Accident
Children, Youth, Adult and Senior
Insurance terms and conditions no. 1506

This is a translation of the original Danish Insurance Terms and Conditions. In case of any discrepancies, the wording of the original shall prevail.

Contractual basis
The policy, any endorsements to the policy and the insurance terms and conditions constitute the insurance agreement made with Tryg. Furthermore, the insurance is subject to the Danish Insurance Contracts Act and the Danish Financial Business Act.

Supervision and Guarantee Fund
Tryg is subject to supervision by the Danish Financial Supervisory Authority and is affiliated with the Danish Guarantee Fund for Non-life Insurance Companies.

Further information
Further information about this insurance can be found at www.tryg.dk, www.forsikringsoplysningen.dk or www.ankeforsikring.dk.
Your accident insurance comprises your insurance agreement (policy) and your insurance terms and conditions

When reading the terms and conditions, please note:
- The insurance agreement shows the cover and sums insured that you as the policyholder have chosen for your policy.
- When we write ‘you’ in the insurance terms and conditions, we mean the insured person.
- In clauses 7 to 14 of the insurance terms and conditions, you can read about what the insurance covers. Clause 15 gives you an overview of how indemnity is calculated and the requirements we set for documentation.
- Please note your responsibilities as a policyholder, for example when we must be notified about changes that may affect the insurance; see clause 1.
- We use treatment providers and providers from our quality-assured and nationwide network, for which reason we can refer you to them.

If you need help
- Call 112 in case of acute, life-threatening injury or illness.
- Call the emergency medical telephone service in your region if you need help in an emergency room or clinic.
- Always contact us on +45 70 11 20 20 or at www.tryg.dk to report the claim even though the injury seems to be of limited extent.

Contents

<table>
<thead>
<tr>
<th>1. Your responsibilities</th>
<th>2. Who is covered</th>
<th>3. What does the insurance provide cover</th>
<th>4. General exclusions</th>
<th>7. Basic cover</th>
<th>7.1 Permanent injury</th>
<th>7.2 Transport expenses</th>
<th>7.3 Treatment expenses</th>
<th>7.4 Dental damage</th>
<th>7.5 Death and funeral benefit</th>
<th>7. Dangerous sports</th>
<th>7.9 Immediate indemnity in the event of a fracture</th>
<th>7.10 Extended permanent injury</th>
<th>8. Extended assistance in the event of a fracture</th>
<th>8.3 Critical illness for children and adults</th>
<th>8.4 Indemnity and documentation requirements</th>
<th>8.5 General terms and conditions</th>
<th>8.6 Right of withdrawal</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>10</td>
<td>11</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

Page 2/21 │ Tryg │ Accident │ Children, Youth, Adult and Senior │ Insurance terms and conditions no. 1506
1. Your responsibilities

You must inform us in the event of any of the following changes:
It is important that you notify us if there are changes in any of the matters mentioned below, as they may affect the cover or the insurance premium.

If we are not notified of the change, and it would have resulted in a higher premium, you will receive indemnity corresponding to the ratio between the premium paid and the premium that should have been paid. Moreover, if you fail to notify us, the right to indemnity may lapse entirely.

Full-time accident insurance
You must notify us immediately
- Of any change of the type or scope of your employment.
- When you start paid work, for example after you have finished your studies.
- When you stop paid work, irrespective of the reason for stopping.

The insurance agreement (policy) and the premium will be adapted to the new employment from the date you notify us.

Leisure-time accident insurance
You must notify us immediately
- If your working hours are changed to less than 25 hours per week.
- If you have not worked during the past 12 months.
- If you are self-employed and do not have workers’ compensation insurance.

The insurance will be changed to full-time accident insurance from the date we are notified.

Mopeds 45, motorcycles, scooters etc.
You must notify us if you are the driver of a registered moped 45, motorcycle, scooter, ATV etc. in your leisure time. To receive full indemnity after an accident in which you are the driver, you must pay a higher premium.

Dangerous sports
After you have turned 18, you must notify us if you start doing a dangerous sport included in our list of dangerous sports in clause 8. You must buy our optional Dangerous sports cover to receive indemnity after an accident that happened while doing one of these sports.

Other changes we need to know about
- Incorrect information in the insurance agreement (policy).
- If you move.
- Changes to the billing address.

2. Who is covered

The insurance covers the person mentioned in the insurance agreement (policy) as the insured.

When we write 'you' in the insurance terms and conditions, we mean the insured person.

3. What does the insurance cover

The insurance covers the consequences of
- Accidents.
- Certain illnesses occurring in the insurance period when optional cover has been purchased. See clauses 13 and 14, Illness and Critical illness.

Causal connection
To obtain cover, there must be a causal connection between the accident and the injury. In the assessment, importance will be attached to factors such as whether the event is able to cause personal injury, i.e. whether the event in itself is enough to cause/explain the injury.

Accident means a sudden event that causes personal injury.
4. Where does the insurance provide cover

The insurance covers
- If you have a permanent address in or temporarily stay or travel in the Nordic countries, Greenland or the Faroe Islands.
- If you have a permanent address in an EU/EEA member state, when agreed with us.
- If you travel or temporarily stay in an EU/EEA member state.
- During travels and temporary stay in the rest of the world for up to 12 months, when agreed with us.

5. When does the insurance provide cover

5.1 The insurance is either a full-time accident insurance or a leisure-time accident insurance. The insurance agreement (policy) specifies the type of insurance you have chosen.

Full-time accident
The insurance provides cover 24 hours a day.

Leisure-time accident
The insurance provides cover in your leisure time. Leisure-time accident does not cover the consequences of accidents
- Occurring while working for others, i.e. work covered by the Danish Workers’ Compensation Act (Lov om arbejdsskadeforsikring), the Danish Act on Conscripted Soldiers (Lov om værnepligtige) or other similar legislation.
- Occurring during part-time work, where working hours are less than 25 hours per week.
- If you are an old-age pensioner, receive early retirement benefit etc.
- If you have been unemployed for more than 12 months.

5.2 Insurance period
The insurance has no fixed term, but applies until terminated by you or us; see the general provisions, clause 16.

The following types of cover can only be included in the insurance for a limited period of time. The premium is adjusted according to the scope of cover and regularly in step with your age:

- Children's accident
  Children's accident covers until you turn 18 and continues automatically as Youth accident until you turn 25.
  Dangerous sports cover ends automatically on the first date of payment after you turn 18, and Funeral benefit is changed to life cover. Any other cover provided under the insurance continues as Youth accident on unchanged terms and conditions.

- Youth accident
  Youth accident applies until you turn 25. The optional Critical illness for children and youth cover is included in the insurance until the first date of payment after you turn 25. Any other cover provided under the insurance continues as Adult accident on unchanged terms and conditions.

- Adult accident
  Adult accident applies from the age of 25 and continues automatically as Senior accident from the first date of payment after you turn 70.
  The optional Illness and Chewing damage cover automatically ends on the first date of payment after your 70th birthday. Any other cover provided under the insurance continues on unchanged terms and conditions.

- Senior accident
  Senior accident applies from the age of 70.

6. General exclusions

6.1 The insurance does not cover expenses for legal assistance and other advice.

6.2 Irrespective of your state of mind or mental capacity at the time of the accident, the insurance does not cover the consequences of accidents, you have directly or indirectly caused by:

6.2.1 A deliberate act or your gross negligence.

6.2.2 Participation in fights.

6.2.3 Criminal acts.

6.2.4 Self-induced intoxication, influence of narcotics or other intoxicants.

6.2.5 Attempted suicide.

6.3 Moreover, the insurance does not cover the consequences of an accident attributable to:

6.3.1 Release of nuclear energy.

6.3.2 War or warlike situations, including civil war. However, the insurance does cover accidents as a consequence of sudden war or warlike situations, including civil war, breaking out in a country outside Denmark, in which you are staying for up to one month after the outbreak of the conflict. However, the insurance is subject to the insured not participating in the actions in person.
What is covered
Here you can read about what the insurance covers. Your insurance agreement (policy) contains information on the cover and the sums insured you have chosen.

