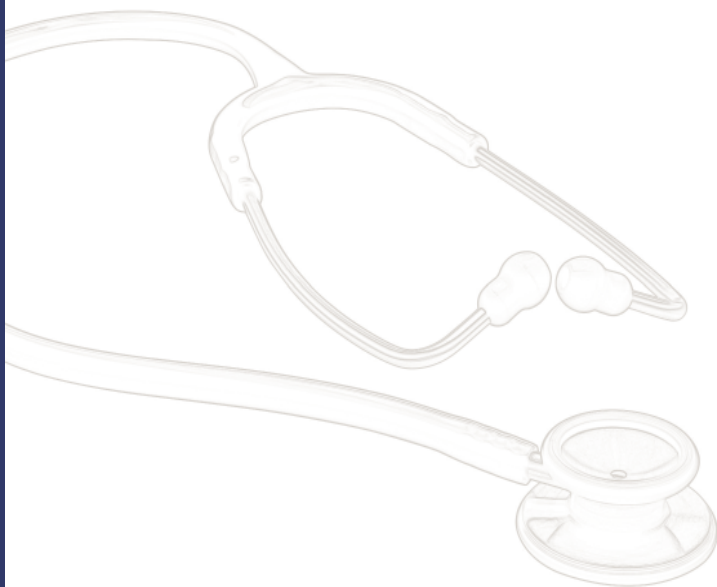


IHI PERSONAL ACCIDENT



SUPPLEMENT TO YOUR IHI HEALTH INSURANCE

VALID FROM 1. 1. 2005



YOUR HEALTH ABOVE ALL



IHI PERSONAL ACCIDENT



Few people stop to think how a serious accident might affect their lives. An accident which leaves you seriously injured or disabled can bring all sorts of financial problems. It could mean you might be unable to return to work for several months or even permanently as a result of your accident.



As a customer with International Health Insurance danmark a/s (IHI), you can now protect yourself with the IHI Personal Accident.

IHI Personal Accident can be taken out as a supplement to your IHI Health Insurance. It is designed to help you replace some income if you cannot work because of illness or injury. This type of protection should be a fundamental element of your financial plan because if you are less than 60 years old, the risk of becoming disabled is statistically higher than the risk of dying prematurely.



SPEND THE MONEY AS YOU WISH

With IHI Personal Accident you are free to choose for what purpose the sum insured is spent, e.g.:

- Stop working for a period of time
- Finance any changes you may need to make to your home or car as a result of the accident
- Use the sum to reduce your mortgage or loan
- In case of death, to support your family financially

COVERED ACCIDENTS

Pay-out will be effective if one of the five following conditions applies:

- Death by accident (100% of the sum insured)
- Loss of a limb above the wrist or above the ankle by accident (100% of the sum insured)
- Loss of sight on one eye (50% of the sum insured) or both eyes by accident (100% of the sum insured)
- Loss of or loss of use of hand, foot, ear, nose or genital organ (25% the sum insured)
- Permanent total disablement (100% of the sum insured)

Please see the Policy Conditions for a detailed description of the cover.



ADVANTAGES



- There is full-time coverage for any occupational or leisure time accident, however, with the exception of dangerous sports
- You can choose between different insurance sums
- You will receive the insurance sum, regardless of any other insurance you might have
- You only need to fill in the claim form together with a police report or statement from doctor – we will take care of the rest, ensuring you immediate payment

INSURANCE SUM

You can choose between the following insurance sums in USD or the equivalent in other currencies:

USD 50,000	USD 100,000	USD 150,000
------------	-------------	-------------

The sum can be changed upon any renewal.

The premium for the IHI Personal Accident is based on your choice of insurance sum and your occupation. Please refer to the separate Premium Tables.

Please note that the compensation in case of disablement/death for children is limited to USD 5,000/3,000 or the equivalent in other currencies.

