

Terms & conditions of the group policy for Rewire

Accidental death, Dismemberment and Paralysis

Funeral costs & Repatriation costs

Coverage as a result of Temporary Total Disablement

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INTRODUCTION

This document provides a description of the various insurance coverages for Rewire EU B.V.'s customers with a premium account. These terms and conditions provide a description on the insurance coverage, limitations, exclusions and obligations of the customers who are eligible under this group insurance.

Rewire customers with a country of residence listed below can be eligible as defined in the *Benefit overview* :

Countries : Belgium; Germany; Estonia; Spain; Finland; France; Greece; Ireland; Italy ; Lithuania ; Luxembourg; Latvia ; Malta ; Netherlands ; Poland ; Portugal ; Slovenia; Slovakia.

All customer with a country of residence not included in that list are not eligible.

Eligibility occurs only if a Rewire customer has an active premium account as defined in the *Benefit Overview*.

The European branch of Rewire EU B.V., located on Nieuwezijds Voorburgwal 162 in Amsterdam, The Netherlands, is policyholder of this group insurance. AIG Europe S.A. is the insurer (referred to as 'Insurer') and Qover SA/NV is the intermediary (referred to as 'Intermediary'). The Insured is required to read the Terms and Conditions 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, the Insured should raise them with the applicable intermediary.

Insurer

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/>.

AIG Europe S.A. is a non-life insurer authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances 7, Boulevard Joseph II, L-1840 Luxembourg, Tel.: (+352) 22 69 11 – 1, caa@caa.lu, <http://www.caa.lu/>.

The Dutch branch of AIG Europe S.A., also trading under its tradename AIG Europe, Netherlands, has its registered branch office at Chrystal Building B, Rivium Boulevard 216, (2909 LK) Capelle aan den IJssel. Chamber of Commerce number: 71305491 Correspondence address: AIG Europe, Netherlands, Postbus 8606, 3009 AP) Rotterdam. Tel: (+31) (0)10 453 5455. Fax: (+31) (0)10 452 8502. Dutch branch VAT number: NL858662590B01.

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.

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

The *Insurer* provides cover for those sections (and subsections) that are noted as covered in the policy and the *Benefit Overview*. Coverage and the terms under which cover is provided are governed by the:

1. Insurance contract; The policy schedule which together with the general terms and conditions constitute your insurance contract.
2. Policy schedule; The document signed by the Policyholder which defines the parties and certifies that the insurance contract has started.
3. Terms and Conditions.

The *Insurer* will only provide cover for those insured on the policy schedule or any attached clauses or policy schedules for the period of insurance, provided the premium due has been paid and the *Insurer* has accepted it.

The *Policyholder* should read this policy carefully to ensure that it understands the cover provided and the limitations and exclusions that apply.

Intermediary

This insurance is managed by the *Intermediary* who will be there to help you throughout the lifetime of this policy, answer any questions you might have about this insurance. If you have any specific needs that makes communication difficult, please tell the intermediary who will be pleased to help. Qover can be contacted by:

e-mail: contact@qover.com

phone:

Country	Phone
Belgium	+32 2 588 25 50
Germany	+49 800 0004224
Estonia	+372 8002 013
Spain	+34 900 838 023
Finland	+358 800 552087
France	+33 971 07 28 38
Greece	+30 800 848 1566
Ireland	+353 1800 852 338
Italy	+39 800 694 371
Lithuania	+370 800 00 485
Luxembourg	+32 2 588 25 50
Latvia	+371 80 205 190
Malta	+44 800 088 57 86

Netherlands	+31 20 206 1925
Poland	+48 800 088 004
Portugal	+351 882 880 091
Slovenia	+386 80 488 883
Slovakia	+421 800 601 520

BENEFIT OVERVIEW

This is the *Benefit Overview* of this insurance for customers of Rewire. The coverage and insured amount is dependent on the customer's applicable premium account tier (gold, silver or basic) with Rewire. Please note the account tier can change one month to another.

