

Just Eat Time Off Work Insurance

Xact
European Solutions ApS

Policy Wording

Insurer: Lloyd's Insurance Company SA

Broker: Xact European Solutions ApS

Company: Collective Society Ltd

Product: Time Off Work

Collective.

The complaints handling arrangements above are without prejudice to your right to commence a legal action or an alternative dispute resolution proceeding in accordance with your contractual rights. This is an important document and must be read, checked and kept safely.

Words or terms appearing in bold and capitalised throughout this document have the meaning given to them as shown in Definitions.

Please read this document to make sure **You** understand its content as it provides the detailed terms and conditions of **Your Policy**.

Please keep it together with other documents **We** provide **You** with, particularly the:

- Insurance Product Information Document (IPID)
- **Master Schedule** of Insurance
- Any Endorsements **We** may issue to **You**

Together these documents form **Your** contract of insurance.

Please note we have not provided **You** with any advice on this **Policy** and **You** must satisfy yourself that it is suitable for **You**.

This document, and those associated with it, together make up **Your** insurance contract with **Us**. This document is available in large format to ease reading on request.

Your Policy is underwritten by Lloyds Insurance Company SA, an insurance company authorised and regulated by the National Bank of Belgium (NBB) and regulated by the Financial Services and Markets Authority (FSMA) (Ref. 3094).

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Important Notice:

There are two separate sections to this policy please ensure you are reading the correct terms and conditions for the relevant section in the **Master Schedule**.

Section A: Accidental Death and Permanent Disablement

Section B: Temporary Total Disablement

Definitions

Benefit/s	The incidents as set out in the Policy Wording under which the Sum Insured is paid and as stated on the Master and Member Schedules .
Benefit Payment Period	The total period (not necessarily consecutive) for which income benefits are payable to Members in respect of any Illness or Bodily Injury incurred in any one Policy Period or ending on the date of any Policy cancellation.
Bodily Injury	An identifiable physical Bodily Injury caused by an Event .
Compassionate Leave	A period of time during which Members cannot work due to the loss of a parent, spouse, civil partner, sibling, child or adopted child.
Courier	A person younger than age 70 at the start date of this Policy who holds a valid Courier Agreement with the Master Policyholder to provide deliveries during the Policy Period . This includes bona fide Substitutes as verified by the Master Policyholder .
Doctor	Any legally qualified medical Doctor , consultant or licenced medical practitioner with the authority to confirm a Member's Illness or Bodily Injury , but not the Member nor any Family Member .
Earnings	Gross income received from work in an Occupation .
Endorsement	A document appended to this Policy which summarises any type of changes to the Policy terms and conditions, the Policyholder , Premium or the Sum Insured .
Event	A single, unexpected, unforeseen and unintentional incident that happens during the Policy Period and is not a symptom of a disease or illness.
Family Leave	A period of time during which a Courier cannot work following the birth or adoption of their child.
Family Member	A parent, spouse, civil partner, child, grandchild, grandparent, adoptive parent, adopted child, brother, sister, step-brother, step-sister, any in-law relative, any step-relative, uncle, aunt, niece, nephew or ward.
Illness	Any disease or period of sickness not specifically excluded which stops Couriers from carrying out their usual Occupation but does not include any treatment they have chosen to follow which is not medically required.
Master Schedule	Forming part of Your contract of insurance, this document details the specific terms related to Your cover under this Policy .