You can read about the indemnity you can receive in clause 15.

7. Basic insurance

7.1 Permanent injury

7.1 Permanent injury
The insurance covers if you suffer permanent physical and/or mental injury as a consequence of an accident.

Your insurance agreement (policy) states whether the insurance entitles you to indemnity for permanent injury of at least 5% or 8%.

7.1.1 Permanent physical injury
Cover for permanent physical injury also covers:

7.1.1.1 If the accident is caused by indisposition or fainting, i.e. brief blackout, the main cause of which is not illness.

7.1.1.2 Accidents as a consequence of insect bites, drowning, the saving or attempted saving of human life.

7.1.1.3 If you are exposed to infection/contagion in connection with the exercise of your employment in Denmark, the Nordic countries or an EU/EEA member state. The infection/contagion must have been transmitted directly through the eye, ear or mouth. The insurance does not cover infection/contagion arising after the outbreak of an epidemic.

Permanent physical injury is the physical discomfort following an accident that does not disappear with treatment, and which you must live with for the rest of your life. The permanent physical injury is determined using the permanent injury rating list of Labour Market Insurance; see www.aes.dk.

7.1.2 Accident with motorcycle or similar
The insurance covers if you suffer permanent physical injury, because you have an accident as the driver of a registered motorcycle or similar.

The indemnity may be reduced if we have not been notified that you are the driver of a registered motorcycle or similar.

Besides motorcycle, the term registered motorcycle or similar includes scooters, mopeds 45, ATVs and similar vehicles. You must notify us when you purchase one of the types of vehicle mentioned; see clause 1, Your responsibilities. This rule does not apply if you make use of a registered motorcycle or similar in your employment.

7.1.3 Participation in ordinary sports activities and participation in dangerous sports
The insurance covers

• Accidents as a consequence of participation in ordinary sports activities, i.e. sports activities not defined as dangerous sports. Read about Dangerous sports in clause 8.
• Accidents that occur during participation in a single event, which includes a dangerous sports activity, even though you have not purchased the optional Dangerous sports cover; see clause 8.
• Accidents that occur during legally held training, orienteering and precision races as well as eco-rallies held in an EU/EEA member state.

A single is an event such as a teambuilding or company event, conference, stag night/hen night/bachelor(ette) party, school event, birthday party, private holiday travel, visit to an amusement park or similar when you participate in the activity once. It is a condition that your participation takes place under the instruction of a professional in compliance with applicable industry, safety and legislative requirements.

Read about indemnity in clause 15.5.4.1.

7.1.4 Permanent mental injury
The insurance covers if you suffer permanent mental injury as a consequence of an accident. If the permanent injury is comprised of both permanent physical and mental injury, the insurance entitles you to indemnity for the total degree of permanent injury. Your insurance agreement (policy) states whether the insurance entitles you to indemnity for permanent injury of at least 5% or 8%.

The insurance covers permanent mental injury if

7.1.4.1 You suffer bodily injury in an accident.

7.1.4.2 You had an accident in which you were in direct danger of bodily injury/in a life-threatening situation without being physically injured.

7.1.4.3 Because of an accident, a member of your immediate family suffered serious bodily injury/was in a life-threatening situation or died, e.g. a car accident, a drowning accident or a home invasion robbery.

7.1.4.4 A member of your immediate family tries to commit suicide or commits suicide.


Read about indemnity in clause 15.5.4.1.

7.1.5 The insurance does not cover
The insurance does not cover when the injury is due to:

7.1.5.1 Consequences of accidents when the main cause is an existing illness or predisposition to illness.

7.1.5.2 Deterioration of the consequences of an accident that is due to an existing or an intercurrent illness.

7.1.5.3 Consequences of blood clots, cerebral haemorrhages and similar.

7.1.5.4 Permanent injury as a consequence of overexerting body parts other than those injured in the accident.
7.1.5.5 Bodily injuries as a consequence of attrition.

7.1.5.6 Bodily injuries as a consequence of overexertion that is not sudden.

7.1.5.7 Bodily injuries as a consequence of normal, everyday movements, e.g. bending down, getting up, walking, sitting down or reaching out.

7.1.5.8 Injury suffered in connection with childbirth.

7.1.5.9 Injury due to infection by diseases, viruses, bacteria, other microorganisms or similar and which is not covered by clause 7.1.1.3.

7.1.5.10 Poisoning by food, drink, stimulants or medicine.

7.1.5.11 Consequences of dental, medical and other treatment that was not necessitated by an eligible accident.

7.1.5.12 Expenses for medicine, dressings, bandages, mouthguards, dentures, prostheses, aids and similar.

7.2 Transport expenses

The insurance covers reasonable and necessary expenses for transport from the scene of the accident to the nearest treatment location.

Read about indemnity in clause 15.6.2.

The insurance does not cover other transport expenses.

7.3 Treatment expenses

7.3.1 The insurance covers

The insurance covers reasonable and necessary expenses for treatment after an eligible accident by a physiotherapist or chiropractor.

- The insurance covers until the degree of permanent injury has been determined and for no more than 12 months from the date of injury.
- A psychologist. The insurance covers until the degree of permanent injury has been determined and for no more than 20 hours.

Read about indemnity in clause 15.6.1.

7.3.2 The insurance does not cover

- Expenses that can be paid from another quarter, for example public health insurance or workers’ compensation insurance.
- Expenses for treatment of overexerted body parts other than those injured in the accident.

7.4 Dental damage

7.4.1 The insurance covers

The insurance covers reasonable and necessary expenses for dental treatment after an eligible accident.

The same applies to dentures if they are damaged in an accident while placed in the mouth.

Acute emergency treatment may be initiated without being approved by us. All other treatments must be approved by us before being initiated.

Treatment must be initiated within five years of the accident. As regards dental damage in children under 18, dental treatment must be completed before the child turns 25.

The insurance covers one final treatment. This means that the insurance does not cover if the treatment must be resumed later, including repair and general maintenance.
8. Dangerous sports

(Applies only if indicated in the insurance agreement)

8.1 The insurance covers

The insurance covers the consequences of accidents occurring in connection with training or participation in activities when you are a member of a club/association and when the activity is mentioned in the list of dangerous sports.

List of dangerous sports

- Motor, moped, ATV/crosser or boat racing of any kind.
- Boxing and other self-defence and martial arts sports (training without physical contact is considered participation in ordinary sports activities; see clause 7.1.3 of the basic cover).
- Mountaineering.
- Rappelling on rock faces.
- Parachuting.
- Paragliding.
- Aerobatics.
- Ultralight flying.
- Rafting.
- Performance of sports comparable to the above.

Read about indemnity in clause 15.7.1.

8.2 The insurance does not cover

The insurance does not cover dental injury arising in connection with boxing or other self-defence or martial arts sports.

7.4.2 Reduction of indemnity

Indemnity may be reduced or lapse if the condition of the tooth/teeth, including all forms of dentures, was poor before the accident, for example as a consequence of illness, reconstruction, root canal treatment, wear, loss of grip, periodontal disease or other disease in the teeth or the surrounding bones.

If neighbouring teeth of the injured tooth are missing or are weakened as stated above, the maximum indemnity payable corresponds to payment for the necessary treatment of a healthy tooth.

Read about indemnity in clause 15.6.3.