		Premium account		
Coverage	Indemnity	Gold	Silver	Basic
Accidental death	Lump sum	€ 20.000	€ 10.000	€ 5.000
Dismemberment	Lump sum	€ 20.000	€ 10.000	€ 5.000
Funeral costs max € 10.000	Expenses	Applicable	Applicable	N/A
Repatriation Travel Service costs max € 25.000	Service	Applicable	Applicable	N/A
Money transfer	Lump sum	€ 750	€ 400	N/A

Table 1. Benefit Overview

Customers of Rewire are able to consult the online Rewire app or website to find the applicable premium account tier. The premium account tier (Basic, Silver, Gold) will define the eligibility to the coverages applicable.

COVERAGE DURATION

The *Insured* is only covered when eligible as stated in the *Benefit Overview*. The coverage period is 24 hours a day with a worldwide coverage.

This insurance policy shall provide cover for *Accidents* occurring during the period of the insurance and falling within the limitations described in this policy.

HOW TO REPORT A CLAIM

Rewire customers, the *Insureds*, have the right to make a claim on their own behalf. A claim can be reported by completing the claim form of which a link can be found on the Rewire app or website.

Please note that the damage must be reported as soon as reasonably possible. A late notification may affect the handling of your claim. More information about reporting a claim can be found in article 5.13.

1. GENERAL DEFINITIONS

This policy uses terms and expressions that have specific meanings. In some cases, the relevant meaning is unique to this policy. Below you will find these terms with their definitions. Whenever one of these terms is used in the policy schedule or the policy conditions (or in any appendices), they are *italicized in capital letter*. When these terms are used in the plural form, they have the same meaning as the singular form.

1.1 Accident

An event whereby the *Insured*, independently of his/her will, is suddenly struck by external violence affecting him/her, on account of which he/she is bodily injured in an instant, which may or may not result in death, provided the nature and location of the injury or the cause of death can be medically established, the injury was not inflicted intentionally by the *Insured*, and the injury is not the result of a disease. It is expressly stipulated that injury, as a direct consequence of a disease, shall not be considered an *Accident* itself.

1.2 Accumulation limit

The total maximum amount that the *Insurer* shall pay under this and other *Accident* insurance policies issued by the *Insurer* in the name of the *Policyholder* for physical injuries suffered by all the *Insured* in the event of an *Accident* or a series of *Accidents*, caused by or as a result of the same cause, event or circumstance.

The consequent reduction of liability in view of this *Accumulation limit* shall be made proportionally to the sums insured for each *Insured*.

1.3 Acts of war

Exceptional circumstances such as armed conflict, civil war, rebellion, civil unrest, riots and mutiny. These six types of acts of war, as well as the definitions thereof, form part of the text dated 2 November 1981 that the Verbond van Verzekeraars within The Netherlands (Dutch Association of Insurers) deposited with the District Court of The Hague in The Netherlands, and which, as such, forms part of this insurance.

1.4 Beneficiaries

- In the event of death: the heirs with the exclusion of the state.
- In all other cases: the *Insured*.

1.5 Benefit Overview

The overview of benefits applicable to the different premium account tiers for customers of Rewire EU B.V. as included in the terms and conditions.

1.6 Insurer

AIG Europe S.A., Netherlands branch

1.7 Country of Origin

The country where an *Insured* is registered to be born and/or where he/she has migrated from.

1.8 Country of Residence

The country where an *Insured* is registered in the population register and where he/she has a residence permit.

1.9 Dismemberment

Injury for which the nature and location on the *Insured's* body can be identified medically to be directly and exclusively caused by the *Accident*, not resulting from an illness or disease and is not the result of a *Gradually Operating Cause*.

1.10 Gradually Operating Cause

A cause that is the result of a non-sudden event or events that occur or develop over time that cannot be wholly attributable to a single *Accident*.

1.11 Insured

The person whose interest is protected by the insurance according to the benefit overview and who is eligible for Rewire's group insurance.

1.12 Insured amount

The fixed amount to be paid as stated in the *Benefit Overview*.

1.13 Intermediary

QOVER SA/NV – RPM 0650.939.878 – FSMA 0650.939.878. QOVER SA/NV a Belgian untied insurance agent with its legal and operating offices located at "Rue du Commerce 31 – 1000 Brussels".