Occupation	The job or jobs a Courier was undertaking immediately before becoming Unfit to Work , and comprises a Courier's source/s of Earnings .
Policy	Your insurance cover provided by this document, its terms and conditions and associated documents which form the contract of insurance between Us .
Permanent Partial Disablement	Bodily Injury which solely and independently of any other cause results in the disablement of the Courier according to the Permanent Partial Disablement scale of benefits.
Permanent Total Disablement	Bodily Injury which within 24 months solely and independently of any other cause results in serious disablement which will in all probability entirely prevent the Courier from engaging in their usual occupation for the remainder of their life.
Policyholder	Just-Eat Ireland Ltd on behalf of its Couriers .
Policy Period	The period of time beginning with the start date of Your insurance and concluding with the end date, as shown on Your Master Schedule .
Premium	The amount of money You pay for Your Policy .
Pre-existing Condition	Any condition whether diagnosed or not, for which a Courier has sought advice, diagnosis, treatment or counselling or of which they were aware or should have been aware at inception of this insurance or for which they have been treated at any time prior to the inception of this insurance.
Renew/renewal	A period of insurance which follows another with no break in cover or payment of Premium .
Sum Insured	This is the monetary amount of Benefit payable should they qualify for a claim under this Policy , as shown on the Master Schedule .
Temporary Total Disablement (Accident)	An Event causing Bodily Injury that leads to a Courier not being able to carry out their usual Occupation .
Temporary Total Disablement (All Causes)	An Event causing Bodily Injury or an Illness that leads to a Courier not being able to carry out their usual Occupation .
Third Party	Anyone or business other than the Master Policyholder or Us , or any representative authorised by Us .
Unfit To Work	The condition of a Courier not being able to carry out their Occupation , as certified by a Doctor , with the corresponding cessation of earnings.

Waiting Period	The minimum period for which a Courier is Unfit to Work before which a Benefit becomes payable. The Benefit is payable from the first day after the Waiting Period .
We/Our/Us	Lloyds Insurance SA or any Third Party they authorise.
You/Your/Yours	The Master Policyholder .

Terms and Conditions of this Master Policy

This section of the **Policy** wording tells **You** how **Your Policy** works and details the terms and conditions which apply. It's really important that **You** read it, meet any requirements and understand how it works and when it will, and will not, pay **Benefits**, and what those **Benefits** are.

1.0 Who this Policy is designed for

This **Policy** is designed specifically to meet the needs of the **Master Policyholder** and the **Courier Partners** working for it, making deliveries on its behalf. It is designed to meet the needs of this workforce, aged 18 – 70 years old.

2.0 Benefits

Section A: Accidental Death and Permanent Disablement

2.1 What is covered ✓

- **Death:** If an **Event** occurs which directly results in a **Courier's** death, **We** will pay the appropriate **Sum Insured** stated in the **Schedule**.
- **Total Disablement:** If an **Event** occurs which directly results in a **Courier's Permanent Total Disablement**, **We** will pay the **Courier** the appropriate **Sum Insured** stated in the **Schedule**.
- **Partial Disablement:** If an **Event** occurs which directly results in a **Courier's Permanent Partial Disablement**, **We** will pay the **Courier** the appropriate **Benefit** stated in the **Schedule** in accordance with the **Benefit** scale below.
- **Disappearance:** If the **Courier** disappears and the appropriate legal authority concludes that their disappearance can be presumed to be due to their death as a direct result of an **Event**, **We** will pay the amount stated in the **Schedule**. If it later transpires that the **Courier** has not died, any amount **We** have paid will be refunded by the **Courier**.
- **Exposure:** If a **Courier** suffers unavoidable exposure to the elements during the **Policy Period** which within 24 months solely and independently of any other cause results in death or **Permanent Total Disablement**, **We** will pay the **Courier** in accordance with the benefits stated in the **Schedule**.

Permanent Partial Disablement SCALE	Percentage Benefit
Loss of either one or both Hands	Permanent Total Disablement
Loss of either one or both Feet	Permanent Total Disablement
Complete and incurable insanity	Permanent Total Disablement
Complete and incurable paralysis (including paraplegia and quadriplegia)	Permanent Total Disablement
Complete & irrecoverable Loss of Sight - Both eyes	Permanent Total Disablement
Complete & irrecoverable Loss of Hearing - Both ears	Permanent Total Disablement
Complete & irrecoverable Loss of Sight - One eye	50
Complete & irrecoverable Loss of Hearing - One ear	50
Loss of Thumb - Right Hand	25
Loss of Thumb - Left Hand	20
Loss of Index Finger - Right Hand	20

