



RIDESHIELD GROUP PERSONAL ACCIDENT POLICY

By a proposal and declaration which together with all statements made by You in writing will be the basis of this contract and is deemed to be incorporated herein, You have applied to **AIG Asia Pacific Insurance Pte. Ltd.** for the insurance in respect of each Insured Person named or described in the Policy Schedule.

In consideration of the payment of premium and subject to the definitions, limitations and general provisions contained, endorsed, or attached to this Policy, We hereby insure the Insured Person and promise to pay indemnity for loss to the extent provided under this Policy. The period of insurance will be as stated in the Policy Schedule, at the place where the Policy was issued.

PART I - DEFINITIONS

Accident means a sudden, fortuitous, violent, visible and specific event which occurs at an identifiable time and place during the Operative Time.

Acquired Immune Deficiency Syndrome or **AIDS** shall have the meanings assigned to it by the World Health Organisation including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a sero-positive test for HIV.

Act of Terrorism means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Act of Terrorism. Act of Terrorism also include any act, which is verified or recognized by the (relevant) government as an act of terrorism.

Activities of Daily Living means the following activities which an Insured Person can undertake on their own without any assistance:

- a) Washing means the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b) Dressing means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Feeding means the ability to feed oneself once food has been prepared and made available;
- d) Toileting means the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e) Mobility means the ability to move indoors from room to room on level surfaces;
- f) Transferring means the ability to move from a bed to an upright chair or wheelchair and vice versa;

Doctor means a qualified and registered medical practitioner licensed under applicable laws and acting within the scope of his/her licensing and training. The attending Doctor must not be You, or Your business partner, employer, employee, agent, or a person who is related to You in any way by blood, marriage or adoption.

Effective Date means the commencement or reinstatement date of insurance as specified in the Policy Schedule or endorsement in respect of the Insured Person.

Finger means a digit of a hand.

Gojek Application means a mobile application provided in Singapore by the Policyholder, which facilitates the provision of e-hailing transport services by a registered Insured Driver to a registered end-user of such mobile application.

Hospital means any institution lawfully operated for the care and treatment of sick or injured persons with



organized facilities for diagnosis and surgery (including operating theatres) in the same premises, with 24 hours daily nursing service by registered graduate nurses and operated under the supervision of Doctor(s). It does not refer to a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.

Injury means a bodily Injury which is sustained by an Insured Person within 365 days from the date of the Accident during the Operative Time and is caused by an Accident solely and independently of any other causes including but not limited to any Illness, pre-existing or congenital condition.

Illness means a physical condition marked by a pathological deviation from the normal healthy state.

Insured Driver means a driver of at least 18 years old who has accepted an e-hailing transport service request via the Gojek Application during the Operative Time. The Insured Driver's vehicle used to provide such service must also be registered with the Policyholder and Land Transport Authority during the Operative Time.

Insured Person(s) means an Insured Passenger(s) who has activated RideShield on his/her Gojek Application and his/her accompanying passengers. The maximum number of passengers is up to 6 passengers per vehicle, depending on the legal limits assigned to the type of vehicle.

Insured Passenger means a passenger travelling in, boarding or alighting from a vehicle operated by an Insured Driver during the Operative Time and who was assigned to the Insured Driver through the Gojek Application. For the avoidance of doubt, Insured Passenger also includes persons who are travelling in the vehicle but who did not make the booking through the Gojek Application.

Limb means the entire limb between the shoulder and the wrist or between the hip and the ankle.

Malignant Neoplasm shall include but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness, or disability, in the presence of Acquired Immune Deficiency.

Medical Expenses means any actual, reasonable and necessary expenses incurred by the Insured Person within 365 days of sustaining Injury for: -

- a) Hospital confinement;
- b) Doctor's consultation;
- c) ambulance service;
- d) medical and surgical treatment
- e) X-ray;
- f) nursing treatment;
- g) medical supplies; and
- h) dental treatment where such treatment is necessarily incurred to restore sound and natural teeth following an Accident.

It includes costs incurred for treatment by a physiotherapist provided with referral by the attending Doctor but does not include costs incurred for treatments provided by chiropractors or alternative and/or traditional medical practitioners, including traditional chinese medicine practitioners.

Operative Time means the time when the Insured Passenger boards a vehicle operated by an Insured Driver which was assigned through the Gojek Application until the time when the Insured Passenger alights from such vehicle.

Opportunistic Infection shall include but not be limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.

Permanent means lasting for at least 365 consecutive days and at the end of that time is certified by a Doctor as being beyond hope of improvement and will in all probability continue for the remainder of the Insured Person's natural life.