1.14 Paralysis

The permanent, total and irrecoverable loss of the ability to move (parts of) the body as a result of Accident. The following forms of *Paralysis* are covered:

- Quadriplegia: Permanent and complete *Paralysis* of the two upper limbs and the two lower limbs.
- Hemiplegia: The permanent, total and irrecoverable *Paralysis* of one leg below the hip and one arm below the shoulder on the same side of the body.
- Paraplegia: Permanent and complete *Paralysis* of the two lower limbs, bladder and rectum.
- Uniplegia: Complete and irreversible *Paralysis* of one limb.

1.15 Policyholder

Rewire EU B.V. who has taken out this insurance with the *Insurer* and is named as *Policyholder* in the policy schedule.

1.16 Medical practitioner

A doctor of medicine who has graduated from a medical school listed in the 'Directory of Medical Schools of the World Health Organization', and holds a license from the medical authorities in the country in which he/she practices, and who practices within the framework of the applicable license and training.

1.17 Temporary Total Disablement

A result of an Injury, the *Insured* is wholly and continuously prevented from engaging in their usual occupation and is under the regular care of and acting in accordance with the instructions or professional advice of a *Medical Practitioner*. The *Medical practitioner* must medically certify that the *Insured* is suffering from *Temporary Total Disablement* for a minimum period of 14 consecutive days.

1.18 Waiting Period

The initial period in event of *Temporary Total Disablement* for work in which no claim to benefit can be made.

2. ACCIDENTAL DEATH AND DISMEMBERMENT

2.1 ACCIDENTAL DEATH

If the *Insured* dies within two years of an *Accident*, as a direct and sole consequence of that *Accident*, the sum insured stated in the *Benefit Overview* shall be paid.

Payment shall be made to the Rewire account of the *Insured* as soon as the investigation by the *Insurer* into the *Accident*, the cause of death and the connection between the two has been completed.

All sums already paid out pursuant to this insurance policy for *Dismemberment* as a result of the same *Accident* shall be deducted from this payment.

2.1.1 Missing

If an *Insured* disappears and after 12 consecutive months the *Insurer* has good reason to believe that the *Insured* has died an *Accidental* death the *Insurer* will pay the insured amount of *Accidental* death. If after this payment it is established that the *Insured* is still alive, all amounts paid by the *Insurer* in this regard must be refunded.

2.2 DISMEMBERMENT

The *Insurer* shall pay a percentage of the *Insured* amount to the Rewire Account as stated in the *Benefit Overview*, dependent on the type of *Dismemberment* which is the result of an *Accident*.

In the event that the *Insured* dies before the percentage has been determined, the *Insurer* shall not be obliged to pay any *Dismemberment* benefit. However, if the *Insured* does not die as a result of the *Accident* and the percentage of dismemberment has not been determined, the *Insurer* shall pay the amount that it would reasonably have expected to pay out for *Dismemberment* had the *Insured* not died.

In the event *Dismemberment* of the below mentioned types of *Dismemberment* (table 2), the percentages mentioned of the *Insured* amount hereafter for *Dismemberment* shall apply.

2.3 PARALYSIS

The *Insurer* shall pay a percentage of the *Insured* amount to the Rewire Account as stated in the *Benefit Overview*, dependent on the type of *Paralysis* which is the result of an *Accident*.

The *Paralysis* shall be assessed as soon as it has reasonably been concluded that the condition of the *Insured* is not likely to improve or deteriorate, but not later than two years after the *Accident*.

The *Paralysis* shall be assessed based on the medical report of an independent examination by the customer's *Medical Practitioner*.

In the event that the *Insured* dies before the percentage has been determined, the *Insurer* shall not be obliged to pay any *Paralysis* benefit. However, if the *Insured* does not die as a result of the *Accident*, the *Insurer* shall pay the amount that it would reasonably have expected to pay out for *Paralysis* had the *Insured* not died.