7.4.3 The insurance does not cover

- Dental treatment that can be paid from another quarter, for example public health insurance or workers’ compensation insurance.
- Dental injury suffered in connection with chewing, regardless of the cause of the dental injury, unless you have purchased the optional Chewing damage cover; see clause 12.
- Consequential expenses after an injury such as expenses for medicine, dressings, bandages, mouthguards, orthodontic braces, aids and similar.
- Dental injury in connection with boxing, self-defence and martial arts sports, even though the insurance has been extended by cover for dangerous sports.

7.5 Death and funeral benefit

7.5.1 Death

The insurance provides cover if the insured person over 18 years dies as a direct consequence of an accident, provided the death occurs within one year of the accident.

7.5.2 Funeral benefit for children under 18

The insurance covers funeral benefit of DKK 50,000 (not indexed), provided the death occurs in connection with an accident occurring before the child turned 18.

Read about indemnity in clause 15.6.4.

7.5.3 The insurance does not cover

- Death by natural causes or illness or where the cause of death is unknown.

7.4.2 Reduction of indemnity

Indemnity may be reduced or lapse if the condition of the tooth/teeth, including all forms of dentures, was poor before the accident, for example as a consequence of illness, reconstruction, root canal treatment, wear, loss of grip, periodontal disease or other disease in the teeth or the surrounding bones.

If neighbouring teeth of the injured tooth are missing or are weakened as stated above, the maximum indemnity payable corresponds to payment for the necessary treatment of a healthy tooth.

Read about indemnity in clause 15.6.3.

7.4.3 The insurance does not cover

- Dental treatment that can be paid from another quarter, for example public health insurance or workers’ compensation insurance.
- Dental injury suffered in connection with chewing, regardless of the cause of the dental injury, unless you have purchased the optional Chewing damage cover; see clause 12.
- Consequential expenses after an injury such as expenses for medicine, dressings, bandages, mouthguards, orthodontic braces, aids and similar.
- Dental injury in connection with boxing, self-defence and martial arts sports, even though the insurance has been extended by cover for dangerous sports.
9. Immediate indemnity in the event of a fracture etc.
(Appplies only if indicated in the insurance agreement)

9.1 The insurance covers
The insurance covers if, as a consequence of an accident, you experience a
- Fracture.
- Complete or partial anterior cruciate ligament rupture.
- Complete Achilles tendon rupture.
- Meniscus lesion in the knee.

The insurance pays a lump sum of DKK 10,317 (index 2017) per accident and DKK 15,477 (2017) in the event of fractures of different body parts in the same accident. Read about indemnity in clause 15.7.2.

9.3 The insurance does not cover
The insurance does not cover fractures of fingers, toes, isolated ligament injuries and/or bones or skeleton parts other than those mentioned in clause 9.1.

Fracture means a fracture of the collar bone, shoulder, upper and lower arm, elbow, wrist, metacarpus, back, pelvis, hip, thigh and lower leg, knee, ankle and midfoot.

9.2 Required documentation
The fracture must be documented by emergency room or medical records and X-ray examination. For meniscus or anterior cruciate ligament lesions by a scan or endoscopy.

10. Extended permanent injury
(Appplies only if indicated in the insurance agreement)

The insurance provides higher indemnity for permanent injury after an eligible accident covered under clause 7.1 in the following cases.

10.1 Double indemnity for a degree of injury of 30%
The insurance pays double indemnity if your permanent injury as a consequence of an eligible accident is 30% or more.

10.2 Extra sum
An extra sum of DKK 103,174 (index 2017) is paid to the policyholder for unrestricted use if a child under 18 suffers permanent injury of 30% or more because of an eligible accident.

10.3 Loss of vision or hearing
The insurance entitles you to increased indemnity for permanent injury in the event of loss of vision or hearing in an accident.

The indemnity will not be doubled at the same time, see clause 10.1, even though your vision or hearing is reduced by more than 30%.

The insurance provides cover on the following conditions:

Loss of vision in good eye
The insurance covers when, prior to purchasing the cover, you are blind in one eye, have only one eye or your vision in one eye is so impaired that you are practically blind in one eye and at the same time have one good eye. If you become completely blind in the good eye, we will increase the degree of permanent injury to 100%.

The insurance does not cover in the event of loss, injury or further vision impairment of the eye that is already poor.

Loss of hearing in good ear
The insurance covers when, prior to purchasing the cover, you are deaf in one ear or your hearing in one ear is so impaired that you are practically deaf in one ear and at the same time have normal hearing in the other ear. If you become completely deaf in the good ear, we will increase the degree of permanent injury to 75%.

The insurance does not cover in the event of loss, injury or further hearing impairment of the ear that is already poor.
10.4 Amputation

The insurance covers in the event of total or partial loss/amputation of a body part as a consequence of an eligible accident; see the permanent injury rating list in clause 10.4.1. The basis for determining the degree of permanent injury is the permanent injury rating list of Labour Market Insurance where the degree of permanent injury must be at least 5%.

The insurance doubles the indemnity if the degree of permanent injury under this cover is 30% or more; see clause 10.1.

In the event of several injuries in the same accident, the degree of permanent injury for these injuries according to the permanent injury rating list of Labour Market Insurance and the amputation cover cannot be added up, resulting in a degree of permanent injury of 30% or more.

The insurance does not cover reduced mobility, pain conditions etc.

### 10.4.1 Permanent injury rating list for loss and amputation of body parts

<table>
<thead>
<tr>
<th>Type of</th>
<th>Degree of permanent injury in %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Loss of vision and hearing</strong></td>
<td></td>
</tr>
<tr>
<td>Loss of both eyes or loss of vision in both eyes</td>
<td>115 %</td>
</tr>
<tr>
<td>Loss of an eye (the eye is removed)</td>
<td>40 %</td>
</tr>
<tr>
<td>Loss of vision in one eye</td>
<td>45 %</td>
</tr>
<tr>
<td>Loss of hearing in both ears</td>
<td>90 %</td>
</tr>
<tr>
<td>Total loss of hearing in one ear</td>
<td>25 %</td>
</tr>
<tr>
<td><strong>Legs, knees and feet</strong></td>
<td></td>
</tr>
<tr>
<td>Amputation of the entire leg</td>
<td>80 %</td>
</tr>
<tr>
<td>Amputation of a leg at or above the knee joint</td>
<td>65 %</td>
</tr>
<tr>
<td>Amputation of a foot</td>
<td>45 %</td>
</tr>
<tr>
<td>Loss of all toes on one foot</td>
<td>25 %</td>
</tr>
<tr>
<td>Loss of a big toe with the metatarsal bone</td>
<td>25 %</td>
</tr>
<tr>
<td>Amputation of a big toe</td>
<td>20 %</td>
</tr>
<tr>
<td><strong>Arms, hands and fingers</strong></td>
<td></td>
</tr>
<tr>
<td>Amputation of an arm at the shoulder</td>
<td>85 %</td>
</tr>
<tr>
<td>Amputation of a hand</td>
<td>75 %</td>
</tr>
<tr>
<td>Amputation of all fingers on one hand</td>
<td>70 %</td>
</tr>
<tr>
<td>Amputation of a thumb with the metacarpal bone</td>
<td>45 %</td>
</tr>
<tr>
<td>Amputation of a thumb</td>
<td>40 %</td>
</tr>
<tr>
<td>Amputation of the distal phalanx</td>
<td>30 %</td>
</tr>
<tr>
<td>Amputation of the second finger</td>
<td>25 %</td>
</tr>
<tr>
<td>Amputation of the distal and intermediate phalanges of the second finger</td>
<td>25 %</td>
</tr>
<tr>
<td>Amputation of the distal phalanx of the second finger</td>
<td>20 %</td>
</tr>
<tr>
<td>Amputation of the third finger</td>
<td>25 %</td>
</tr>
<tr>
<td>Amputation of the distal and intermediate phalanges of the third finger</td>
<td>25 %</td>
</tr>
<tr>
<td>Amputation of the fourth or fifth finger</td>
<td>25 %</td>
</tr>
<tr>
<td>Loss of the distal and intermediate phalanges of the fourth or fifth finger</td>
<td>20 %</td>
</tr>
</tbody>
</table>
11. Extended assistance in the event of an accident
(Applies only if indicated in the insurance agreement)

The insurance includes the option of extended assistance when you have had an accident.

