

Paying Claims

If **You** have a claim, **We** will deal with it based on the cover details shown in **Group Policy Schedule** which is in force at the time of the **Accident**, and the claim supporting documents which you upload on the dedicated Insurance portal at <https://deliveroo-me.deliveryriderscover.com>

All benefit payments on valid claims will be paid in AED.

For **Accidental** Death and Urgent Expenses following Death, **We** will pay the **Benefit Amount** to **Your** respective Contracting Agency and the receipt given to **Us** by **Your** Contracting Agency or **Your** Deliveroo Representative shall be a full discharge of liability by **Us** in respect of the claim for such **Benefit Amount**.

For all benefits excluding **Accidental** Death and Urgent Expenses following Death, **We** will pay the **Benefit Amount** or the assessed percentage to **Your** respective Contracting Agency and the receipt given to us by **Your** Contracting Agency or **Your** Deliveroo Representative shall be a full discharge of all liability by **Us** in respect of the claim for such **Benefit Amount** or the assessed percentage.

Group Policy Conditions

Assignment

Subject to the Policy Condition headed 'Paying Claims', the benefits under this Policy may not be assigned by **You** or the **Group Policyholder**, and **We** shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported assignment or other dealing with or relating to this Policy.

Providing Information to You

At the beginning of each **Period of Insurance**, the **Group Policyholder** must provide a copy of the Policy Summary to **You**, and must also make the Policy wording and **Group Policy Schedule** available too, stating where the documents can be viewed.

Detail of your insurance coverage, guidance on filing of claims, answers to frequently asked questions and contact details for claims and customer support can be found on our dedicated Insurance portal at <https://deliveroo-me.deliveryriderscover.com>

Bank Charges

We shall not be liable for any charges applied by the receiving bank for any transactions made in relation to a claim.

Cancellation

You may not cancel this Policy at any time. 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**.
- b) **Your** insurance 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 30 days written notice to **You** at **Your** last known address and in such event the premium for the period up to the date when the cancellation takes effect shall 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 responsibility of the **Group Policyholder** 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**.

Choice of Law

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

Compliance with Policy Requirements

The **Group Policyholder** (and where relevant the **Group Policyholder's** representatives) and **You**, shall comply with all applicable terms and conditions specified in this Policy. If they 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 thereto shall 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 shall 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**.

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. The following definitions are applicable to this Policy as a whole.

Accident and Accidental

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

Accident Medical Expenses

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

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

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

Benefit Amount

The maximum amount **We** will pay based on the level of cover shown in the **Group Policy Schedule**, and Policy. Some amounts may apply on a per unit of cover basis – if applicable this is stated in the **Group Policy Schedule**, and Policy Summary along with the number of units of cover applicable to **You**.

Benefit Period

The maximum consecutive period for which benefit is payable as shown in the **Group Policy Schedule**, and Policy Summary. The **Benefit Period** commences at the end of the **Waiting Period**.

Bodily Injury

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

within 24 months of the **Accident** leads to **Permanent Disability**, death, disfigurement or scarring of the **Face** or **Body** from **Burns**, **Hospital Stay**, **Recovery** or **Coma**; and results in a claim covered under this Policy.

Body

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

Burns

Full thickness, third degree burns resulting in a permanent scar.

Child/Children

Your children, step-children, and legally adopted children and children for whom **You** are the **Parent or Legal Guardian**. To be covered by this Policy, the child/children must be:

- not married; and
- financially dependent on **You**; and
- over 3 months and under 18 years old; or
- under 23 years old if still in **Full Time Education**.

Coma

A period of unconsciousness from which an **Insured Person** cannot be aroused even with the most painful stimuli, and assessed by a **Doctor** as scoring less than 9 on the Glasgow Coma Scale. (this scale is a well-established measurement used by medical professionals to assess a person's state of consciousness).

Declarations

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**.

Face

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

Foodstuff

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

Fracture/Fractured

A break in the continuity of the bone.

Full Time Education

A programme of learning provided by a recognised educational body, which leads to qualification by examination or assessment which is either:

- full time study; or
- a mixture of study and work experience as long as at least two thirds of the total time for the course is spent on study.

AED

United Arab Emirates Dirham

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**.

Dependent Children

Means unmarried dependent child(ren) (including step or legally adopted child(ren)) as long as they are under nineteen (19) years of age or under twenty-five (25) years of age while they are full time students at an accredited institution of higher learning and in either case, are primarily dependent upon you for maintenance and support.

Funeral Expenses

Means reimbursement of expenses of funeral arrangement in the event of an accidental death, upto a limit as specified in the schedule

Hospital

An establishment which:

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

In-Patient

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

Insured Person

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

Loss of Hearing

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

Loss of Limb

With reference to:

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

Loss of Sight in Both Eyes

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

Loss of Sight in One Eye

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

Loss of Taste

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

Loss of Speech

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

Loss of Smell

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

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/Spouse

Your:

- spouse; or
- civil partner registered pursuant to the Civil Partnership Act; or
- someone of either sex with whom **You** have been living as though they were **Your** spouse for at least 3 months.

Deliveroo Representative

Any person authorized by the Group Policyholder to represent the Riders in all matters related to this insurance, including obtaining information related to this insurance, filing of claims and receipt of claim amounts

Assault

Assault shall be defined as any bodily impairment or attack unintentional on the part of the Insured, arising from a deliberate, sudden and brutal action by another person or group of persons.

Pelvis

All pelvic bones excluding the sacrum (the sacrum is the five fused bones at the base of the vertebral body).

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 shown and expiring at midnight on the latest date shown.

Permanent Disability

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

Permanent Partial Disablement

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

Permanent Total Disablement

If **You** were in gainful employment at the date of the **Accident**:

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

A **Permanent Disability** which stops **You** from carrying out **Your** usual occupation; or

Skull

All **Skull** and facial bones excluding nasal bones or teeth.

Start Date

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

Temporary Total Disablement

Temporary disablement which completely prevents **You** from undertaking each and every function of **Your** usual occupation / participating in each and every aspect of **Your** usual activities in connection with the **Group Policyholder**.

Waiting Period

A period at the beginning of a period of Temporary Total Disablement or Temporary Partial Disablement during which benefits are not payable.

A waiting period applies to claims for Coma and temporary total disablement following an accident. This means that you cannot submit a claim until you have been incapacitated for a certain period of time. The waiting period is 7 days

War

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

We, Our, Us

Emirates Insurance Company

You, Your

The **Insured Person**.