In the event *Paralysis* of the below mentioned types of *Paralysis*, the percentages mentioned of the *Insured* amount hereafter for *Paralysis* shall apply:

Accidental Dismemberment Schedule	
For Loss of	Percentage of Principal Sum (depending on the insured package)
Both Hands or Both Feet	100%
Both Eyes	100%
One Hand and One Foot	100%
One Hand and One Eye	100%
One Foot and One Eye	100%
Both Ears	100%
One Hand or One Foot	50%
One Eye	50%
One Ear	25%
Thumb and Index Finger of Same Hand	25%
Accidental Paralysis Schedule	
In case of	Percentage of Principal Sum (depending on the insured package)
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Uniplegia	25%

Table 2. Accidental dismemberment and paralysis schedule

2.3.1 Limitation on Multiple Benefits

If the *Insured* suffers one or more losses from the same *Accident* for which amounts are payable under more than one of the following benefits provided by this program, the maximum amount payable under all of the benefits combined will not exceed the amount payable for one of those losses, the largest: *Accidental death, Accidental Dismemberment and Paralysis*.

2.3.2 Statutory interest

In the event that it is not possible to determine the death or *Dismemberment* within 730 days following the *Accident* for medical reasons, the *Insurer* shall pay statutory interest on the benefit resulting from an *Accident*, to be counted from the 731st day.

2.4 FUNERAL OR REPATRIATION COSTS

2.4.1 Funeral costs

In the event that a benefit is paid out for death by *Accident*, and the funeral or cremation takes place in the *Country of Residence*, the *Insurer* shall arrange or pay the reasonable funeral or cremation costs in excess of existing insurances or social security up to the real costs of the funeral or cremation up to a maximum of € 10.000 per *Insured*. The *Insured amount* is stated in the *Benefit Overview*.

2.4.2 Repatriation costs

In the event that a benefit is paid out for death by *Accident*, and the funeral or cremation takes place in the *Country of Origin*, AIG Travel Assistance shall arrange the repatriation up to a maximum of € 25.000 per *Insured*. The *Insured amount* is stated in the *Benefit Overview*.

3. TEMPORARY TOTAL DISABLEMENT

The cover is provided as a result of *Temporary Total Disablement* as a result of an *Accident*.

3.1 Benefit

If the *Insured* sustains an injury as a result of an *Accident* which results in *Temporary Total Disablement* or as certified by a *Medical Practitioner* within 30 days from their date of *Accident*, the *Insurer* will pay a fixed amount as stated in the *Benefit Overview*.

This benefit is only payable in relation to one injury and only during the insurance year (starting the 1st of March for the duration of twelve months) calculated from the date of disablement.

Compensation under this benefit shall commence after completion of the *Waiting Period* of 14 days.

3.2 Conditions – In addition to the General Policy Conditions applying to all sections

1. The claim for this Benefit must be supported by ongoing medical reports as required by the *Insurer*.
2. Any payment made under this benefit will be deducted from any payment made under Accidental Death, *Dismemberment* and Paralysis Benefits under the same policy and for the same *Accident*.
3. This benefit is payable only once for any one *Accident* and will not be paid for subsequent *Injury(ies)* sustained during the same *Temporary Total Disablement* period.
4. Recurrent periods of *Temporary Total Disablement* due to the same or related Injury will be considered as one period of *Temporary Total Disablement*, provided the time between such recurrent periods does not exceed 90 consecutive days of return to their profession or occupation.

4. EXCLUSIONS

The *Insurer* shall not be obliged to pay any benefit or cover any loss, injury, damage or legal liability directly or indirectly by or caused by or arising directly or indirectly from:

1. Intentionally self-inflicted injury, suicide or suicide attempt of an *Insured*.
2. Accident occurring in war.
3. Any pre-existing conditions certified by a *Medical Practitioner* before either start date of policy or activation date of their Rewire account.
4. Training for or participation in professional sports of any kind.
5. *Accidents* occurring during the preparation of or participation in crimes or criminal offences.
6. Intentional acts by the *Insured* or a *Beneficiary*.
7. The *Insured* being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization.
8. Flights, except as a paying passenger of a public means of conveyance that is operated by a commercial airline registered to transport passengers according to published, fixed schedules.
9. *Accident* occurred because the *Insured* was under the influence of alcoholic beverages. The *Insured* is considered to be under the influence of alcohol, when its blood alcohol level is higher than is legally permitted at the time and place of the *Accident*.
10. *Accident* occurred because the *Insured* was under the influence of intoxicants, stimulants or sedatives, unless the use of these substances takes place on express medical prescription and the *Insured* has complied with the regulations.