Loss of Index Finger - Left Hand	15
Loss of Ring or Middle Finger - Right Hand	10
Loss of Ring or Middle Finger - Left Hand	8
Loss of Little Finger - Right Hand	12
Loss of Little Finger - Left Hand	8
Loss of Big Toe - Either Foot	10
Loss of any other Toe	5
Permanent rigidity of a Hip, Knee or Ankle Joint	20
Permanent rigidity of a Wrist or Elbow	10
Removal of Lower Jaw by surgical operation	30

- “Loss of” includes the complete and irrecoverable “loss of use of” any of the items listed above.
- In the event of partial loss of any item specified above, a proportionately lower percentage of **Sum Insured** shall be payable.
- In the event of permanent disablement by physical loss or loss of use not specified above, the percentage of compensation shall be assessed in proportion to the degree of disability as compared with the cases specified without reference to the profession or occupation of the **Courier**.

If the **Courier** has notified the underwriters that they are left-handed, then percentages referring specifically to the hands or arms shall be reversed so that left shall read right and vice versa.

When more than one infirmity arises from one accident the percentages are added together but cannot exceed 100% of the **Sum Insured**.

2.2 What is not covered ✕

We will not pay any claim:

- Resulting from **Illness** or disease, any naturally occurring, **Pre-existing condition** or degenerative condition or any gradually operating cause or post-traumatic stress disorder.
- For a **Courier** who has attained the age of 70 years unless such claim occurs during the **Policy Period** in which the **Courier** attains the age of 70 years.
- Resulting from suicide, attempt to commit suicide or any intentional, self-inflicted **Bodily Injury** or any elective surgery.
- Resulting from the use of any drugs or controlled substances other than as prescribed by a **Doctor**.
- Resulting from war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution or any similar event.
- Resulting from any armed forces activity including operations, exercises and training.
- Resulting from any flying or aerial activity other than travel by commercial airlines as a passenger.
- Resulting from any professional sports activity or motor racing.

Section B: Temporary Total Disablement

2.3 What is covered ✓

- Payments of the **Benefits** as shown in the **Master Schedule** during the **Policy Period**, for periods when **Couriers** are **Unfit to Work** due to **Illness** and/or **Bodily Injury**, depending on the **Benefits** selected at the inception of the **Policy**, lasting for a minimum of the **Waiting Period** set out in the **Master Schedule**. Payments are made gross and **Couriers** remain responsible for tax obligations.
- During the first month of a **Courier's** contract to conduct their **Occupation**, they are eligible for 50% of the **Sum Insured**, which will be paid for a maximum of 7 days.
- One-off payments for **Compassionate Leave** for the loss of a **Courier's** parent, spouse, civil partner, sibling, child or adopted child.
- One-off payments for **Family Leave** for every child born to, or adopted by, the **Courier**.

2.4 What is not covered X

For **Temporary Total Disablement (Accident)**, We will not pay any claim caused by:

- **Illness** or disease, any naturally occurring, **Pre-existing condition** or degenerative condition or any gradually operating cause or post-traumatic stress disorder.

For **Temporary Total Disablement (Accident)** and **Temporary Total Disablement (All Causes)** We will not pay any claim:

