

**INSURANCE COVER FOR BEAM RIDERS:
PERSONAL ACCIDENT & LOSS OF INCOME INSURANCE
PROGRAM**

POLICY SUMMARY

CONFIDENTIALITY

This benefits booklet contains information which is confidential to the interested parties; Beam, Riders and Marsh Advantage and may not be reproduced in any form or communicated to any other person, firm or company without the prior approval of Marsh Advantage.

This document is intended to be a summary only. For a copy of the policy wording, please contact Marsh Advantage Insurance via Email: retail.australia@marshadvantage.com or Phone 1300 307 539

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INTRODUCTION

This benefits booklet outlines the insurance cover, policy benefits and exclusions and claims process for all riders in Australia who hire a Beam scooter.

This cover is provided to you free of charge, funded by Beam. It provides protection to you if you have an accident whilst you are riding a Beam scooter hired by use of the Beam app.

If you have an accident and you are injured, incur medical expenses or lose income, this policy provides certain benefits subject to the policy terms, conditions and exclusions.

In order to provide you with this cover, Beam has taken out an insurance policy with the insurers; AFA Insurance for personal accident and loss of income. You, subject to the terms and conditions, are the beneficiary of this policy

HOW LONG WILL YOUR COVER LAST?

Your cover will end automatically when you log off the Beam App. As a beneficiary you do not have the right to cancel the insurance contract between Beam and its Insurer which is subject to the contract terms between them.

COVER INFORMATION

Eligibility for cover	<p>You cannot be older than 70 years of age; and be actively logged into the App at the time of accident; and</p> <p>You are permitted to operate the Beam scooter in the jurisdiction of the App agreement.</p>
Important information you have given to Beam	<p>When you became a Beam customer, we may have to ask you some questions, for example to establish your eligibility for this insurance cover. You must take reasonable care to provide complete and accurate answers to any questions Beam ask you. If the information provided by you is not complete and accurate:</p> <ul style="list-style-type: none">a. we may refuse to pay any claim, or;b. we may not pay any claim in full, or;c. the extent of cover may be affected. <p>If you become aware that information you have given Beam is incomplete or inaccurate, you must inform Beam immediately.</p>
Waiting period	<p>A waiting period applies to claims for temporary total incapacity following an accident. This means that you cannot submit a claim until you have been incapacitated for a certain period of time. The waiting period is 7 days.</p>
When and where cover applies	<p>Cover commences when you are actively logged in to and online in the Beam Rider App and using a Scooter</p>
Country	<p>Covers applies only within Australia.</p>

PERSONAL ACCIDENT & INCOME PROTECTION BENEFITS TABLE

SECTION 1: WEEKLY BENEFITS		SUM INSURED
1.1 Weekly Injury Benefit		\$500
Percentage of Pre Disability Earnings		85%
Partial Disability Benefit		Not Included
Waiting Period		7 days
Maximum Benefit Period		26 weeks
1.2 Weekly Sickness Benefit		Not covered
SECTION 2: LUMP SUM BENEFIT COVER		
2.1 Lump Sum Conditions Benefit		
Lump Sum Insured per Insured Person		\$50,000
Covered Conditions in the Lump Sum Conditions Table		Conditions 1-17
SECTION 3: INJURY RESULTING IN SURGERY - BENEFITS		
Sum Insured per Insured Person		\$2,500
SECTION 5: INJURY RESULTING IN FRACTURED BONES - LUMP SUM BENEFITS		
Sum Insured per Insured Person		\$1,000
SECTION 6: INJURY RESULTING IN LOSS OF TEETH OR DENTAL PROCEDURES - LUMP SUM BENEFITS		
Sum Insured per Insured Person		\$1,000
Limit per tooth		\$250
SECTION 7: ADDITIONAL COVERS		
7.1 Rehabilitation		\$5,000
7.6 Funeral Expenses		\$5,000
7.10 Coma Benefit		Daily Benefit \$50 Benefit period 60 days
7.11 Dependent Child Supplement		Per child \$5,000 Maximum any one (1) family \$15,000
7.12 Out of Pocket Expenses		100% of all costs up to a maximum of \$2,500

ENDORSEMENTS

COMA BENEFIT

If You suffer an Injury which directly results in being in a state of continuous unconsciousness as confirmed to Us by a Doctor in writing, You will be paid or Your legal representative a daily benefit for each day of continuous unconsciousness (whether a part or whole day) and up to the maximum number of days payable under the applicable benefit period as shown in the Policy Schedule against Section 7: Additional Covers - 7.10 Coma Benefit.