Policy Schedule means the schedule issued to You that is incorporated in and forms part of this Policy.



Policyholder means Velox Digital Singapore Pte Ltd, trading as "Gojek", an e-hailing transport services platform operator. A Policyholder owns this Policy, is responsible for premium payments and has the right to exercise all privileges under this Policy.

Pre-existing Condition means any Illness, disease or other condition which the Insured Person suffers prior to the Effective Date and which:

- a) first manifested itself, worsened, became acute or exhibited symptoms prior to the Operative Time which would have caused any ordinarily prudent person to seek diagnosis, care or treatment; or
- b) requires the Insured Person to take prescribed drugs or medicine; or
- c) was treated by a Doctor or treatment had been recommended by a Doctor.

RideShield means a subscription offered by Gojek under the Gojek Application, which offers Insured Passengers certain benefits in the event the ride which the Insured Passenger books on the Gojek Application is delayed. For Insured Passengers who have opted to activate RideShield through the Gojek Application, RideShield also includes complimentary cover to such Insured Passengers under this policy.

Thumb means the first digit of a hand.

Total Disablement means Injury which solely, directly and totally disables and prevents the Insured Person from attending to the Insured Person's business, profession or occupation (of any and every kind) or if the Insured Person have no business, profession or occupation, from performing three or more Activities of Daily Living.

Total Loss means

- a) In the case of loss of a Limb
 - i) Loss by Permanent physical severance of the Limb; or
 - ii) Permanent total and irrecoverable loss of use of the Limb.
- b) In the case of a loss of Thumb and Finger
 - i) Loss by Permanent physical severance of the entire Thumb and Finger; or
 - ii) Permanent, total and irrecoverable loss of use of a complete Thumb and Finger.
- c) In the case of loss of sight
 - i) Permanent, total and irrecoverable physical loss of one or both eyes; or
 - ii) Permanent, total and irrecoverable loss of the sight of one or both eyes.
- d) In the case of loss of speech
Permanent, total and irrecoverable loss of speech resulting in the inability to articulate any three of the four sounds which contribute to the speech such as the labial sounds, the alveololabial sounds, the palatal sounds and the velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.
- e) In the case of loss of hearing
Permanent, total and irrecoverable loss of hearing in both ears as certified by a Doctor.

We/Our/Us means AIG Asia Pacific Insurance Pte. Ltd.

You/Your/Yours means the Policyholder.

PART II - BENEFITS

BENEFIT 1 - ACCIDENTAL DEATH & PERMANENT DISABLEMENT

If the Insured Person sustains an Injury that directly results in one of the Items listed in the Compensation Table below within 12 months from the date of the Accident, We will pay the Insured Person the compensation specified in the Compensation Table below for that Item.

Compensation Table		
	Event of Loss	Compensation % of Sum Insured
1.	Accidental Death	100%
2.	Permanent Total Disablement	100%
3.	Permanent Total Loss of Use of two Limbs	100%
4.	Permanent Total Loss of Use of one Limb	100%
5.	Permanent Total Loss of sight of both eyes	100%
6.	Permanent Total Loss of sight of one eye	100%
7.	Permanent Total Loss of Use of one Limb and Loss of sight of one eye	100%
8.	Permanent Total Loss of speech and hearing of both ears	100%
9.	Permanent Total Loss of hearing of both ears	75%
10.	Permanent Total Loss of speech	50%
11.	Permanent Total loss of the lens of one eye	50%
12.	Permanent Total Loss of Use of four Fingers and Thumb of (a) right hand (b) left hand	70% 50%

- a) For any one Accident, if the Insured Person claims for more than one Event of Loss, the total percentage due under this Benefit based on the Compensation Table above, shall not exceed 100% of the sum insured set out in the Policy Schedule.
- b) If the Insured Person is left-handed, the compensation percentage in Item 12 will be reversed whereby the greater compensation percentage will apply to the left hand or any part of the left hand.
- c) Any claim under this Benefit must be accompanied by a police report detailing the road traffic Accident, attending Doctor's medical report and coroner's report (if applicable).

BENEFIT 2 – ACCIDENT MEDICAL REIMBURSEMENT

We will reimburse the Insured Person the Medical Expenses paid to a Doctor for treatment obtained by the Insured Person as a result of an Injury, up to the maximum sum insured for this benefit as stated in the Policy Schedule for any one Accident.

All medical treatment and services must be prescribed by a Doctor and shall not exceed the usual level of charges for similar treatment, medical services or supplies had this insurance not existed.