5. GENERAL CONDITIONS

5.1 Territorial scope

Worldwide, except in sanctioned countries mentioned in article 5.17.

5.2 Period of insurance and termination of the insurance

This group policy enters into force on the date mentioned on the policy schedule and will be tacitly renewed for periods of 12 months after each contractual expiry date, unless the *Insurer* or the *Policyholder* has given notice of termination of the insurance with due observance of a notice period of two months. *Insureds* have coverage during this period of insurance and as long as eligible as stated in the *Benefit Overview*.

5.3 Payment of premiums

The *Policyholder* pays the premium. Eligible customers of the *Policyholder* will receive this insurance as part of their premium package.

The premium is due on the premium due date as stated in the policy by the *Policyholder*.

If the *Policyholder* fails to perform the obligation to pay the premium due, cover shall be suspended 15 days after the demand for payment by the *Insurer* to the *Policyholder*. This shall not affect the *Insurer's* right to terminate the insurance because of non-payment of the premium. This insurance will provide no cover during the period that cover is suspended. The premium due must still be paid, whereupon the cover will be restored again on the day following the day on which the premium due has been received by the *Insurer*.

5.4 Change of risk/increased risk

If the *Policyholder* changes its business activities in relation to the activities it specified at the start of the policy, it shall immediately notify the *Insurer* thereof.

If such change involves an increased risk, the *Insurer* reserves the right to amend the premium and the conditions of insurance in accordance with clause [5.5] below.

5.5 Change of premium and/or conditions

If the *Insurer* announces an alteration of the premium and/or conditions for insurances of the same kind as this insurance, the *Insurer* has the right to amend this insurance in accordance with the alteration or those alterations with effect from the next premium due date after the announcement of the revision. If the *Insurer* uses this right, it shall notify the *Policyholder* thereof in writing ultimately 2 months prior to said premium due date.

If the *Insurer* alters the conditions of the insurance agreement to the detriment of the *Policyholder* or the *Beneficiary*, the *Policyholder* will have the right to give notice of termination of the insurance agreement as of the day on which the alteration will enter into effect, and in any case during one month after this alteration has been communicated to him.

The *Policyholder* shall not have the right to terminate the policy if the change involves a reduction of the premium and/or an extension of the cover.

5.6 Cancellation in the event of Acts of war

The *Insurer* and the *Policyholder* may cancel this insurance for *Acts of war* within the meaning of article 5.2 of these terms and conditions, if such risk is manifested or if this is about to happen, subject to seven days' notice.

5.7 Non-Assignment

Unless otherwise agreed in writing with the *Insurer*, the policy cannot be assigned

5.8 Period of limitation

The entitlement to payment under this insurance agreement is prescribed on expiry of three years from commencement of the day following that on which the person entitled to payment (i.e. the *Insured* or the *Beneficiary*) became aware of its becoming due.

The period of limitation shall be interrupted by a written notification whereby a claim to payment is made. A new period of limitation shall commence on the start of the day following the day on which the *Insurer* either acknowledges the claim or unambiguously announces by registered letter that it has rejected the claim, stating unambiguously that in the event of rejection the claim shall lapse after six months.

5.9 Address

All notifications to the *Policyholder* with regard to this insurance policy must be in writing and sent by the *Insurer* to the *Policyholder's* last known e-mail address.

5.10 Personal Data

How we use Personal Information

We, AIG Europe, are committed to protecting the privacy of customers, claimants and other business contacts.

“Personal Information” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide personal information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share their Personal Information with us.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) or (where we require it and are legally permitted to collect it) information about criminal convictions, as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assessments and decisions about the provision and terms of insurance and the settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- (Internal) audit
- Marketing, market research and analysis

To opt-out of any marketing communications that we may send you, contact us by e-mail at: gegevensbescherming.nl@aig.com or by writing to: Data Protection Officer, AIG Europe, Rivium Boulevard 216 - 218, 2909 LK Capelle aan den IJssel. If you opt-out we may still send you other important service and administration communications relating to the services.