- For any consecutive period when **Couriers** are **Unfit to Work** for less than the **Waiting Period**.
- For any periods when **Couriers** are fit to work.
- For any periods **Couriers** are **Unfit to Work** as a result of Human Immunodeficiency Viruses (HIV), Acquired Immune Deficiency Syndrome (AIDS), and any form of cancer, cardio-vascular condition, kidney failure, Parkinson's Disease, strokes or Multiple Sclerosis or elective surgery for which they have received or sought treatment within the 12 months prior to the start of their insurance.
- Caused in any way or resulting from:
 - a) Coronavirus disease (COVID-19);
 - b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
 - c) any mutation or variation of SARS-CoV-2;
 - d) any fear or threat of a), b) or c) above.
- Any claim caused by the use of any drugs or controlled substances other than as prescribed by a **Doctor**.
- Resulting from suicide, attempt to commit suicide or any intentional, self-inflicted **Bodily Injury** or any elective surgery.
- For a **Courier** who has attained the age of 70 years unless such claim occurs during the **Policy Period** in which the **Courier** attains the age of 70 years.
- Resulting from war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution or any similar event.
- Resulting from any armed forces activity including operations, exercises and training.
- Resulting from any flying or aerial activity other than travel by commercial airlines as a passenger.
- Resulting from any professional sports activity or motor racing.

3.0 How Your Policy works

This is a Master **Policy**. This means that all **Couriers** who are party to it have the same **Policy** and terms. It is also an annual **Policy** which renews on a set date, which is shown on the **Master Schedule**.

The **Master Policyholder** pays the appropriate **Premium**.

3.1 How much We will pay under Section A

We will pay **Couriers** up to the **Sum Insured** shown on **Your Master Schedule** for each category of claim, for each separate **Event**. Payments are made gross, so **Couriers** remain responsible for tax obligations. We will not pay any more than this under any circumstances.

3.2 How much We will pay under Section B

We will pay **Couriers** the fixed daily **Sum Insured** shown on the **Master Schedule** for each day whilst they are **Unfit To Work** as a result of **Illness or Bodily Injury** (depending on the **Benefits** selected at the inception of the **Policy**).

Benefits are payable on the first day after the **Waiting Period** has been satisfied and will be made until the end of the **Benefit Payment Period** shown on the **Master Schedule** or the last day of any period stated by the **Courier's Doctor** as them being **Unfit to Work** (whichever is earlier). The **Sum Insured** is only payable provided the duration of a **Courier's Illness or Bodily Injury** exceeds the **Waiting Period** shown on the **Member Schedule**.

Payments are made gross, so **Couriers** remain responsible for tax obligations. We will not pay any more than this under any circumstances.

In addition, We provide the following **Benefits** as part of the **Policy**:

- **Compassionate Leave Benefit:** if a **Courier** loses a parent, spouse, civil partner, sibling, child or adopted child, We will pay **Couriers** the relevant **Sum Insured** to help in this difficult time.
- **Family Leave Benefit:** We will pay **Couriers** the relevant **Sum Insured** upon the birth of their child or adoption of a child by them.

3.3 Making changes to this Policy

You may have their level of cover increased or decreased, including the **Benefits** and **Benefit Payment Period**, at any time and this may increase or decrease the **Premium**. These changes will then remain in place until the end of the **Policy Period**.

Any changes We might make to **Your Policy** will be notified in writing to You at least 14 days in advance and the changes will be shown on **Your Master Schedule**, or by the attachment of an **Endorsement**. You will have the option not to accept these changes and cancel **Your Policy** if You wish or remain on Your existing terms and conditions until the next **Renewal**, when they will expire. These may include, but are not limited to, changes to our contact details, changes required by the regulatory authorities and changes to the scope of cover as we seek to improve **Our Policy**.

3.4 Returning to work (Couriers)

This section is only applicable to Section B.

Couriers should simply contact **Us** via our dedicated claims handler to tell **Us** what date they are returning to work and **We** will cease payments from that date. If a **Courier** fails to contact **Us**, payments will cease automatically at the end of the **Benefit Payment Period**, or on the last day of any period stated by a **Doctor** as being **Unfit to Work** (whichever is earlier). **We** may recover from **Couriers** any sum(s) paid as all or part of any claim for any period beyond which they have returned to work.

Once a **Courier** has returned to work, they are able to claim again for a different **Illness** or **Bodily Injury**, subject to a **Doctor** providing the required **Doctor's** note, and that the **Courier's** **Illness** or **Bodily Injury** satisfies the **Waiting Period** shown on the **Master Schedule**.