Extended assistance in the event of an accident applies from the moment the need for assistance arises and the accident has been reported to and approved by us, although permanent injury has not yet been determined.

11.1 Hospital compensation

Hospital compensation in the event of an accident
The insurance pays DKK 300 per day (not indexed) for up to 12 months if you are injured in an accident and hospitalised for at least five consecutive days.

If you are hospitalised again because of the same accident, such hospitalisation counts as an extension of the first hospitalisation; see clause 15.7.3.

11.2 Cleaning assistance

The insurance provides up to 20 hours of cleaning assistance following an accident covered by the insurance.

The insurance covers cleaning in your own home in Denmark.

The insurance covers
• Cleaning assistance when, after hospitalisation or surgery, you are unable to clean your own home. It is a condition that you have either been prescribed rest and relaxation by a relevant specialist, or that you can only move about by means of aids such as crutches.
• Cleaning assistance to you as the parent/guardian of a child under 18 covered by children’s accident insurance taken out with us. You can get cleaning assistance because the child’s hospitalisation requires your daily presence in the hospital, or, after hospitalisation, the child requires so much care that it is impossible for you to clean your own home yourself.

You must document that you or your child has been prescribed rest and relaxation.

The cleaning must be provided by our provider, who is part of our quality-assured network.

You will be contacted by the provider as soon as we have approved the cleaning assistance. Ordinary indoor cleaning will be performed. In cooperation with us, our provider regularly assesses your specific need for cleaning.

Ordinary indoor cleaning means cleaning of bathrooms, kitchen, living room, bedrooms and other rooms in private homes.

11.3 Extra transport expenses

The insurance covers

The insurance covers transport expenses for you and a companion to and from planned treatments in Denmark after an accident covered by the insurance.

The insurance entitles you to seated transport for up to six times to and from a treatment location situated up to 50 km from your home or to the nearest hospital. Seated transport is also if you are a wheelchair user.

The transport must be agreed with us and performed by our provider, who is part of our quality-assured network.

The insurance does not cover

The insurance does not cover expenses that can be paid from another quarter, for example public health insurance or workers' compensation insurance.
12. Chewing damage
(Appplies only if indicated in the insurance agreement)

12.1 The insurance covers
The insurance covers reasonable and necessary expenses for dental treatment when the damage is caused by eating and the cause of the damage is a foreign object in your food. We may demand that you send us the object.

Acute emergency treatment may be initiated without being approved by us. All other treatments must be approved by us before being initiated.

The insurance covers one final treatment. This means that the insurance does not cover if the treatment must be resumed later, including repair and general maintenance.

Treatment must be initiated within five years of the accident. As regards dental damage in children under 18, dental treatment must be completed before the child turns 25.

12.2 Reduction of indemnity
Indemnity may be reduced or lapse if the condition of the tooth/teeth, including all forms of dentures, was poor before the accident, for example as a consequence of illness, reconstruction, root canal treatment, wear, loss of grip, periodontal disease or other disease in the teeth or the surrounding bones.

If neighbouring teeth of the injured tooth are missing or are weakened as stated above, the maximum indemnity payable corresponds to payment for the necessary treatment of a healthy tooth.

Read about indemnity in clause 15.7.4.

12.3 The insurance does not cover
The insurance does not cover dental treatment that can be paid from another quarter, for example public health insurance or workers' compensation insurance.

13. Illness
(Appplies only if indicated in the insurance agreement)

13.1 The insurance covers
The insurance covers if you are diagnosed with one of the illnesses mentioned in the table in clause 13.4.

The insurance also covers:

13.1.1 Hospital compensation in the event of illness
The insurance covers up to DKK 300 per day (not indexed) for up to 12 months if you are hospitalised for at least five consecutive days due to illness mentioned in the table in clause 13.4.

Read about indemnity in clause 15.8.1.

13.1.2 Cleaning assistance
The insurance provides up to 20 hours of cleaning assistance following a case of illness covered by the insurance; see clause 13.4.

The insurance covers cleaning in your own home in Denmark.

The insurance covers
• Cleaning assistance when, after hospitalisation or surgery, you are unable to clean your own home. It is a condition that you have either been prescribed rest and relaxation by a relevant specialist, or that you can only move about by means of aids such as crutches.
• Cleaning assistance to you as the parent/guardian of a child under 18 covered by children’s accident insurance taken out with us. You can get cleaning assistance because the child’s hospitalisation requires your daily presence in the hospital, or, after hospitalisation, the child requires so much care that it is impossible for you to clean your own home yourself. You must document that you or your child has been prescribed rest and relaxation.

The cleaning must be provided by our provider, who is part of our quality-assured network.

You will be contacted by the provider as soon as we have approved the cleaning assistance. Ordinary indoor cleaning will be performed. In cooperation with us, our provider regularly assesses your specific need for cleaning.

Ordinary indoor cleaning means cleaning of bathrooms, kitchen, living room, bedrooms and other rooms in private homes.

Read about indemnity in clause 15.8.1.

13.1.3 Extra transport expenses
The insurance covers transport expenses for you and a companion to and from planned treatments in Denmark after an accident covered by the insurance.

The insurance entitles you to seated transport for up to six times to and from a treatment location situated up to 50 km from your home or to the nearest hospital. Seated transport is also if you are a wheelchair user.

The transport must be agreed with us and performed by our provider, who is part of our quality-assured network.

Read about indemnity in clause 15.8.1.

13.2 Waiting period
The insurance does not cover illness that produces symptoms or is diagnosed before or within the first four months after the inception of the insurance (waiting period).

The sum insured is DKK 619,046 (index 2017).

Read about indemnity in clause 15.8.1.

13.3 The insurance does not cover
13.3.1 Existing illness.
13.3.2 Deterioration of the illness due to an existing or an intercurrent illness.
13.3.3 Illness when we have already paid indemnity for the same illness.
13.3.4 Expenses for transport lying down.
13.3.5 Expenses that can be paid from another quarter, for example public health insurance or workers' compensation insurance.
13.4 Illnesses covered by the insurance

The insurance covers the illnesses mentioned in the table below. The ICD codes referred to in the list are the international codes for classification of diseases and other health-related disorders, prepared by the WHO. The abbreviation ICD stands for International Classification of Diseases.

