

## MASTER/GROUP POLICY EVIDENCE OF INSURANCE

### Evidence No: 1

**THIS DOCUMENT (EVIDENCE OF INSURANCE) IS ISSUED FOR INFORMATION ONLY. IT DOES NOT CONSTITUTE A LEGAL CONTRACT OF INSURANCE. THIS EVIDENCE IS FURNISHED IN ACCORDANCE WITH, AND IN ALL RESPECTS IS SUBJECT TO, THE TERMS OF THE MASTER/GROUP POLICY. THIS EVIDENCE REPLACES ANY OTHER EVIDENCE PREVIOUSLY ISSUED COVERING THE INSURANCE DESCRIBED HEREIN.**

This document is to notify the person(s) named below (the "Insured Person") that the following insurance has been effected with [*Lloyd's Underwriters or insert as applicable*] (the "Underwriters") under a Master/Group Policy (the "Master Policy") issued to the Master/Group Policyholder (the "Master Policyholder") bearing the Master Policy Number shown below.

The original Master Policy document may be inspected at the offices of the Master Policyholder and a copy is available on request to the Master Policyholder. The respective names of and proportions underwritten by the Underwriters can be ascertained from the office of the Master Policyholder.

The relevant terms of coverage provided under the Master Policy are set out in the attached document.

1. Insured Person:

Any Wolt Rider who:

1. Is aged under 70 years of age at the start of the **Coverage Period**;
2. Is legally resident and permitted to **work** in the country where the **Master Policyholder** is located.
3. Is affiliated to a social security system in the country where the **Master Policyholder** is located.
4. Holds a valid **Courier Partner Service Agreement** with the **Master Policyholder** to undertake deliveries on behalf of the **Master Policyholder**.

2. a) Name and address of Master Policyholder:

**Wolt Enterprises Oy**  
**Antinkatu 1 6th floor, 00100 Helsinki,**  
**Finland**

**Contact person:** Lauri Hallavo  
**Contact:** lauri.hallavo@wolt.com

b) Name and address of Administrator (if applicable):

Qover S.A.  
31 rue du Commerce, 1000 Brussels

Email: Insurance@qover.com

3. Master Policy Number: FI40160882446960

4. Binding Authority Contract Unique Market Reference: **B0879C003992000**
5. Period of Cover: From the date that coverage is confirmed to the Insured Person until the expiry of the Master Policy period or until cover is terminated or cancelled in accordance with the cancellation / termination provisions as stated in the Master Policy wording, provided that the **Insured Person** remains contracted to the **Master Policyholder**.
6. Limit of Liability/Sum Insured:

**SECTION ONE: Personal Accident**

Benefit Description	Benefit amount
	(any one Insured Person)
1. Death.	EUR 50,000
2. <b>Permanent total disablement</b>	EUR 50,000
3. <b>Quadriplegia:</b>	EUR 50,000
4. <b>Paraplegia:</b>	EUR 50,000
5. <b>Loss of one limb:</b>	EUR 30,000
6. <b>Loss of one eye:</b>	EUR 15,000
7. <b>Loss of both eyes:</b>	EUR 50,000

**SECTION TWO: Medical Expenses**

EUR 7,500 any one **Insured Person** during any one **Coverage Period**

**SECTION THREE: Hospital Cash Benefit**

EUR 50 per complete 24 hours an **Insured Person** is confined as an in-patient to **Hospital** (maximum EUR1,000 each and every loss).

7. Excess:           None
8. Premium:  
Premium is paid by the Master Policyholder.
9. Who to contact in the event you wish to notify a claim:

i. In the event of an **accident** which causes or may cause a claim under this contract of insurance the **Administrator** whose contact details are stated in the schedule should be advised immediately, and in any event within 30 days of the date of the **accident**.

ii. **You** must as early as practicable seek the attention of a duly qualified medical practitioner. Notice must be given to the **Administrator** in the event of **your** death resulting or alleged to result from an **accident** and in any event within 30 days of the date of the **accident**.

iii. **You** must provide **us** or **our** medical adviser with the necessary authorisation to access or obtain all **your** medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition and such medical adviser shall, for the purpose of reviewing the claim, be allowed so often as **we** deem necessary to examine **you**.

iv. **You** must provide the **Administrator** with written details of what has happened and provide any other information **we** may reasonably require.

Failure to comply with any of the above may reduce the amount of **your** claim or **we** may refuse to pay such claim.

10. Who to contact in the event you wish to make a complaint:

Any complaint should be addressed to the Administrator:

Qover S.A.  
31, rue du Commerce, 1000 Brussels, Belgium  
Insurance@qover.com

Your complaint will be acknowledged, in writing, promptly.

A decision on your complaint will be provided to you, in writing, within 8 (eight) weeks of the complaint being made.

Should you remain dissatisfied with the final response or if you have not received a final response within 8 (eight) weeks of the complaint being made, you may be eligible to refer your complaint to the Financial Ombudsman Bureau or the Consumer Disputes Board. The contact details of these organisations are as follows:

Financial Ombudsman Bureau  
Porkkalankatu 1  
00180 Helsinki  
Finland

Tel: +358 9 6850 120  
Fax: +358 9 6850 1220  
Email: [info@fine.fi](mailto:info@fine.fi)  
Website: [www.fine.fi/en/frontpage.html](http://www.fine.fi/en/frontpage.html)

Consumer Disputes Board  
Hämeentie 3  
P.O. Box 306  
00531 Helsinki  
Finland

Tel: +358 29 566 5200

Fax: +358 29 566 5249

E-mail: [krii@oikeus.fi](mailto:krii@oikeus.fi)

Website: [www.kuluttajariita.fi/en/index/kuluttaja-asiat/kuluttaja-asiat/vakuutuksetjapanakit.html](http://www.kuluttajariita.fi/en/index/kuluttaja-asiat/kuluttaja-asiat/vakuutuksetjapanakit.html)

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](http://www.ec.europa.eu/odr).

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.

## **11. Data Protection Short Form Notice**

Your personal information notice

*Who we are*

We are Lloyd's Insurance Company S.A. identified in the contract of insurance and/or in the certificate of insurance.

*The basis*

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we will need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time by sending an e-mail to [data.protection@lloyds.com](mailto:data.protection@lloyds.com) (without however affecting the lawfulness of processing based on consent prior to its withdrawal). However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, insurance agents or insurance brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only

disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

*Other people's details you provide to us*

Where you provide us or your insurance agent or insurance broker with details about other people, you must provide this notice to them.

*Want more details?*

For more information about how we use your personal information please see our full privacy notice, which is available in the Privacy section of our website [www.loyds.com/news-and-risk-insight/loyds-subsiidiary-in-brussels](http://www.loyds.com/news-and-risk-insight/loyds-subsiidiary-in-brussels) or in other formats on request.

*Contacting us and your rights*

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us. Alternatively, you may contact the administrator at:

Qover S.A.  
31, rue du Commerce, 1000 Brussels, Belgium  
Insurance@qover.com

You also have the right to lodge a complaint with your competent data protection authority, but we encourage you to contact us before.

12. Who to contact in the event you have any other enquiries:

[courierinsurance@wolt.com](mailto:courierinsurance@wolt.com)

Date of issuance: 02/03/2020