3.5 Where and when this insurance is available

Where

We will only provide this cover for **Couriers** who are resident anywhere in the EEA.

When

1. From the start to the end of a **Courier** shift, as recorded by the **Master Policyholder's** on-demand delivery management application. In addition, a **Courier** will be covered for a single additional 30-minute period commencing at the end of their last shift of the day, to provide coverage for their journey home.

3.6 Payment for Your Policy

This is an annual **Policy** with premiums paid quarterly in arrears based on the declared number of hours that **Couriers** have worked in the previous quarter.

3.7 Renewing Your Policy

At the end of the **Policy Period**, **We** will offer a **Renewal** of **Your** cover at least 30 days before the end of the current **Policy Period**. Please remember to tell **Us** if any of **Your** details change.

4.0 Claims

4.1 Claims manager

We have appointed a specialist **Third Party** to manage claims in order to provide **Couriers** with a prompt and smooth claims process. We have authorised them to accept notifications from a **Courier** and to handle the claim on **Our** behalf. **Couriers** must assist them in providing the information they require, and **You** authorise them and **Us** to share information in the process of administering and servicing claims.

4.2 The claims process

Sections A and B

Couriers can notify **Us** of any circumstances which could give rise to a claim:

- For Accidental Death, by calling the relevant number or emailing the appropriate address, as set out in the **Master Schedule**. **Our** claims team will provide guidance on the requirements to get claims processed quickly.
- For all other **Benefits**, by going to app.collectivebenefits.com/claims where there is detailed information about the claims process.
- It is important that when submitting a claim that the **Courier** provides **Us** or **Our** appointed representatives with:
 1. All necessary assistance in a timely manner.
 2. Information about the **Event**, the resulting **Bodily Injury** and the names and addresses of relevant **Doctors** and **Hospitals**, as well as all additional information reasonably requested.
 3. In the case of **Compassionate** or **Family Benefits**, our claims team will require a death certificate or birth certificate or adoption documentation.
 4. All documentation and records necessary to establish and assess coverage under this **Policy**.
- In order to validate a claim, the **Courier Partner** must provide **Us** with sufficient evidence of the occurrence of the **Benefits** being claimed to **Our** reasonable satisfaction.

Benefit	Evidence Required
Accidental Death	Death Certificate stating Accident as cause of death
Permanent Total Disablement	Medical Records for example Hospital or Doctor's report
Permanent Partial Disablement	Medical Records for example Hospital or Doctor's report
Temporary Total Disablement	Doctor's note
Family Benefit	Birth certificate or adoption papers
Compassionate Benefit	Death certificate

The medical evidence must contain the following information to ensure a speedy resolution of the claim:

- Date of consultation;
- The cause and nature of the **Bodily Injury**;
- Date on which the **Bodily Injury** occurred;
- Confirmation that the **Bodily Injury** is permanent if claiming for **Permanent Total Disablement** or **Permanent Partial Disablement**;
- Date of issue, practice or **Hospital** stamp and **Doctor's** signature.

For **Temporary Total Disablement** claims, the **Doctor's** note must set out:

- Date of consultation;
- The nature of the **Illness or Bodily Injury**;
- Whether or not the **Courier** is **Unfit for Work**;
- Date on which the **Courier** was first **Unfit for Work**;
- Date at which the **Illness or Bodily Injury** will be reviewed or the **Courier** will be considered fit to return to work;
- Whether this is an initial period in which the **Courier** is **Unfit for Work**, or the continuation of another; and
- Date of issue, Practice stamp and **Doctor's** signature.

In certain circumstances, **We** may need additional information to confirm a claim.

- If required, a **Courier** must assist and concur with all reasonable arrangements for **Our** medical advisers to examine them in respect of a **Bodily Injury** under which a claim has arisen.
- If required, **Couriers** also have a responsibility to:
 - provide a statutory declaration sworn before a solicitor, justice of the peace or notary public named by **Us** on all matters connected with a claim, at such reasonable time and place as **We** may designate;
 - forward immediately to **Us** or **Our** appointed representatives any letter, writ or other document received in connection with any claim made under this **Policy**.