<table>
<thead>
<tr>
<th>Illness</th>
<th>Indemnity in per cent of the sum insured.</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.4.1 Alzheimer’s, ICD code F00.0</td>
<td>30%</td>
</tr>
<tr>
<td>The insurance covers in the event of early onset of the disease, i.e. before the age of 65.</td>
<td></td>
</tr>
<tr>
<td>13.4.2 Parkinson’s, ICD code G20</td>
<td>50%</td>
</tr>
<tr>
<td>Gradual loss of nerve cells using the neurotransmitter dopamine, a substance that is important for the control of movements. The diagnosis must have been made by a specialist in neurology.</td>
<td></td>
</tr>
<tr>
<td>13.4.3 Apoplexy (cerebral haemorrhage/cerebral blood clot), ICD codes I63 and I61</td>
<td>25%</td>
</tr>
<tr>
<td>Cerebral haemorrhage or cerebral blood clot resulting in permanent paralysis in leg or arm or speech disturbances. The injury must be demonstrated by a CT or MR scan.</td>
<td></td>
</tr>
<tr>
<td>13.4.4 Saccular dilatation of arteries in the brain (aneurysm) or intracranial arteriovenous malformation</td>
<td>25%</td>
</tr>
<tr>
<td>Surgery performed for saccular dilatation of arteries in the brain or arteriovenous malformation. The insurance also covers if it is not technically possible to perform surgery.</td>
<td></td>
</tr>
<tr>
<td>13.4.5 Benign brain tumour, ICD codes D32 and D33</td>
<td>35%</td>
</tr>
<tr>
<td>Benign brain tumour requiring surgery.</td>
<td></td>
</tr>
<tr>
<td>13.4.6 Aorta aneurysm (outpouching of the main artery), ICD code I71.8</td>
<td>25%</td>
</tr>
<tr>
<td>Surgery performed for outpouching of the main artery.</td>
<td></td>
</tr>
<tr>
<td>13.4.7 Heart disease requiring surgery</td>
<td>10%</td>
</tr>
<tr>
<td>Open-heart surgery performed. Heart surgery without opening of the thorax is not covered.</td>
<td></td>
</tr>
<tr>
<td>13.4.8 Multiple sclerosis (MS), ICD code G3</td>
<td>30%</td>
</tr>
<tr>
<td>The diagnosis must have been made by a specialist in neurology.</td>
<td></td>
</tr>
<tr>
<td>13.4.9 Amyotrophic lateral sclerosis (ALS), ICD code G12.2</td>
<td>30%</td>
</tr>
<tr>
<td>The diagnosis must have been made by a specialist in neurology.</td>
<td></td>
</tr>
<tr>
<td>13.4.10 Impaired vision</td>
<td>50%</td>
</tr>
<tr>
<td>Permanent impairment of vision in both eyes, where visual acuity in the best eye is reduced by 50% or more. The visual impairment must have been demonstrated by a specialist in eye diseases.</td>
<td></td>
</tr>
<tr>
<td>13.4.11 Impaired hearing</td>
<td>40%</td>
</tr>
<tr>
<td>Permanently impaired hearing in both ears and with the best correction of 50% or more. Impaired hearing must have been demonstrated by an otorhinolaryngologist.</td>
<td></td>
</tr>
<tr>
<td>13.4.12 Rheumatoid arthritis, ICD code M05</td>
<td>15%</td>
</tr>
<tr>
<td>Chronic, inflammatory arthropathy resulting in the destruction of joints. The diagnosis must have been made by a specialist in rheumatology.</td>
<td></td>
</tr>
<tr>
<td>13.4.13 Chronic inflammation of the intestines (ulcerative colitis), ICD code K51.01</td>
<td>15%</td>
</tr>
<tr>
<td>The diagnosis must have been made by a relevant specialist.</td>
<td></td>
</tr>
<tr>
<td>13.4.14 Morbus Chron (Chron’s disease), ICD code K50</td>
<td>20%</td>
</tr>
<tr>
<td>The diagnosis must have been made by a relevant specialist.</td>
<td></td>
</tr>
<tr>
<td>13.4.15 Transplant</td>
<td>15%</td>
</tr>
<tr>
<td>Transplant performed in the recipient of a heart, liver, lung, kidney or bone marrow. Autotransplant (organs that are transplanted back into the same person) is not covered. The transplant must have been performed in Denmark or approved by the Danish health authorities.</td>
<td></td>
</tr>
<tr>
<td>13.4.16 Schizophrenia, ICD code F20</td>
<td>45%</td>
</tr>
<tr>
<td>The diagnosis must have been made by a specialist in psychiatry.</td>
<td></td>
</tr>
</tbody>
</table>
14. Critical illness for children and youth
(Optional cover for Children's accident and Youth accident. Applies only if indicated in the insurance agreement)

14.1 The insurance covers
The insurance covers certain critical illnesses and pays a lump sum immediately after the critical illness has been diagnosed.

The insurance covers the critical illnesses mentioned in clause 14.3 when the diagnosis was made after the birth of the child and before the child turns 25.

Payment of a lump sum of DKK 103,174 (index 2017); see clause 15.8.2.

14.2 Waiting period
The insurance does not cover illness that produces symptoms or is diagnosed before or within the first four months after the inception of the insurance (waiting period).

A waiting period is a period after the starting date of an insurance policy or cover, during which the insurance or the cover does not yet apply.

14.3 Certain critical illnesses covered by the insurance
The insurance covers the illnesses mentioned below. The ICD codes referred to in the list are the international codes for classification of diseases and other health-related disorders, prepared by the WHO. The abbreviation ICD stands for International Classification of Diseases.

Please note that the date of diagnosis decides whether the insurance covers, not the date on which you or the insured child learns about the diagnosis.

14.3.1 The following illnesses are covered:

14.3.1.1 Epilepsy, ICD code G40
The diagnosis must have been made by a specialist in neurology.

14.3.1.2 Meningitis caused by bacteria (cerebrospinal meningitis), ICD code G01
The diagnosis must have been made by a relevant specialist.

14.3.1.3 Consequences of Borrelia infection or Tick-Borne Encephalitis (TBE)
Permanent neurological consequences of a Borrelia infection. The permanent neurological consequences can be assessed six months after the onset of the disease at the earliest. The consequences must have been assessed by a specialist in neurology or paediatrics.

14.3.1.4 Rheumatoid arthritis, ICD code M08
Chronic, inflammatory arthropathy resulting in the destruction of joints. The diagnosis must have been made by a relevant specialist.

14.3.1.5 Cancer
The insurance covers the following types of cancer:
- Leukaemia
- Breast cancer
- Testicular cancer
- Intestinal cancer
- Malignant melanoma
- Ovarian cancer
- Cervical cancer
- Brain cancer.

The types of cancer mentioned are covered as one diagnosis. This means that payment cannot be made more than once, even though the insured child is subsequently diagnosed with other types of cancer. The insurance does not cover the above types of cancer that are diagnosed or for which the insured child has received treatment before the inception of the insurance. However, the insurance covers if at least ten years have passed since a previous cancer diagnosis.

14.3.1.6 Chronic kidney failure
Kidney failure so severe that both kidneys chronically and irrevocably stop working, resulting in either permanent dialysis or in a kidney transplant being performed. The diagnosis must have been made by a relevant specialist.

14.3.1.7 Cystic fibrosis, ICD code E84
The diagnosis must have been made by a relevant specialist.

14.3.1.8 Legg-Calvé-Perthes disease, ICD code M91
The diagnosis must have been made by a specialist in orthopaedic surgery.

14.3.2 Payment once per diagnosis
When payment is made for one of the critical illnesses, the insurance no longer covers the diagnosis or diagnoses where indemnity was paid for critical illness.

Indemnity may be paid for a new diagnosis if at least six months pass between the two diagnoses. Indemnity may be paid for up to three diagnoses in the entire insurance period.
15. Indemnity and documentation requirements

15.1 Reporting a claim
You may report your claim by calling us or via www.tryg.dk.

Reporting an accident
An accident must be reported to us as soon as possible, even though the injury seems to be of limited extent.

Reporting an illness
Illness must be reported to us as soon as possible after the illness was diagnosed.

Illness is covered by the insurance if the optional Illness cover, clause 13, and/or Critical illness cover, clause 14, has been chosen, and if it appears from the list of the illnesses covered by the insurance. You can see from your insurance agreement (policy) whether you have chosen one or both of these types of cover.

Further information
When you report your claim to us, we will give you further details about the information that is necessary for us to consider the case.