The Insured Person must receive the first medical treatment within 30 days from the date of the Accident.

This Benefit is payable if a supporting written confirmation by the Policyholder on the Accident is provided along with the Medical Expenses' supporting documents, including attending Doctor's reports, referral letters, original Medical Expenses bills or receipts in relation to the same Accident.

If the Insured Person is reimbursed for the Medical Expenses by any other source, We will only be liable for the excess of the amount that Insured Person has not recovered from the other source.

PART III – GENERAL EXCLUSIONS

- (A) We shall not be liable under this Policy and this Policy shall not pay for any Injury or Illness, resulting from the following:-



1. Any act of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion or revolution
 2. Suicide or attempted suicide or intentional self Injury or from deliberate exposure to exceptional danger (except in an attempt to save human life) or from an Insured Person's own criminal act, or is sustained whilst an Insured Person is in a state of insanity;
 3. Any Illness, disease or bacterial infection or Injury arising out of or consequent upon or contributed to by Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), howsoever this syndrome has been acquired or may be named;
 4. Provoked assault, intoxication, drugs abuse or insanity by natural causes.
 5. General check-up, convalescence, custodial or rest cure;
 6. Dental disease, dental care or surgery, cosmetic or plastic surgery or any elective surgery unless necessitated by Injury;
 7. Congenital anomalies and conditions arising out of or resulting therefrom or physical impairment;
 8. Any mental, psychiatric and/or nervous disorders including anxiety or depression, sleep disorders, convalescence of rest care, alcoholism and drug related treatment;
 9. Pre-existing Condition as specifically defined under Part I – Definitions;
 10. Any criminal or intentional act and breaking of any laws and regulations on the Insured Person's part;
- (B) If, by virtue of any law or regulation which is applicable to Us, its parent company or its ultimate controlling entity, at the inception of this Policy or at any time thereafter, providing coverage to You is or would be unlawful because it breaches an applicable embargo or sanction, We shall provide no coverage and have no liability whatsoever nor provide any defense to You or make any payment of defense costs or provide any form of security on behalf of You, to the extent that it would be in breach of such embargo or sanction.

PART IV – GENERAL CONDITIONS

1. ENTIRE CONTRACT

The Policy, Policy Schedule, Endorsements, Application Form, Declaration and attached papers together with other statement in writing shall be read together as one contract. Any word or expression to which a specific meaning has been ascribed in any part of the Policy Schedule attached shall bear specific meaning wherever it may appear. In the event of a conflict, the terms, conditions or provisions of the Policy Schedule attached shall prevail. No statement made by the applicant for insurance not included herein shall void the insurance cover or be used in any legal proceedings hereunder. No agent has the authority to change or waive any provisions of the insurance. No change of provisions shall be valid unless approved by an officer authorised by Us and such approval is endorsed.

2. RECEIPTS

We shall not be committed by any notice or any trust, charge, a lien, assignment or other dealing with the Policy and the receipt of the Insured Person for any compensation payable herein shall in all cases be effectual discharge of Our liability.

3. CONTRACTS (RIGHTS OF THIRD PARTIES)

A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act to enforce any of the terms and conditions of this Policy.

4. FORMS FOR PROOF OF LOSS

Upon receipt of a notice of claim, We will furnish to You such claim forms which are usually furnished by Us for filing proofs of loss. You must return such claim forms with full particulars within 30 days after the receipt of such claim forms from Us. You shall also at the same time when returning the completed claim form within the said 30 days submit to Us written proofs covering the occurrence, the circumstances and the extent of the loss for which the claim is made. You shall also at any time at Our request submit whatever documents required by Us in support of the claim as soon as possible and in any event within 60 days after receipt of notice of such requirement.

5. TIME OF NOTICE OF CLAIM

The Insured Person must give Us written notice of any claim or any event which may give rise to a claim



under this Policy immediately and in any case within 30 days after the occurrence of any event which may give rise to a claim. Any notice given by the Insured Person or on the Insured Person's behalf with information sufficient to identify the Insured Person will be deemed to be notice to Us.

6. MEDICAL EXAMINATION AND TREATMENT

The Insured Person shall at his/her expense furnish to Us all such certificates, information and evidence as may be required by Us and the Insured Person shall whenever reasonably required to do so, arrange to submit to medical examination by Doctor appointed by Us. In the event of death of the Insured Person, where it is not forbidden by law, We shall be entitled to have a post-mortem examination at Our own expense, and notice shall, where practicable, be given to Us before internment or cremation, stating the name and place of any inquest appointed. In the event of any conflict of opinion between Our Doctors and the Insured Person's Doctor, the opinion of Our Doctors shall prevail and be binding on the Insured Person or his/her estate as the case may be.