DEPENDENT CHILD SUPPLEMENT

If You suffer an Injury which directly results in a valid claim for Event 1 - Accidental Death under Section 2 - Lump Sum Benefit Cover; and is survived by a Dependent Child(ren), We will pay Your estate a lump sum benefit for each surviving Dependent Child subject to a maximum benefit with respect to any one (1) family as shown in the Policy Schedule against Section 7: Additional Covers - 7.11 Dependent Child Supplement.

OUT OF POCKET EXPENSES

If You suffer an Injury, We will pay up to the maximum amount as shown in the Policy Schedule against Section 7: Additional Covers - 7.12 Out Of Pocket Expenses for any additional, out of pocket and otherwise unforeseeable expenses reasonably and necessarily incurred as a direct result of Your Injury provided that these costs are not insured elsewhere or under this Policy.

In all other respects the Policy remains unaltered and is subject to the terms, conditions and exclusions contained therein.

YOUR DUTY OF DISCLOSURE

Before You enter into this insurance with Us, You have a Duty of Disclosure under the Insurance Contracts Act 1984.

The Act imposes a different duty the first time You enter into a contract of insurance with Us to that which applies when You vary, extend or reinstate the contract.

This Duty of Disclosure applies until the contract is entered into (or varied, extended or reinstated as applicable)

Your Duty of Disclosure when You enter into the contract with Us for the first time

When answering Our specific questions that are relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms, You must be honest and disclose to Us anything that You know and that a reasonable person in the circumstances would include in answer to the questions.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

Your Duty of Disclosure when You vary, extend or reinstate the contract

When You vary, extend or reinstate the contract with Us, Your duty is to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

What You do not need to tell Us

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or
- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance with Your duty is waived by Us.

Non-disclosure

If You fail to comply with Your Duty of Disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim, cancel the contract or both.

If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

IMPORTANT INFORMATION

If You do not comply with Your Duty of Disclosure We may reduce or refuse to pay a claim or We may cancel Your insurance. If Your non-disclosure is fraudulent, We may refuse to pay a claim and treat the Policy as if it never existed.

If any information is incorrect or incomplete or You wish to confirm any transaction in relation to Your Policy please contact AFA.

We confirm that We have previously explained to You the reasons for collection and use of the personal information under the Privacy Act 1988 - see the Policy Document for details. By purchasing the product, You consent to the use and the disclosures as explained in the Policy Document. If You do not provide Your personal (including sensitive) information We require, We may not be able to provide You with Our services, including settlement of claims.

WHAT IS NOT COVERED

We will not pay benefits with respect to any injury which directly or indirectly:

1. occurs whilst you are not logged in to and online in the Beam rider App;
2. relates with the Insured Person's illegal or criminal act;
3. relates with the Insured Person being under the influence of drugs (other than drugs prescribed by a Medical Practitioner and taken as directed) or driving a motor vehicle with a blood alcohol concentration in excess of the legal limit;
4. relates with alcoholism or illicit drug use;
5. relates with suicide or attempted suicide; intentional self-injury or attempted self-injury or deliberate exposure to exceptional danger except in an attempt to save a life;
6. relates with any Pre Existing Condition;
7. occurs while you training for and/or participating in professional sport of any kind;
8. occurs while you training for and/or time trial and/or participating in motor sports of any kind;
9. relates with declared or undeclared War or Civil Hostilities;
10. relates with Utilisation of Weapons of Mass Destruction or any Terrorist Activity;
11. relates with the use, existence or escape of nuclear material or ionizing radiation, or contamination by radioactivity;
12. relates with any nuclear fuel or other nuclear substance;
13. relates with any other exclusion set out in the Policy Wording.

We will not pay any benefits that:

1. if the benefits were paid, that payment would result Us breaching the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth), or the National Health Act 1953 (Cth) or any other applicable legislation.

MAKING A CLAIM

Notification

You must tell Us as soon as possible (but after You sustain an Injury which may give rise to a claim under the Policy) about a potential claim. We may reduce the benefit amount, or may refuse to pay the claim to the extent that We are prejudiced by late notification of the claim.

Claim Forms

Are available via the Beam website. The claim form must be completed and returned to Us within 30 days.

A medical certification will be required by the Insured Person's Medical Practitioner in the format We provide to them so the claim can be assessed. You must meet the cost of this medical certification.

We may also require You to undergo medical examinations, and vocation and/or rehabilitation assessments but, if this is required, We will meet those costs.

Once the claim form has been completed, signed and dated please send it, along WITH ATTACHMENTS, to:

AFA CLAIMS DEPARTMENT

PO BOX R1852

Royal Exchange NSW 1225

Or email it to: enquiries@afainsurance.com

If you have any questions, or if you need assistance with understanding or completing this form, you can contact us on (toll-free) 1300 728 997. Please ensure that you keep copies of all documentation sent to AFA.