You are obliged to send the documentation and information we request for us to be able to consider the case.

We pay the expenses for the certificates, reports and examinations we find necessary to be able to assess the case.

The above also applies in the event of illnesses, which, however, are only covered when the optional Illness cover, clause 13, and/or Critical illness cover, clause 14, has been selected. Your insurance agreement (policy) tells you whether this is the case. You can see from your insurance agreement whether you have chosen one or both of these types of cover.

Reporting an illness
Illness must be reported to us as soon as possible after the illness was diagnosed.

Illness is covered by the insurance if the optional Illness cover, clause 13, and/or Critical illness cover, clause 14, has been chosen, and if it appears from the list of the illnesses covered by the insurance. You can see from your insurance agreement (policy) whether you have chosen one or both of these types of cover.

Further information
When you report your claim to us, we will give you further details about the information that is necessary for us to consider the case.

You are obliged to send the documentation and information we request for us to be able to consider the case.

We pay the expenses for the certificates, reports and examinations we find necessary to be able to assess the case.

The above also applies in the event of illnesses, which, however, are only covered when the optional Illness cover, clause 13, and/or Critical illness cover, clause 14, has been selected. Your insurance agreement (policy) tells you whether this is the case. You can see from your insurance agreement whether you have chosen one or both of these types of cover.

15.2 If you have accident insurance with another insurer
If you have accident insurance with other insurers with an aggregate sum insured of more than DKK 10 million, the indemnity under the insurance taken out is prorated as if the aggregate sum insured was DKK 10 million.

Any proportional reduction of the indemnity is made without reduction in the premium.

15.3 Disbursement of indemnity
Indemnity is paid to the insured.

Death
Indemnity is paid to the insured's next of kin, unless the insurance agreement (policy) states otherwise.

Children under 18
Indemnity in relation to children is paid to the policyholder. In the event of the policyholder's death, the indemnity is paid to the insured child and is invested in accordance with the rules on investment of minors' funds. If the insured has turned 18 at the date of payment, the indemnity is paid to the child.

Reopening of permanent injury after an accident
When a case is closed, it may later be reopened if you as the insured so request. Reopening requires medical documentation showing that the consequences of the accident have been aggravated. The expenses for obtaining this medical documentation are paid by the insured. If we decide to reopen a case, we pay the expenses for the medical documentation.

Reopening of indemnity for illness
When we have paid indemnity for illness, clause 13, and critical illness, clause 14, the case cannot be reopened.

15.4 Reopening
Reopening of permanent injury after an accident
When a case is closed, it may later be reopened if you as the insured so request. Reopening requires medical documentation showing that the consequences of the accident have been aggravated. The expenses for obtaining this medical documentation are paid by the insured. If we decide to reopen a case, we pay the expenses for the medical documentation.

Reopening of indemnity for illness
When we have paid indemnity for illness, clause 13, and critical illness, clause 14, the case cannot be reopened.

15.5 Indemnity for permanent injury
The insurance pays indemnity for permanent physical and/or mental injury as described in clause 7 on permanent injury.

15.5.1 Degree of permanent injury
The degree of permanent injury must be at least 5% or 8%. Your insurance agreement (policy) contains information about the degree of permanent injury you have chosen. Indemnity, if any, is paid when we have received the information required to be able to assess whether you have a permanent injury.
15.5.2 Maximum sum insured
Your insurance agreement (policy) contains information about the sum insured you have chosen. Indemnity is paid on the basis of the amount of the sum insured at the date of the accident.

15.5.3 Determination of permanent injury
The degree of permanent injury is determined when the final consequences of the accident can be determined.

The degree of permanent injury cannot exceed 100% per accident.

The degree of permanent injury is determined using the permanent injury rating list of Labour Market Insurance. It is always the permanent injury rating list in force at the time of the decision that is used to fix the indemnity.

If an injury is not listed in the permanent injury rating list of Labour Market Insurance, the degree of permanent injury is determined on the basis of the medical nature and scope of the injury. No account is taken of your profession or social circumstances when your permanent injury is determined.

You can see the permanent injury rating list of Labour Market Insurance at www.aes.dk.

15.5.4 Calculation and payment of the indemnity

<table>
<thead>
<tr>
<th>Cover</th>
<th>Indemnity</th>
<th>Determination and calculation of indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15.5.4.1 Permanent physical and mental injury</strong></td>
<td>Indemnity for permanent injury is paid as a percentage of the sum insured corresponding to the degree of permanent injury determined. Payment is in the form of a lump sum.</td>
<td>The degree of permanent injury is determined when the permanent consequences of the accident can be determined. The extent of the permanent injury determines the amount of indemnity. The insurance does not cover complications corresponding to an existing injury or condition, including degenerative change, regardless of whether it previously produced symptoms. In addition, this may not result in the degree of permanent injury being determined as being higher than if such an injury or such a condition did not exist.</td>
</tr>
<tr>
<td><strong>15.5.4.2 Extended permanent injury</strong></td>
<td>Double indemnity Indemnity for permanent injury is doubled if the degree of permanent injury is 30% or more. Loss of vision Increase of indemnity for permanent injury in the event of 100% loss of vision. Loss of hearing Increase of indemnity for permanent injury in the event of 75% loss of hearing. Amputation Increase of indemnity for permanent injury in accordance with the percentage rate for the relevant body part mentioned in the table, clause 10.4.1. Double indemnity is paid if the degree of permanent injury regarding this cover is 30% or more; see clause 10.4. Extra sum DKK 103,174 (index 2017).</td>
<td>In the event of minor vision or hearing impairment, the indemnity is adjusted correspondingly. Indemnity for increased permanent injury is calculated using the percentage rate mentioned in the permanent injury rating list for loss and amputation of body parts, clause 10.4. In the event of loss of vision or hearing, the total indemnity cannot exceed 100%. Payment of a sum will not be deducted from the indemnity for permanent injury.</td>
</tr>
</tbody>
</table>

Mopeds 45, motorcycles or scooters
Please note that we are entitled to reduce the indemnity following an accident if you have not informed us that in your leisure time you were the driver of a registered moped 45, motorcycle, scooter or similar after the inception of the insurance.

Indemnity for increased permanent injury is calculated using the percentage rate mentioned in the permanent injury rating list for loss and amputation of body parts, clause 10.4.

In the event of loss of vision or hearing, the total indemnity cannot exceed 100%.

Payment of a sum will not be deducted from the indemnity for permanent injury.
### 15.6 Indemnity for other cover under the basic cover

Indemnity is paid when the injury is covered by the insurance as described in clauses 7.2 to 7.5.