No act by **Us** or **Our** representatives in connection with any investigation will be deemed a waiver of any defence which **We** might otherwise have. All acts will be deemed to have been made without prejudice to **Our** liability.

We reserve the right to:

- Take such steps as **We** deem necessary to prevent, mitigate or minimise a claim.
- Take over and conduct the defence or settlement of claims made against a **Courier** who is covered by this **Policy**.
- Pursue all rights or remedies available to **Courier** whether or not payment has been made.

Step by Step Claims process for Couriers

<p>Step 1</p>	<p>For claims other than Accidental Death, book an appointment with a Doctor or go to a Hospital within a reasonable time frame of a Bodily Injury occurring. The consultation with a Doctor can be conducted in person, over the phone or by video conference, provided We receive evidence of the consultation being carried out and the relevant medical information to support the claim.</p> <p>Don't forget to ask the Doctor or Hospital to provide a letter or report that sets out details of the Bodily Injury and for Temporary Total Disablement claims, to get a Doctor's note.</p> <p>In the case of Compassionate or Family Benefits, our claims team will require a death certificate or birth certificate or adoption documentation.</p>
<p>Step 2</p>	<p>Notify Us of a claim by:</p> <ul style="list-style-type: none"> • Calling the relevant number or emailing the appropriate address, as set out in the Master Schedule. • Going to app.collectivebenefits.com/claims for all other Benefits. <p>Provide Us with the following:</p> <ul style="list-style-type: none"> • Confirmation of Identity; • Details of the Event; • Medical Evidence; • Doctor's note; • Bank details, in order to receive the claim payment. <p>This can all be submitted (pdf and image files accepted) at app.collectivebenefits.com/claims.</p>
<p>Step 3</p>	<p>Provided satisfactory information, as outlined above in Step 2, has been received, We will send the Courier an acknowledgement that the claim has been submitted and the claim becomes payable once the eligibility and evidence have been confirmed.</p>

4.5 Subrogation applicable to both Sections

If requested, **You** will authorise **Us** to take over and conduct, in **Your** name, any claim **You** may have against any **Third Party** related to a claim under this **Policy**, in order to recover **Our** outlay, if applicable. Any such action will be at **Our** exclusive cost.

4.6 Other insurance

If any claim under this **Policy** is for something which is also covered by another policy or guarantee, **You** or the **Courier** must provide **Us** with details of that arrangement and give **Us** help in the collection of information. **You** or the **Courier** authorise **Us** to contact that **Third Party** from whom **We** may seek recovery.

4.7 Fraud

If a **Courier** makes a claim under this **Policy** knowing it to be fraudulent or exaggerated in any way, or provide any false or misleading information or documentation in support of any claim, **We**:

- will not be liable to cover any **Illness** or **Bodily Injury**;
- may recover from a **Courier** any sum(s) already paid as all or part of any claim; and may by notice to a **Courier** treat the **Benefits** as having been terminated with effect from the time of the fraudulent act, such that **We** are discharged in full from any further liability;
- may retain in full any **Premium** paid and may notify the relevant authorities; and
- will not impact the **Benefits** payable to any one **Courier** as a result of the fraudulent act of another, even though this is a Group **Policy**.

5.0 General Policy Conditions applicable to both Sections

5.1 This insurance contract and the law

This **Policy** will be governed by the law of the Republic of Ireland and subject to the exclusive jurisdiction of the Courts of the Republic of Ireland.

This **Policy** is a legal contract of insurance between **You** and **Us**, as named on **Your Master Schedule**. This **Policy** document and associated documents (the **Master Schedule**, and **Insurance Product Information Document**) comprise one document and should be kept safely. Together these form the contract of insurance between us. The contract is based on the information **You** gave **Us** at the time of application.