POLICY CONDITIONS

VALID FROM 1. 1. 2005

In accordance with the Danish Insurance Contracts Act

INDEX

- Art.1 Acceptance of the insurance
 - Art.2 Date of commencement and waiting periods
 - Art.3 Who is covered by the insurance?
 - Art.4 Where is cover provided?
 - Art.5 What is covered by the insurance?
 - Art.6 Exceptions for payment of benefits
 - Art.7 How to report a claim
 - Art.8 Payment of premium
 - Art.9 Necessary information to the company
 - Art.10 Assignment, cancellation and expiry
 - Art.11 Disputes, venue, etc.
- Glossary

ART. 1 ACCEPTANCE OF THE INSURANCE

- 1.1 International Health Insurance danmark a/s, hereinafter called the Company, shall decide whether the IHI Personal Accident, hereinafter called the Insurance, can be accepted. In order for the Insurance to be accepted and the Company to become liable, the application must be approved by the Company and the necessary premium paid to the Company.
- 1.2 In order for the application to be accepted by the Company, the applicant must have attained 3 (three) years of age and must not have attained 60 (sixty) years of age at the time of acceptance.
- 1.3 Corporate accident schemes may be taken out on special terms upon approval by the Company. If the Company decides to offer the Insurance to corporations, the special terms will be stated in an insurance contract.
- 1.4 The determination of the premium amount will be based on the occupational risk profile of the applicant, which will be determined on an individual basis by the Company.
- 1.5 The Insurance may only be taken out as a supplement to an IHI health insurance with the Company.

ART. 2 DATE OF COMMENCEMENT AND WAITING PERIODS

- 2.1 The Insurance shall be valid as of the date on which the application is approved by the Company. The date of commencement is stated in the policy schedule. The Company may agree on another date with the policyholder.
- 2.2 The right to benefit from the Insurance shall only take effect 4 (four) weeks after the date of commencement.
- 2.3 The Company shall process the extension of cover as a new application in accordance with Art. 1.
- 2.4 If extended cover is taken out, the right to benefit from the extended insurance shall only become effective 4 (four) weeks after the date of commencement of the extension.

ART. 3 WHO IS COVERED BY THE INSURANCE?

- 3.1 The Insurance shall cover the insured person(s) named in the policy schedule in accordance with the chosen insurance covers.

ART. 4 WHERE IS COVER PROVIDED?

- 4.1 The Insurance shall provide the same geographical cover as the IHI health insurance.

ART. 5 WHAT IS COVERED BY THE INSURANCE?

- 5.1 The Insurance shall provide cover in the event of an accident, without the influence of any illness, resulting in death or the loss of a limb, sight, extremity, or permanent total disablement of the Insured.
- 5.2 An accident shall be defined as a fortuitous event occurring without the Insured's intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.
- 5.3 The Insured may choose between the following total insurance sums per person: USD 50,000 or USD 100,000 or USD 150,000 or the equivalent in other currencies.
- 5.4 The benefit shall be paid out in case of an accident resulting in the loss of a limb, sight, extremity, or permanent total disablement within one year after the accident.
- a) Loss of a limb shall be defined as loss by separation or the total and irrecoverable loss of use of an arm above the wrist or a leg above the ankle. Compensation shall be made at 100% of the insurance sum.
 - b) Loss of sight shall be loss of sight of one or both eyes, which is certified as being complete and irreversible by a qualified practitioner specialising in ophthalmology and approved by the Company. In case of loss of sight of one eye, compensation shall be made at 50% of the insurance sum. In case of loss of sight of two eyes, compensation shall be made at 100% of the insurance sum.

- c) Loss of extremity shall be defined as the permanent physical separation or the total and irrecoverable loss of use of a hand, foot, ear, nose or genital organ. Compensation shall be made at 25% of the insurance sum for each loss of extremity.
- d) Permanent total disablement shall be inevitably and continuously paralysation, defined as quadriplegia (paralysation in both arms and both legs), paraplegia (paralysation of both legs) or hemiplegia (paralysation of one arm and one leg at the same side of the body). Compensation shall be made at 100% of the insurance sum.

5.5 In the event of the Insured's death directly caused by an accident and where death occurs within 1 (one) year after the accident, the full insurance sum (100%) shall become payable.

5.5.1 In the event of an accident resulting in the death of the Insured, any compensation already paid out as a consequence of that same accident shall be deducted the total insurance sum before being paid out by the Company.

5.5.2 Once the insurance sum has been paid out due to death following an accident, the Insurance shall expire for the deceased.