Co-Operation

When making a claim You are under a duty to act with utmost good faith. We owe the same duty in assessing the claim. You must therefore cooperate with Us and comply with Our reasonable requests in assessing the claim.

Subrogation

We are entitled to commence or take over legal proceedings in Your name for the defence or settlement of any claim, or to sue or prosecute any other person to recover any monies payable by them at law. No action must be taken to prejudice any such right of recovery and You must cooperate and do all things necessary to enable the recovery action to be prosecuted. This includes providing any statements, documents or assistance We require, including the giving of evidence in court.

Time of The Payment of a Claim

Provided We agree to the payment of the claim, periodic payment for weekly benefits will be fortnightly in arrears.

Payment of any other claim will be made upon receipt and review of due written proof of the claim.

GOVERNING LAW AND JURISDICTION

Your Policy is governed by the laws of Australia. Any dispute relating to Your Policy shall be submitted to the exclusive jurisdiction of an Australian Court within the State or Territory in which Your Policy was issued.

IMPORTANT NOTE

You must comply with the following conditions. If you fail to do so and this affects the ability of the claims administrator to fully assess the claim or keep our losses to a minimum, we may not pay the claim or any payment could be reduced.

1. Where medical attention is required a doctor must be consulted as soon as possible after an accident.
2. All claims must be reported to the claims administrator as soon as possible, but in any event within 30 days of an accident. If a claim is not reported within 30 days, it may be declined, and you must provide a valid reason for the delay.
3. You must complete a claim form (in full) which will be provided by Us and provide, at your own expense, any information and assistance which the claims administrator may require in establishing the amount of any payment due under the insurance.
4. The claims administrator must be allowed to access to Your medical reports.
5. You must attend a medical examination if this is requested by the claims administrator.
6. For any claim for temporary total incapacity, you must provide evidence of your incapacity for the duration of the claim and provide a medical report from a doctor. We may request for further information depending on the claim.
7. The Insurer will pay you your full entitlement for Personal Injury and Loss of Income claims. It is up to you to take care of any potential taxation requirements

Reporting an incident, please do the following and gather all possible information.:

1. Exactly when did it happen? Be precise if possible.
2. Exactly where did it happen? State address, road names, landmarks and/or building names.
3. Exactly what happened? Provide full details and description of circumstances and damages or injuries and weather or road conditions.
4. Who is involved? Collect the names and contact details of all parties involved.
5. Who saw it? If there are any independent witnesses who can assist, please get their names and contact details.
6. Take pictures at the scene (license plates, IDs, damage, road conditions and any other relevant information).
7. Call the police – particularly in the case of injury or serious damage you should obtain a police statement and reference number.

FRAUDULENT CLAIMS OR MISLEADING INFORMATION

We take a robust approach to fraud prevention. If any claim made by you, or anyone acting on your behalf is fraudulent, deliberately exaggerated or intended to mislead, we may:

- a. not pay that claim; and
- b. recover (from you) any payments made in respect of that claim; and
- c. terminate your cover from the time of the fraudulent act; and
- d. inform the police of the fraudulent act.

If your cover is terminated from the time of the fraudulent act, we will not pay any claim for any incident which happens after that time

DEFINITIONS

Whenever the following words or expressions appear in bold in this document, they have the meaning given below.

Accident	means a sudden, unexpected, unusual, specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended by You. "Accidental" shall be construed accordingly.
Accidental Death	means death occurring as a result of an Injury.
AFA	means AFA Pty Ltd acting as agent of the insurer.
Dependent Child(ren)	of an Insured Person means the Insured Person's unmarried dependent children under nineteen (19) years of age, or under twenty five (25) years of age if they are full time students and primarily dependent on the Insured Person for maintenance and support. It also means the Insured Person's unmarried children over nineteen (19) years of age who are physically or mentally incapable of self-support.
Employees	means any person in the Insured's service including directors (executive and non-executive), consultants, contractors and sub-contractors undertaking work on the Insured's behalf.
Family	means the Insured Person's Spouse or Partner and any Dependent Children.
Injury	means a bodily injury (including death) resulting solely and directly from an Accident and which occurs independently of any other cause or condition, including but not limited to any other Injury or Sickness, where the Injury and the Accident occur during the Insured Person's Period of Cover and within the Scope of Cover shown on the Policy Schedule. Injury does not include: <ol style="list-style-type: none">any sickness or condition ordinarily described as a sickness;a Pre Existing Medical Condition;aggravation of a condition which existed before the start of the period during which cover is provided under the Policy: orany degenerative or congenital condition or other condition which does not result solely and directly from an Accident.
Injury Date	means the earlier of: <ol style="list-style-type: none">the date the Insured Person's Medical Practitioner reasonably diagnoses as the most likely date of the Injury;the date Our Medical Practitioner reasonably diagnoses as the most likely date of the Injury;the date the Insured Person first became aware of the Injury or a reasonable person in the circumstances would have been aware of the Injury;the date the Insured Person first received medical treatment for the Injury: andthe date the Injury is first diagnosed by a Medical Practitioner.