<table>
<thead>
<tr>
<th>Cover</th>
<th>Indemnity</th>
<th>Determination and calculation of indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.6.1 Treatment expenses</td>
<td><strong>Permanent physical injury</strong>&lt;br&gt;Reasonable and necessary expenses for treatment&lt;br&gt;by a physiotherapist or chiropractor, until the&lt;br&gt;degree of permanent injury has been determined, but not exceeding 12 months from the date of&lt;br&gt;injury.</td>
<td>We may refer you to a treatment provider in&lt;br&gt;our quality-assured and nationwide network of&lt;br&gt;treatment providers.</td>
</tr>
<tr>
<td></td>
<td><strong>Permanent mental injury</strong>&lt;br&gt;Reasonable and necessary expenses for treatment&lt;br&gt;by a psychologist until the degree of permanent&lt;br&gt;injury has been determined, but not exceeding 20&lt;br&gt;hours.</td>
<td></td>
</tr>
<tr>
<td>15.6.2 Transport expenses</td>
<td>Reasonable and necessary expenses.</td>
<td>Transport is from the site of the accident to the&lt;br&gt;nearest treatment location.</td>
</tr>
<tr>
<td>15.6.3 Dental damage</td>
<td>Reasonable and necessary expenses.</td>
<td>The insurance does not cover dental injury arising&lt;br&gt;in connection with boxing or other self-defence or&lt;br&gt;martial arts sports; see clause 8.2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indemnity may be reduced or lapse if the condition&lt;br&gt;of the tooth/teeth, including all forms of dentures,&lt;br&gt;was poor before the accident, for example as a&lt;br&gt;consequence of illness, reconstruction, root canal&lt;br&gt;treatment, wear, loss of grip, periodontal disease&lt;br&gt;or other disease in the teeth or the surrounding&lt;br&gt;bones.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If neighbouring teeth of the injured tooth are&lt;br&gt;missing or are weakened as stated above, the&lt;br&gt;maximum indemnity payable corresponds to&lt;br&gt;payment for the necessary treatment of a healthy&lt;br&gt;tooth.</td>
</tr>
<tr>
<td>15.6.4 Death and funeral benefit</td>
<td><strong>Death</strong>&lt;br&gt;Your insurance agreement (policy) contains information about the sum insured you have chosen.</td>
<td>If, in connection with the same accident that&lt;br&gt;results in death, indemnity has previously been&lt;br&gt;paid for permanent injury, such payment is&lt;br&gt;deducted before indemnity is paid for death.</td>
</tr>
<tr>
<td></td>
<td><strong>Funeral benefit</strong>&lt;br&gt;Paid when a child under 18 dies following an&lt;br&gt;accident.</td>
<td>When you turn 18, the sum insured for death is the&lt;br&gt;sum you have chosen for the insurance and which&lt;br&gt;is stated in the insurance agreement (policy).</td>
</tr>
<tr>
<td></td>
<td>The indemnity amounts to DKK 50,000 (not indexed).</td>
<td></td>
</tr>
</tbody>
</table>
## 15.7 Indemnity for other types of optional cover following an accident

Indemnity is paid when the injury is covered by the insurance as described in clauses 8 to 12.

<table>
<thead>
<tr>
<th>Cover</th>
<th>Indemnity</th>
<th>Determination and calculation of indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15.7.1 Dangerous sports</strong></td>
<td><strong>Permanent injury</strong>&lt;br&gt;Indemnified by up to the sum chosen; see clause 15.5.4.1.</td>
<td>Paid as a lump sum as soon as the injury has been diagnosed by a relevant specialist. Any subsequent payment for permanent injury will not be deducted from the indemnity.</td>
</tr>
<tr>
<td>Optional cover. Covered when specified in the insurance agreement (policy).</td>
<td><strong>Death or funeral benefit</strong>&lt;br&gt;Indemnified by up to the sum chosen; see clause 15.6.4.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Dental damage</strong>&lt;br&gt;Reasonable and necessary expenses; see clause 15.6.3.</td>
<td></td>
</tr>
<tr>
<td><strong>15.7.2 Immediate indemnity in the event of a fracture etc. Optional cover. Covered when specified in the insurance agreement (policy).</strong></td>
<td><strong>In the event of one fracture in one accident</strong>&lt;br&gt;DKK 10,317 per accident (index 2017).</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>In the event of fractures of different body parts in the same accident</strong>&lt;br&gt;DKK 15,477 per accident (index 2017).</td>
<td></td>
</tr>
<tr>
<td><strong>15.7.3 Extended assistance in the event of an accident</strong> Optional cover. Covered when specified in the insurance agreement (policy).</td>
<td><strong>Hospital compensation</strong>&lt;br&gt;DKK 300 per day (not indexed), for a total of up to 12 months.</td>
<td>If you are hospitalised again because of the same accident, such hospitalisation counts as an extension of the first hospitalisation. Cleaning is performed by a provider from our nationwide and quality-assured network of providers. Transport is performed by a provider from our nationwide and quality-assured network of providers.</td>
</tr>
<tr>
<td></td>
<td><strong>Paid once only, even if a new accident occurs within the above 12 months.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cleaning assistance</strong>&lt;br&gt;Minimum two hours once a week, for a total of up to 20 hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Extra transport expenses</strong>&lt;br&gt;Up to six times per accident for seated transport to and from the nearest hospital or a treatment location situated up to 50 km from your home in Denmark. Transport to and from the treatment location counts as one transport.</td>
<td></td>
</tr>
<tr>
<td><strong>15.7.4 Chewing damage</strong> Optional cover. Covered when specified in the insurance agreement (policy).</td>
<td><strong>Reasonable and necessary expenses.</strong></td>
<td>Indemnity may be reduced or lapse if the condition of the tooth/teeth, including all forms of dentures, was poor before the accident, for example as a consequence of illness, reconstruction, root canal treatment, wear, loss of grip, periodontal disease or other disease in the teeth or the surrounding bones. If neighbouring teeth of the injured tooth are missing or are weakened as stated above, the maximum indemnity payable corresponds to payment for the necessary treatment of a healthy tooth.</td>
</tr>
</tbody>
</table>
## 15.8 Indemnity for illness and critical illness

Indemnity is paid when the injury is covered by the insurance as described in clauses 13 and 14.

<table>
<thead>
<tr>
<th>Cover</th>
<th>Indemnity</th>
<th>Determination and calculation of indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15.8.1 Illness</strong>&lt;br&gt;Optional cover. Covered when specified in the insurance agreement (policy).</td>
<td>The sum insured is DKK 619,046 (index 2017).&lt;br&gt;&lt;br&gt;<strong>Indemnity for illness</strong>&lt;br&gt;A percentage of the sum insured corresponding to the percentage rate applying to the specific illness.&lt;br&gt;Payment is in the form of a lump sum and is paid as soon as the illness has been diagnosed.&lt;br&gt;<strong>Hospital compensation</strong>&lt;br&gt;Indemnity may be paid on hospitalisation due to an illness from the list in clause 13.4:&lt;br&gt;DKK 300 per day (not indexed), for a total of up to 12 months.&lt;br&gt;Paid once only, even if a new illness is diagnosed.&lt;br&gt;<strong>Cleaning assistance</strong>&lt;br&gt;Minimum two hours once a week, for a total of up to 20 hours.&lt;br&gt;<strong>Extra transport expenses</strong>&lt;br&gt;Up to six times for seated transport to and from the nearest hospital or a treatment location situated up to 50 km from your home in Denmark. Transport to and from the treatment location counts as one transport.</td>
<td>Indemnity is determined on the basis of the percentage rates for the individual illnesses in the table of illnesses covered by the sum insured; see clause 13.4.&lt;br&gt;Indemnity is paid when the injury is covered by the insurance as described in clauses 13 and 14.&lt;br&gt;<strong>Payment</strong>&lt;br&gt;Indemnity is paid when the injury is covered by the insurance as described in clauses 13 and 14.&lt;br&gt;Indemnity is paid when the injury is covered by the insurance as described in clauses 13 and 14.</td>
</tr>
<tr>
<td><strong>15.8.2 Critical illness</strong>&lt;br&gt;Optional cover for Children and Youth accident. Covered when specified in the insurance agreement (policy).</td>
<td>DKK 103,174 (index 2017).&lt;br&gt;Payment is in the form of a lump sum and is paid as soon as the critical illness has been diagnosed.</td>
<td>Indemnity is paid when the injury is covered by the insurance as described in clauses 13 and 14.&lt;br&gt;Indemnity is paid when the injury is covered by the insurance as described in clauses 13 and 14.&lt;br&gt;Indemnity is paid when the injury is covered by the insurance as described in clauses 13 and 14.</td>
</tr>
</tbody>
</table>
16. General terms and conditions

Insurance period
The insurance period runs for one year at a time, unless otherwise stated in the insurance agreement (policy).