5.6 In the event of the death of the Insured, the insurance sum shall be paid out to the Beneficiary chosen by the Insured.

5.6.1 If the Insured has not chosen a Beneficiary or the chosen Beneficiary has passed away, the insurance sum shall be paid to the Insured's immediate family members, defined as the Insured's spouse, or, if the Insured leaves no spouse, the Insured's children or, in the absence of any children, the Insured's cohabitor, provided that such cohabitor has been registered at the same address as the Insured for at least 2 (two) years.

5.7 Once the total chosen insurance sum has been paid out, the Insurance shall expire.

- 5.8 In the event of an accident, the Insured must receive medical treatment and comply with the physician's instructions. Otherwise, the Company may reduce or deny payment of compensation.
- 5.9 The Company shall be entitled to:
- refer the Insured to treatment by a physician chosen by the Company and,
 - in case of death, to demand an autopsy of the deceased.
- 5.10 If the Insured is under 18 (eighteen) years of age, compensation in case of a covered disablement shall be limited to USD 5,000 or in the equivalent in other currencies.
- 5.11 If the Insured is under 18 (eighteen) years of age, compensation in case of death shall be limited to USD 3,000 or the equivalent in other currencies.

ART. 6 EXCEPTIONS FOR PAYMENT OF BENEFITS

- 6.1 The Company shall not be liable to pay out compensation which concern, are due to or are incurred as a result of:
- a) any illness or pre-existing medical condition, even though the illness or condition recurs as a result of the accident or is aggravated by it;
 - b) any accident caused by illness;
 - c) any aggravated consequences of an accident due to a pre-existing condition or any unforeseen illness subsequently contracted;
 - d) any consequences of medical treatment not necessitated by an accident covered by the policy;
 - e) abuse of alcohol, drugs and/or medicines;
 - f) intentional self-inflicted bodily injury;

g) direct or indirect engaging in:

war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations (whether war has been declared or not);

h) nuclear reactions or radioactive fallout;

i) epidemics which have been placed under the direction of the public authorities;

j) vaccinations and other preventive treatment;

k) accidents occurring due to participation in or training to:

- Professional sports
- Boxing, martial arts, rugby, fencing, hunting, polo, diving, mountain climbing, parachuting, paragliding or parasailing
- Any kind of motor race with e.g. cars, motorbikes, boats and other types of motor driven vehicles;

l) accidents occurring due to conducting an aircraft or helicopter, or as a passenger in such;

m) deliberate participation in any illegal or criminal act.

ART. 7 HOW TO REPORT A CLAIM

7.1 Compensation shall be paid within 30 (thirty) days following the Company's approval of the fully completed Claim Form, which must be submitted to the Company together with an originally signed medical statement from two qualified medical practitioners, and relevant documentation, e.g. information about the accident and the consequences for the Insured, police report, witness statements or any other information by any relevant person.

- 7.2 In no event shall the amount of compensation exceed the amount stated in Art 5.3. If the Insured receives payment of benefits from the Company in excess of the amount to which he/she is entitled, the Insured shall be under the obligation to repay the Company for the excess amount immediately, otherwise the Company will set off the excess amount in any other account between the Insured and the Company.
- 7.3 The Company shall be notified immediately of any accident occurring, which causes death or disablement or may inflict death or disablement as a direct consequence. Such notification must include medical information about the accident and its consequences. Notification should be made by telephone or e-mail to the Company; the Company shall defray all expenses incurred in this connection.
- 7.4 Complaints regarding the Company's claims handling shall be filed no later than 30 (thirty) days after receipt of the payment of benefits amount.

ART. 8 PAYMENT OF PREMIUM

- 8.1 Premiums are determined by the Company and shall be payable in advance. The Company adjusts the premiums once a year as from the anniversary date on the basis of changes in the cover and/or the loss experience in the insurance class during the previous calendar year.
- 8.2 The initial pro rata premium shall fall due on the date of commencement. Subsequent payments shall follow the terms of the IHI health insurance policy.
- 8.3 The policyholder shall be responsible for punctual payment of the premium to the Company.
- 8.4 After the commencement date of the Insurance, the premium is considered fully earned and non-refundable.