Sharing of Personal Information - For the above purposes, Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations.

Personal Information (including details of injuries) may be stored in the Central Information System of insurance companies operating in the Netherlands (Stichting CIS), Bordewijklaan 2, 2591 XR The Hague. The CIS database is consulted by insurers and authorized insurance agents to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our *Insurer* or transfer of business assets.

International transfer - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with

the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – You have a number of rights under data protection law in connection with our use of your Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to request that we correct inaccurate data, erase data, or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator in your country. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

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

5.11 Governing law and complaints

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, unless stated otherwise in the policy schedule. .

Complaints Procedure

If you are not satisfied with our services, 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
E-mail: info.rotterdam@aig.com
Phone: +31 10 453 54 55

AIG Europe S.A., Netherlands Branch will acknowledge the complaint within 1 week of receiving the complaint, keep the complainant informed of progress and provide our final response within 2 weeks of receiving the complaint unless specific circumstances prevents us from doing so, in which case we will keep you informed of this.

Klachteninstituut Financiële Dienstverlening

AIG Europe S.A., Netherlands Branch is associated with the Financial Services Complaints Tribunal ("KiFiD"). KiFiD is the competent complaints institute if the policyholder as a consumer has concluded an insurance agreement with the insurer, if a natural person derives a right of action from the insurance agreement with the insurer, or if a natural person has a privacy complaint against the insurer. KiFiD is also open to legal entities whose objective focuses on the private interests of one or more natural persons who are individual shareholder(s) or director(s) or a member of this entity, in such way that this can be considered an expansion of the natural person or persons.

If the complainant does not agree with the settlement of a complaint by the insurer, it can apply to the KiFiD within three months after the date of the final position taken by the insurer. Complainant can also apply to the KiFiD in case insurer did not handle the complaint within 6 weeks of acknowledgement or 8 weeks after filing the complaint.

KiFiD

In writing: P.O. Box 93257
2509 AG The Hague
E-mail: consumenten@kifid.nl
Telephone: +31 70 333 89 99
www.kifid.nl

If the complainant does not wish to make use of these options for handling complaints, or considers the handling or the outcome thereof to be unsatisfactory, the complainant may submit the dispute to the competent court. Following this complaint procedure or making use of the one of the above options does not affect the complainant's right to take legal action.

As AIG Europe S.A. is a Luxembourg based insurance company, in addition to the complaints procedure set out above, complainants who are natural persons acting outside of their professional activity may also have access to Luxembourg mediator bodies for any complaints they may have regarding this Policy, for instance if they are not satisfied with the response from AIG Europe S.A., Netherlands Branch or in the absence of a response after 90 days. Complainants may raise complaints to AIG Europe S.A. head quarter:

In writing: AIG Europe SA "Service Reclamations Niveau Direction"
35D Avenue JF Kennedy
L- 1855 Luxembourg - Grand Duché de Luxembourg
E-mail: aigeurope.luxcomplaints@aig.com

Contact details of the Luxembourg mediator bodies and the Luxembourg Commissariat Aux Assurances (to lodge a request for an out of court resolution) are available on AIG Europe S.A.'s website: <http://www.aig.lu/>. All requests to the Luxembourg Commissariat Aux Assurances or to one of the Luxembourg mediator bodies must be filed in Luxembourgish, German, French or English.

5.12 Age limit

As soon as the *Insured* has reached the age of 75, the insured amounts, in the event of death or *Dismemberment* as a consequence of an *Accident*, shall be decreased by 50%.

5.13 Notification

The *Policyholder*, the *Insured* and/or *Beneficiary(ies)* shall be obliged:

a) In the event of death:

- to notify the *Insurer* as soon as reasonably possible of the *Accident*;
- to provide all the information required by the *Insurer*;
- to give the physician and/or authorized person/persons designated by the *Insurer* every opportunity to investigate the cause of death;

b) In all other cases:

- to inform the *Insurer* as soon as reasonably possible of the *Accident*

- to provide all the information required by the *Insurer*;
- to undergo medical treatment as soon as reasonably possible and to continue this treatment;
- to have oneself examined by a physician designated by the *Insurer*. The costs related to this examination shall be borne by the *Insurer*.