It will automatically be renewed by one year, unless terminated beforehand.

Payment
The insurance premium is payable once or several times a year. The insurance agreement (policy) shows which payment option you have chosen.

In addition to the premium, we will charge public taxes and duties such as general insurance duty.

Payment may be made via the payment service provider Betalingsservice or a payment form. You will be charged a collection fee to cover our collection and payment costs. We will send the bill to the billing address provided by you. If the billing address changes, you must notify us immediately.

If the premium is not paid on time, you will receive a reminder. If the premium has not been paid within 21 days of the first reminder, the insurance will lapse.

If we send a reminder, we are entitled to charge a handling fee, default interest and any other fees commensurate with our expenses, for example for printing documents and other services.

Fees
We are entitled to charge fees for the full or partial cover of the costs of, for example, invoices, reminders, debt collection, payments, printing and processing of documents, surveys, inspections, transactions and services in connection with insurance and claims handling etc.

We can change existing fees or introduce new fees, when justified by:
• Cost reasons – if, for instance, we digitise more of our processes or services, or introduce more self-service solutions.
• Commercial reasons – for example to utilise our resources or capacity in a more expedient manner, or to change the general fee structure.
• Market reasons – for example if the basis for the fee has changed, or if we see a change in customer behaviour.

Changes to existing fees are effected via publication on our website with one month’s notice to expire on the first day of a month. Notification of significant changes to existing fees will, however, be provided individually at one month’s notice to expire on the first day of a month.

Notification of the introduction of new fees will be provided individually at one month’s notice to expire on the first day of a month.

We can reduce the fees without notice.

You can always see the applicable fees at www.tryg.dk or receive information about them by contacting us.

Handling of your personal data
At www.tryg.dk/personoplysninger (in Danish), you can read more about how we handle your personal data.

Here you can find information about:
• the purpose for which we handle data about you,
• where the data are registered, and
• to whom the data might be disclosed.

If you have taken out an insurance policy that covers, for example, your child (as the insured), you have also consented to us handling the information given about your child. You have also consented to your child having the option of informing us about any change of employment when your child turns 18 and onwards. When the child turns 18, we will write to both of you, as at that time your child may choose to have his/her own insurance.

Indexation
The premium and sums insured are indexed and are stated in the insurance agreement (policy).

The Funeral benefit and Hospital compensation covers are not indexed.

Indexation follows the ‘index of average earnings for the private sector’ published by Statistics Denmark. If this index ceases to be published, or if the basis of the index is changed, we will be entitled to use a similar index from Statistics Denmark.

Indexation is performed once a year from 1 January. The premium is indexed once a year on the first date of payment in the calendar year. Indexation is based on the index for the first quarter in the preceding year.

Amendment of terms and conditions and premium changes
We will notify you of significant changes to the terms and conditions and/or the premium no later than 30 days before the end of the insurance period.

When you pay the premium for a new period, you also accept the changes, and the insurance continues with the amended terms and conditions and/or premium.

Indexation is not considered to constitute a change of the premium.

Option to terminate
Both you and we are entitled to terminate the insurance in writing no later than one month before the expiry of the insurance period.

You may choose to terminate the insurance giving only 30 days’ notice to expire at the end of a calendar month against payment of a fee. If you terminate the insurance during the first year, we charge an additional fee.

Both you and we are entitled, after each claim reported, to give 14 days’ notice to terminate the insurance for up to 14 days after indemnity has been paid or the claim has been rejected.
Stricter terms and conditions

Instead of terminating the insurance, we may choose to add stricter terms and conditions to your insurance if we identify special risks when processing a claim. Special risks may be the fact that many claims have been submitted. Stricter terms and conditions may, for example, be limitation of the sum insured, increase of the premium or limitation of cover.

You must be notified of any stricter terms and conditions for your insurance in writing. You must receive 14 days’ notice in the period from when you reported the claim to no later than 14 days after payment of indemnity or rejection of the claim.

If you do not accept the insurance with stricter terms and conditions, you must give notice to terminate it no later than on the date on which the stricter terms and conditions will take effect.

Disagreement concerning the suitability of the event or the degree of permanent injury.

The question whether an event is able to cause personal injury (suitability) may be submitted to Labour Market Insurance if you disagree with our assessment.

If you do not agree with the degree of permanent injury determined by us, you may demand that the matter of the degree of permanent injury be submitted to Labour Market Insurance. We may also choose to refer the matter to Labour Market Insurance.

The party that wishes the case to be submitted to Labour Market Insurance pays the costs associated with such submission, including expenses for additional medical reports.

If Labour Market Insurance changes the degree of permanent injury determined by Tryg in your favour, the costs are always paid by Tryg.

Complaints procedure

If you do not accept our decision, you must contact the department that has dealt with your case. If you still disagree, you may contact our Quality Department, which is responsible for complaints:

Tryg
Klausdalsbrovej 601
DK-2750 Ballerup
E-mail: kvalitet@tryg.dk

If you are not satisfied with the result of your enquiry to the Quality Department, you may complain to:

Ankenævnet for Forsikring
Anker Heegaards Gade 2
DK-1572 København V
Tel. +45 33 15 89 00 between 10.00 and 13.00
www.ankeforsikring.dk

A small fee will be charged for submitting complaints to the Insurance Complaints Board. You must submit your complaint on a special form which may be obtained from our Quality Department or from the Insurance Complaints Board.
17. Right of withdrawal

Only applies to private consumer policies

You have a right to withdraw from your purchase of private insurance, but this depends on two different situations:

• You met with our agent when you purchased your insurance
• You did not meet our agent in person when you purchased your insurance (distance sale)

Sections 34e and 34i of the Insurance Agreements Act contain more information on your right of withdrawal.

Withdrawal period

The withdrawal period is always 14 days. The starting point of this period depends on how the agreement was made, see Items 1-2.

1. If you met with our agent when you purchased your insurance, the withdrawal period starts on the latest of the following days:
   a. On the day when you were notified that you purchased the insurance
   b. On the day when you received clear written information on your right of withdrawal.

2. In the case of a distance sale, the withdrawal period starts on the latest of the following days:
   a. On the day when you were notified that you purchased the insurance
   b. On the day when you received the information that we are obliged to send you by letter or email.

The 14-day withdrawal period is determined as follows:
If, for example, you buy your insurance on Monday the 1st, but you do not receive the information until Wednesday the 3rd, the withdrawal period will expire on Wednesday the 17th.

If the withdrawal period expires on a public holiday, a Saturday, Sunday, Constitution Day (5 June), 24 December or 31 December, it will not expire until the following weekday.

How to withdraw from your purchase

You must notify us that you wish to withdraw from your purchase before the withdrawal period expires. You may inform us of this either by letter or by email. If you would like documentation showing that you sent your notice before the expiry of the withdrawal period, send your notice by registered letter and retain the receipt.

Please send your notice of withdrawal to:
Tryg
Klausdalsbrovej 601
DK-2750 Ballerup
Email: tryg@tryg.dk

What happens if you withdraw

If you withdraw from your purchase, the purchase will be cancelled and you will not be charged for the insurance. However, this means that if a claim occurs in the period from when you purchased your insurance and when you withdraw, this claim will not be covered by the insurance.

If you purchased the insurance through a distance sale, you may cancel the purchase if you have not received additional relevant information from us. The purchase will be cancelled from when you submit a notice of cancellation. However, please note that you must pay for your insurance until you cancel the purchase, except for the first 14 days which are included in the general right of withdrawal. We calculate the price based on the time you have been insured and according to the insurance purchase agreement originally concluded.