ART. 9 NECESSARY INFORMATION TO THE COMPANY

- 9.1 The policyholder and/or the Insured shall be under an obligation to notify the Company in writing of any changes in name, address or beneficiary. The Company must also be notified in writing in the event of death of the policy-

holder, Insured or beneficiary. The Company shall not be liable for the consequences if the policyholder and/or the Insured fail to notify such events.

- 9.1.1 The policyholder and/or the Insured must notify the Company in writing of any changes in occupation immediately and no later than 14 (fourteen) days after the change. Failure to notify the Company in such event may lead to cancellation of the insurance contract.
- 9.2 The policyholder and/or the Insured shall be under the obligation to notify the Company in writing of all obtainable information required for the Company's handling of the policyholder's and/or the Insured's claims against the Company.
- 9.3 In addition, the Company shall be entitled to seek information about the Insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the Insured for physical or mental illnesses or disorders. Furthermore, the Company shall be entitled to obtain any medical records or other written reports and statements concerning the Insured's state of health and/or occupation.

ART. 10 ASSIGNMENT, CANCELLATION AND EXPIRY

- 10.1 Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the Insurance.
- 10.2 The Insurance may be cancelled by the policyholder or by the Company at the anniversary date with 3 (three) months' notice.
- 10.3 In connection with the settlement of a claim, the Insurance may be cancelled by the policyholder or by the Company with 1 (one) month's notice within fourteen (14) days after the settlement of the claim.
- 10.4 The Insurance is automatically renewed on each policy anniversary until:
 - the age of 65 (sixty-five) years, or
 - the end of the policy terms, or
 - the death of the Insured, or

- the insurance sum has been paid out, or
- cancellation of the IHI health insurance.

- 10.5 The Company's liability shall automatically expire at the end of the insurance period. Upon expiry of the Insurance, the right to compensation ceases.
- 10.6 Where upon taking out the Insurance or subsequently, the policyholder or the Insured has fraudulently disclosed incorrect information or withheld facts which may be regarded as being of importance to the Company, the insurance contract shall be void and shall not be binding on the Company.
- 10.7 Where upon taking out the Insurance or subsequently, the policyholder or the Insured has disclosed incorrect information, the insurance contract shall be void, and the Company shall not be liable if the Company would not have accepted the Insurance if the correct information had been disclosed. If the Company would have accepted the Insurance, but on other terms, the Company shall be liable in accordance with Art. 10.8.
- 10.8 A claim shall be calculated as the proportion between the total premium sum paid by the Insured from the date of disclosure of the incorrect information and the total premium sum, the Insured should have paid had he/she given the correct information to the Company. This proportion shall be multiplied with the claim calculated in accordance with Art. 5.4. and Art. 5.5.
- 10.9 Where, upon taking out the Insurance, the policyholder or the Insured neither knew nor should have known that the information disclosed by him/her was incorrect, the Company shall be liable as if such incorrect information had not been disclosed.
- 10.10 The Company can stop or suspend an insurance product at 3 (three) months' notice prior to the policy anniversary.

ART. 11 DISPUTES, VENUE, ETC.

- 11.1 Any disputes arising out of or in connection with the insurance contract shall be settled in accordance with Danish law, with Copenhagen as the agreed venue. The Company is affiliated to Ankenævnet for Forsikring (The Insurance Appeals Board).

GLOSSARY

Accident: an accident shall be defined as a fortuitous event occurring without the Insured's intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.

Anniversary date: the renewal of the Insurance.

Applicant: a person named on the Application Form as an applicant for the insurance.

Application: the Application Form.

Beneficiary: any third person which the Insured has decided shall subrogate to his/her rights to the insurance sum after his/her death. The appointment of a beneficiary shall be done in writing to the Company.

Commencement date: the date indicated in the policy schedule on which the Insurance commences, unless otherwise stated in the Policy Conditions.

Company: International Health Insurance danmark a/s, CVR. No. 88076516

Death: a person is declared dead when 2 (two) experienced medical specialists have carried out a brain death test proving that the patient is brain dead.

Deceased: the insured person, who has passed away due to an accident.

Documentation: any written information related to the Insurance including medical statement from medical doctors or other health professionals, witness report, police report, photograph, hospital journals, original bills, policy schedules and the like.