All insured amounts for applicable claims will be transferred to the Rewire account of the insured. In case of accidental death it is up to the insured's beneficiary to inherit all assets from this account. AIG is not responsible for the search, notification nor payment to the legal beneficiaries. In case the insured amount applicable to accidental death coverage will not be claimed by any legal beneficiary within 1 year, the insured amount will be refunded to AIG by Rewire.

5.14 Fraud

If the *Policyholder* and/or the person entitled to payment fail(s) to comply with any obligation arising from the insurance agreement or the law, or fails to provide the *Insurer* within a reasonable period of time with all information and documents of importance to the *Insurer* to be able to consider its payment obligation with the intent to mislead the *Insurer*, the entitlement to payment shall lapse, except to the extent the lapse of the right to payment is not justified. The person(s) (Policyholder and/or the person entitled to payment) who has/have committed such deception, shall also compensate the *Insurer* for the loss or damage incurred as a result of this situation. The *Insurer* may also set off such damage against payment if it concerns the person entitled to payment.

5.15 Obligations and stipulations

The *Policyholder*, the *Insured* and/or the *Beneficiary(ies)* shall comply with the obligations and stipulations set out in the wordings. If the *Policyholder*, the *Insured* and/or the *Beneficiary(ies)* fail to do so, the *Insurer* may deduct any loss it incurs as a result of this from the benefit paid under a claim.

5.16 Deviation NHT-clause

With regard to an *Accident* which is the result of terrorism, the stipulations and restrictions mentioned in the enclosed Clauses Sheet Terrorism Cover apply. If the payment to which the *Insured* or *Beneficiary* is entitled upon application of this clauses sheet is lower than the payment to which he/she would be entitled in accordance with the stipulations and accumulation limits of this insurance, should the restrictions under the enclosed clauses sheet not apply, then, in the event of *Accidental death*, *Dismemberment* or *Total Temporary Disablement* as a result of an *Accident* as a result of terrorism, as described in this clause sheet, the cover offered will be supplemented to the accumulation limits applying to this insurance.

5.17 Sanctions clause

The *Insurer* will not be liable to provide any coverage or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim, or provision of such benefit would expose the *Insurer*, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, the Netherlands or the United States of America.

This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea, or the Crimea region.

This policy will not cover any loss, injury, damage, legal liability or *Accident* sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses.

Clauses Sheet Terrorism Cover

By the Dutch Terrorism Risk Reinsurance Company (NHT) (Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V.)

1. Definitions

Where they appear in this clauses sheet and the provisions based thereupon, the following terms shall, unless otherwise stipulated, be understood to mean:

1.1 Terrorism

Any violent act and/or conduct – committed outside the scope of one of the six forms of acts of war as referred to in article 3:38 of the Act on Financial Supervision [Wet op het financieel toezicht] - in the form of an attack or a series of attacks connected together in time and intention as a result whereof injury and/or impairment of health, whether resulting in death or not, and/or loss of or damage to property arises or any economic interest is otherwise impaired, in which case it is likely that said attack or series – whether or not in any organizational context – has been planned and/or carried out with a view to effecting certain political and/or religious and/or ideological purposes.

1.2 Malevolent contamination

The spreading (whether active or not) – committed outside the scope of one of the six forms of acts of war as referred to in article 3:38 of the Act on Financial Supervision - of germs of a disease and/or substances which as a result of their (in)direct physical, biological, radioactive or chemical effect may cause injury and/or impairment of health, whether resulting in death or not, to humans or animals and/or may cause damage to property or may otherwise impair economic interests, in which case it is likely that the spreading (whether active or not) – whether or not in any organizational context – has been planned and/or carried out with a view to effecting certain political and/or religious and/or ideological purposes.

1.3 Precautionary measures

Any precautionary measures taken by the authorities and/or insured parties and/or third parties in order to avert the imminent risk of terrorism and/or malevolent contamination of – if such peril has manifested itself – to minimize the consequences thereof.