Insurance Contracts Act	means the <i>Insurance Contracts Act 1984 (Cth)</i> as amended from time to time.
Insured Person(s)	<p>means any person nominated by the Insured from time to time for the insurance cover selected by the Insured under the Policy and with respect to whom:</p> <ul style="list-style-type: none"> a. We have agreed to provide cover under the Policy: and b. a premium has been paid, provided the person meets the eligibility criteria specified in the Policy Schedule. <p>An Insured Person is not a contracting insured under the Policy with Us. Our agreement is entered into with the Insured.</p>
Limb(s)	means the entire limb between the shoulder and the wrist or between the hip and the ankle.
Medical Practitioner	means a legally qualified Medical Practitioner (including a General Practitioner, Physician, or Specialist) currently registered to practice in Australia, who is not the Insured Person's Spouse, or a member of the Insured Person's Family or the Insured's business associate and is acting within the scope of their registration and pursuant to the relevant laws.
Paralysis	<p>means the total and permanent loss of the use of:</p> <ul style="list-style-type: none"> a. one or more of the Insured Person's lower Limbs (paraplegia): or b. both the Insured Person's lower Limbs and both the Insured Person's upper Limbs (quadriplegia), due to spinal cord injury.
Partial Disablement, Partial Disability, Partial Disabled	Is where the Insured Person has been continuously Totally Disabled as the result of an Injury or a Sickness for which the Insured Person has received a Total Disability Benefit and immediately after that period of Total Disability the Insured Person is capable of returning to work in reduced or alternative light duties and/or reduced hours.
Permanent Total Disablement	means Total Disablement which continues for 12 consecutive calendar months and at the expiry of that time in Our opinion is beyond hope of improvement and which will entirely prevent an Insured Person forever from engaging in any profession, occupation or employment for which the Insured Person is reasonably qualified by training, education or experience.
Permanent Total Loss	means the full and permanent loss of the use of the part of an Insured Person's body referred to in the Accidental Death and Lump Sum Conditions Benefits Table resulting from an Injury but not Sickness.
Policy	means Our contract with the Insured, consisting of this document, the Policy Schedule and any other documents We state form part of the terms and conditions of Our contract with the Insured.

Pre-Disability Earnings	means the weekly equivalent of the Insured Person's gross annual remuneration from their employer for their personal exertion, averaged over the 12 months (or any shorter period that they have been engaged in their occupation) immediately prior to the Injury or Sickness which caused their Total Disability, inclusive of overtime payments, bonuses, commissions or allowances, but does not include any income that is not from the Insured, reimbursement of work related expenses, long service leave paid, but not taken and other non-regular income that was earned during these periods. For self-employed persons, cover is provided for income net of business expenses, but before personal deductions and income tax, averaged over the 12 months (or any shorter period that they have been engaged in their business) prior to the Injury or Sickness which caused their Total Disability.
Pre Existing Medical Condition	<p>means a sickness, illness, disease, injury, condition (including any side-effects or symptoms of such a sickness, illness, disease, injury or condition) of which the Insured Person was aware or of which a reasonable person in the circumstances could be expected to have been aware, or for which the Insured Person has received or sought medical attention or treatment for which the Insured Person has undergone testing prior to the commencement of the Insured Person's Period of Cover.</p> <p>Pre Existing Medical Conditions specifically include congenital or degenerative conditions for which the Insured Person has been diagnosed or was aware of or of which a reasonable person in the circumstances could be expected to have been aware prior to the commencement of the Insured Person's Period of Cover regardless as to whether the Insured Person was at the time, or subsequently, being treated for them.</p>
Scope of Cover	means the operative time during which cover applies with respect to Insured Persons, as set out in the Benefit Summary.
Spouse or Partner	of an Insured Person means the Insured Person's husband or wife living with the person or any person of either sex living in a de facto marital relationship with the Insured Person.
Total Disablement, Total Disabled, Total Disability	<p>Means an Insured Person is entirely and continuously unable to engage in the Insured Person's usual occupation or employment, for which the Insured Person is covered under the Policy, or from any other occupation, profession or business which in Our opinion the Insured Person is qualified to perform based on the Insured Person's education, training or experience and:</p> <ul style="list-style-type: none"> • the Insured Person is not working in any employment or occupation; and • the Insured Person is under the regular care and attendance of and following the advice and treatment recommended by, a Medical Practitioner.
Waiting Period	means the period of time during which We will not pay any benefit under the Policy as set out in the Policy Schedule.
You, Your or Yours	means the Insured named in the Policy Schedule.