Our obligations under the contract are to provide cover for the section/s detailed on the **Master Schedule**.

Your obligation under the contract is to pay the **Premiums** required for each period of insurance and comply with the full terms and conditions set out in this document.

If **You** do not meet **Your** obligations under the contract, **We** may decline a claim, or reduce a payment, increase the **Premium** or **You** may find **You** do not have cover.

Parties to this contract

- This insurance is provided to **Master Policyholder**, by Xact European Solutions ApS, a company incorporated in Denmark with company number 42160784, its registered office being at Buddingevej 99, Lyngby 2800, Denmark and regulated by the Finanstilsynet (FSA), under reference number 695161-0926.
- The **Policy** is administered on behalf of Xactrisk European Solutions Aps by Collective Society Ltd, a company registered in the UK with company number 11789182, its registered address being at 201 Haverstock Hill Second Floor C/O Fkbg, London, England, NW3 4QG.
- **Your Policy** is underwritten by Lloyds Insurance Company SA, an insurance company authorised and regulated by the National Bank of Belgium (NBB) and regulated by the Financial Services and Markets Authority (FSMA) (Ref. 3094).

5.2 Changes in circumstance

You must tell **Us** if something changes which **You** think will have a material change to this **Policy**. This includes:

- **Your** name, address and contact details;
- Changes **You** wish to make to the **Benefits, Sums Insured, Waiting Period** and **Benefit Payment Period**.
- Any material changes to the **Policy** membership.

Failure to disclose any of the above information may result in inappropriate insurance terms being quoted or a claim being rejected or reduced. **Your Policy** may become invalid and no refund made. If **You** are in any doubt, please advise **Us** and we will make the decision as to whether it is a material change.

5.3 Cancellation

You may cancel this **Policy** at any time by written notice or by surrendering this **Policy** to **Us** with a minimum of 30 days' notice of cancellation.

This **Policy** may also be cancelled by **Us** or on **Our** behalf by delivering to **You**, by registered, certified or other such mail, at **Your** address as shown in this **Policy**, written notice stating when, not less than 30 days thereafter, the cancellation shall be effective. The mailing of notice shall be sufficient proof of notice and this **Policy** shall terminate at the date and hour specified in such notice.

We will only cancel **Your Policy** for a valid reason, including but not limited to:

- Non-payment of **Premium**;

- A change in **Your** circumstances which means that **We** can no longer provide you with insurance cover;
- **Your** non-cooperation or failure to supply any information or documentation **We** require.

If the period of limitation relating to the giving of notice is prohibited or made void by any law controlling the construction thereof, such period shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

5.4 Transfer of interest

Your Policy may not be transferred to any other **Third Party**.

5.5 Accuracy of information

The information set out in this document and any associated documents forms part of the contract between **You** and **Us**. Therefore, if anything is missing or incorrect please tell **Us** as soon as possible. If **We** establish that **You** carelessly or deliberately provided **Us** with false or misleading information, it could adversely affect **Your Policy** and any claim. If **You** are unsure about whether to tell **Us** something, please contact **Us**.

5.6 Data Protection

We are the data controller (as defined by the Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation (Regulation (EU) 2016/679), who may collect and process **Your** personal information.

For full details of what data **We** collect about **You**, how **We** use it, who **We** share it with, how long **We** keep it and **Your** rights relating to **Your** personal data, please refer to our [Privacy Notice](https://lloydseurope.com/privacy-notice/) available on **Our** website <https://lloydseurope.com/privacy-notice/>.

If **You** do not have access to the Internet, please write to **Our** Data Protection Officer (address below) with **Your** address and a copy will be sent to **You** in the post.

Data Protection Officer
Lloyd's
1 Lime Street
EC3M 7HA
London
United Kingdom
Tel: +44 (0) 20 7327 1000
Email: data.protection@lloyds.com

In Summary:

To enable **Us** to take the necessary steps to enter into a contract with **You** to provide the appropriate insurance products and services, **Your** insurers may collect the following personal information about **You**, including:

- Name, date of birth, address, other contact details, occupation, financial information such as bank details, details of insured items or cover required including the location of those items where applicable, details of additional people who **You** are including on the proposal or policy, claims history excluding details of personal injuries or medical conditions.