7. TO WHOM INDEMNITIES PAYABLE

Any payment to the Insured Person or the Insured Person's legal representative shall be an effectual discharge of Our liability.

8. LIMITATION OF TIME FOR BRINGING SUIT

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within two years from the expiration of the time within which proof of loss is required by this Policy.

9. ARBITRATION

- a) Any dispute, difference or question which may arise at any time hereafter in relation to the true construction of the policy or the parties' rights or liabilities will be referred to and finally resolved by arbitration in Singapore within 12 months from the date any claim is rejected under this Policy.
- b) The arbitration shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The seat of the arbitration shall be Singapore. The Tribunal shall consist of one (1) arbitrator. The language of the arbitration shall be English.

10. LEGAL ACTIONS

An Award given in an arbitration pursuant of Part V - General Condition Clause 9 herein shall be a condition precedent to Our liability or any right of action against Us.

11. CANCELLATION

- a) This Policy may be cancelled by 30 days notice in writing at Your request in which case We will retain Our short period rate for the time the Policy has been enforced. This Policy shall be deemed to be cancelled upon the date of expiry of 30 days from the date of Our receipt of the notice in writing.
- b) We may cancel this Policy by sending You 30 day's notice in writing by A.R. Registered post at Your last address known to Us. The Policy shall be deemed to be cancelled upon the date of expiry of 30 days from the date of posting of the notice. After cancellation of the Policy, We will refund to You the proportionate part of any premium received in respect of the unexpired period of the Policy as soon as possible.

12. ASSIGNMENT

No assignment of interest under this Policy shall be binding upon Us unless and until the original or a duplicate thereof is filed at Our office. We do not assume any responsibility for the validity of an assignment. No change of beneficiary under this Policy shall bind Us, unless consent thereto is formally endorsed hereon by an officer authorised by Us. No provision of Our charter, constitution or by-laws shall be used in defence of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.

13. COMPLIANCE WITH POLICY PROVISIONS



The due observance and fulfilment of the terms and conditions of this Policy so far as they relate to anything to be done or complied with and the truth to the best of Your knowledge and belief of the information furnished to Us in connection with this insurance shall be conditions precedent to Our liability. Your failure to comply with any of the provisions contained in this Policy will invalidate all claims made under this Policy

14. RENEWAL

This Policy may be renewed with Our consent from term to term, by payment of the premium in advance at Our premium rate in force at time of renewal.

15. GOVERNING LAW

This Policy shall be governed by and interpreted in accordance with Singapore Law.

16. DUTY OF DISCLOSURE

Any fraud, mis-statement or concealment in respect of this insurance or of any claim hereunder shall render this Policy null and void and any Benefit due hereunder shall be or become forfeited.

17. PREMIUM WARRANTY CLAUSE

1. Notwithstanding anything herein contained but subject to sub-clause 2 below, if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage under the Policy or, renewal thereof.
2. In the event that any premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:
 - (a) the cover under the Policy or renewal is automatically terminated immediately after the expiry of the said 60-day period;
 - (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - (c) We shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00.
3. If the period of insurance is less than 60 days, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the period of insurance.

18. CONDITION PRECEDENT

The validity of this Policy is subject to the condition precedent that:

- a) for the risk insured, You have never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- b) if You have declared that You have breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
 - (i) You must have fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
 - (ii) You provide Us a copy of the written confirmation from the previous insurer to this effect before cover incepts.

19. DATA PRIVACY

The Insured Person and/or Policyholder has/have agreed and consented that We may collect, use and process the Insured Person's and/or Policyholder's personal information (whether obtained in the application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) Our group companies; (ii) Our (or Our group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, the Insured Person and/or Policyholder's authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental /

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regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in Our Data Privacy Policy which include:

- (a) Processing, underwriting, administering and managing the Insured Person and/or Policyholder's relationship with Us;
- (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- (c) Compliance with legal or regulatory obligations, risk management procedures and Our internal policies;
- (d) Managing Our infrastructure and business operations; and
- (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to the full version of Our Data Privacy Policy found at <https://www.aig.sg/privacy>.

If you have any questions about Our collection, use and disclosure of personal information you may contact Our Data Protection Officer at singaporedataprotectionofficer@aig.com.

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Important Note

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC websites (www.aig.sg or www.gia.org.sg or www.sdic.org.sg).