1.4 Dutch Terrorism Risk Reinsurance Company [Nederlandse Herverzekeringmaatschappij voor Terrorismeschaden N.V.] (NHT)

A reinsurance company incorporated in the Netherlands by the 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, may be ceded.

1.5 Insurance contracts

- a) Non-life insurance contracts insofar as, according to the provisions of Article 1:1 of the Act on Financial Supervision under ‘state where the risk is situated’ pertains to risks situated in the Netherlands.
- b) Life insurance contracts insofar as they are entered into with a Policyholder whose regular residence is in The Netherlands, or, if the policyholder is a legal entity, with the

establishment of the legal entity to which the insurance contract pertains, whose registered office is in The Netherlands.

- c) Funeral insurance with in-kind benefits contracts insofar as they are entered into with a policyholder whose regular residence is in The Netherlands, or, if the policyholder is a legal entity, with the establishment of the legal entity to which the insurance contract pertains, whose registered office is in The Netherlands.

1.6 Insurers authorized in The Netherlands

Life insurers, funeral expenses and benefits in kind insurers and non-life insurers who, pursuant to the Act on Financial Supervision are authorized to conduct the insurance business in The Netherlands.

2 Limitation of the cover for the terrorism risk

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

- Terrorism, malevolent contamination or precautionary measures,
- Any act or conduct in preparation for terrorism, malevolent contamination or precautionary measures, hereinafter jointly referred to as 'the terrorism risk', the insurer's obligation to pay compensation in respect of any submitted claim for compensation and/or benefits, is limited to the amount of the payment received by the insurer in respect of that claim under the reinsurance of the terrorism risk with the NHT, in the event of an insurance with a capital accumulation increased by the amount of the capital accumulation already realized pursuant to the insurance in question. With regard to life insurances the amount of the realized capital accumulation is set at the premium reserve to be maintained pursuant to the Act on Financial Supervision with respect to the insurance policy in question.

- 2.2 The NHT shall provide reinsurance cover for the aforementioned claims up to a maximum of EUR 1 billion per calendar year. The aforementioned amount may be adjusted every year and applies to all insurers associated with the NHT jointly. Any adjustment shall be announced in three national newspapers.

- 2.3 Contrary to the provisions of the foregoing paragraphs of this article, the limit of indemnity under this contract with respect to any insurance pertaining to:

- loss of or damage to immovable property and/or the contents thereof;
- consequential loss due to loss of or damage to immovable property and/or the contents thereof, shall not exceed EUR 75 million per policyholder and per insured location per annum, 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 shall be understood to mean: all items insured by the policyholder located at the address of premises to which the insurance applies, as well as all items insured by the policyholder located outside the address of premises to which the insurance applies, the use and/or purpose of which is in relation 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 meters from each other and of which at least one is located at the address of premises subject to the risk.

For the application of this paragraph the legal entities and affiliated companies, as referred to in Section 2 (24)(b) of the Dutch Civil Code, all group companies together shall be considered to be one policyholder, irrespective of which group compan(y)(ies) belonging to the group has/have taken out the polic(y)(ies).

3 Payment Protocol NHT

- 3.1 The reinsurance of the insurer with the NHT shall be subject to the Claims Settlement Protocol (hereinafter to be referred to as the Protocol). On the basis of the provisions laid down in said Protocol, the NHT entitled, inter alia, to defer any payment of indemnity or the sum insured until such time as it is able to determine whether and to what extent it has sufficient financial resources at its disposal in order to settle in full all claims for which it provides cover in its capacity as reinsurer. Insofar as 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 provision.
- 3.2 The NHT is, with due regard for what has been stated in provision 7 of the Protocol, authorized to decide whether an event in connection with which a claim for compensation is made must be considered as a consequence of the manifestation of the terrorism risk. Any decision taken to that effect and in accordance with the aforementioned provision by the NHT is binding upon the insurer, policyholder, insured parties, and the parties entitled to compensation.
- 3.3 Not until the NHT has notified the insurer of the amount, whether or not by way of an advance, will be paid to it in respect of a claim for benefits, can the insured or the party entitled to the payment claim the benefit as referred to in article 2.18.3 from the insurer.
- 3.4 Pursuant to article 17 of the Protocol, the 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 context of this Clauses Sheet.