We may also collect the following sensitive personal information about **You** and additional people who **You** are including on the proposal or policy, where the provision of this type of insurance is in the substantial public interest:

- Medical details, criminal convictions and court judgments, claims history including details of personal injuries or medical conditions.

Your insurers collect and process **Your** personal information for the purpose of insurance and claims administration.

All phone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to **Us** or which process information on **Our** behalf (for example, administration, premium collection, claims validation or for communication purposes related to **Your** cover). We will ensure that third parties keep **Your** information secure and do not use it for purposes other than those that **We** have specified in the [Privacy Notice](#).

Some third parties that process **Your** data on **Our** behalf may do so outside of the European Economic Area ("EEA"). This transfer and processing is protected by EU Model Contracts which aim to provide the equivalent level of data protection to that found in the EU.

We will keep **Your** personal information only for as long as **We** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share **Your** information if **We** are required to by law. **We** may share **Your** information to enforcement authorities if they ask **Us** to, or to a third party in the context of actual or threatened legal proceedings, provided **We** can do so without breaching data protection laws.

If **You** have any concerns about how **Your** personal data is being collected and processed, or wish to exercise any of **Your** rights detailed in the [Privacy Notice](#), please contact:

Data Protection Officer
Lloyd's
1 Lime Street
EC3M 7HA
London
United Kingdom
Tel: +44 (0) 20 7327 1000
Email: data.protection@lloyds.com

5.7 Sanctions, prohibitions or restrictions

We shall not provide any **Benefit** under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any **Benefit**, where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

5.8 Claims history

You give **Us** the right to search claims histories on any databases when **You** apply for this insurance or when making a claim and the right to record details of any event **You** or **Couriers** tell **Us** about which may give rise to a claim.

5.9 Credit referencing and checks

Credit references, and Sanctions checks may take place when **You** purchase the **Policy**. Identity checking will also take place ahead of any **Courier** claim being paid.

5.10 Disputes and Complaints

Our aim is to ensure that all aspects of this Policy are dealt with promptly, efficiently and fairly. At all times **We** are committed to providing **You** with the highest standard of service.

If **You** have any questions or concerns about this **Policy** or the handling of a claim, **You** should, in the first instance, contact the Broker.

In the event that **You** remain dissatisfied and wish to make a complaint, **You** can do so at any time. Any complaint should be addressed to:

Service Manager
Operations Team
Lloyd's Insurance Company S.A.
Bastion Tower
Marsveldplein 5

1050 Brussels
Belgium

Tel: +32 (0)2 227 39 40
E-mail: lloydsbrussels.complaints@lloyds.com

Your complaint will be acknowledged, in writing, within 5 (five) business days of the complaint being made. You will also be informed of the name of one or more individuals that will be your point of contact regarding your complaint until the complaint is resolved or cannot be progressed any further. You will be provided with an update on the progress of the investigation of your complaint, in writing, within 20 (twenty) business days of the complaint being made.

A decision on your complaint will be provided to you, in writing, within 40 (forty) business days of the complaint being made.

Should you remain dissatisfied with the final response or if you have not received a final response within 40 (forty) business days of the complaint being made, you may be eligible to refer your complaint to the Financial Services and Pensions Ombudsman (FSPO). The contact details are as follows:

Financial Services and Pensions Ombudsman
Lincoln House
Lincoln Place
Dublin 2
D02 VH29
Republic of Ireland

Tel: +353 1 6 567 7000
E-mail: info@fspo.ie
Website: www.fspo.ie

If you have purchased your contract online you may also make a complaint via the EU's online dispute resolution (ODR) platform. The website for the ODR platform is www.ec.europa.eu/odr.