IHI health insurance: the Insurance under which the Insured can obtain reimbursement for medical and/or dental expenses.

Insurance: the Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope terms of the Insurance, the premium payable and reimbursement rates.

Insured: the policyholder and all other insured persons listed in the policy schedule.

Permanent total disablement: permanent total disablement is defined as inevitably and continuously paralysation, defined as quadriplegia (paralysation in both arms and both legs) or paraplegia (paralysation of both legs) or hemiplegia (paralysation of one arm and one leg at the same side of the body).

Policy Conditions: the terms and conditions of the insurance purchased.

Policyholder: the person identified as the policyholder on the Application Form and as an Insured in the policy schedule.

Policy schedule: policy details showing the type of insurance purchased, annual premium and any special terms.

Renewal: the automatic renewal of the Insurance as per the anniversary date.

Special terms: restrictions, limitations or conditions applied to the Company's standard terms as detailed in the policy schedule.

Standard terms: the Company's standard insurance terms with no special restrictions, limitations or conditions.

Waiting period: a period of time from the commencement date where the Insurance provides no cover.

DENMARK - HEAD OFFICE

International Health Insurance danmark a/s
 Palaegade 8, DK-1261 Copenhagen K
 Denmark

Telephone: +45 33 15 30 99
 Fax: +45 33 32 25 60
 E-mail: ihl@ihl.com

RESPONSE CENTER

International Health Insurance danmark a/s
 Palaegade 8, DK-1261 Copenhagen K
 Denmark

Opening hours:
 08:00 a.m. – 08:00 p.m. on weekdays.
 Telephone: +45 70 23 23 13
 Fax: +45 33 32 25 60
 E-mail: response@ihl.com

SPAIN

International Health Insurance danmark a/s
 Edif. Tres Coronas, Portal D, Apt. 202
 Avda. Clemente Diaz Ruiz, 4
 E-29640 Fuengirola (Málaga), Spain

Telephone: +34 952 47 12 04
 Fax: +34 952 47 12 08
 E-mail: spain@ihl.com

FRANCE

International Health Insurance danmark a/s
 Nice-Etoile, 30, Avenue Jean Médecin
 F-06000 Nice, France

Telephone: +33 (0)4 92 17 42 42
 Fax: +33 (0)4 92 17 42 44
 E-mail: france@ihl.com

ISLE OF MAN

International Health Insurance danmark a/s
 1, Sydney Mount, Douglas
 Isle of Man IM1 3DB, British Isles

Telefon: +44 1624 677 412
 Fax: +44 1624 675 856
 E-mail: iom@ihl.com

UNITED KINGDOM

International Health Insurance danmark a/s
 34, Bedford Row
 London WC1R 4JH, United Kingdom

Telephone: +44 (0) 20 7611 7930
 Fax: +44 (0) 20 7611 7940
 E-mail: uk@ihl.com

USA - FLORIDA, CORAL GABLES

International Health Insurance danmark a/s
 Two Alhambra Plaza, Suite 802
 Coral Gables, Florida 33134
 USA

Telephone: +1 (305) 476-9200
 Fax: +1 (305) 476-1700
 E-mail: us@ihl.com

BOLIVIA

International Health Insurance danmark - Bolivia S.A.
 Av. San Martin No. 1800
 Edificio Tacuaral, Oficina 203
 Equipetrol
 Santa Cruz, Bolivia

Telephone: +591 3 3412842 / +591 3 3412841
 Fax: +591 3 3412832
 E-mail: bolivia@ihl.com

HONG KONG

International Health Insurance danmark a/s
 Unit 506, 5/F, Tower II, Admiralty Centre
 18 Harcourt Road, Hong Kong

Telephone: +852 2529 2723
 Fax: +852 2529 2725
 E-mail: hongkong@ihl.com

JAPAN - REPRESENTATIVE OFFICE

International Health Insurance danmark a/s
 Kokaji Building 2F, 3-62-1 Sendagaya, Shibuya-ku
 Tokyo 151-0051, Japan

Telephone: +81 3 34 05 07 94
 Fax: +81 3 34 05 12 94
 E-mail: info@ihidanmark.jp

24-HOUR EMERGENCY SERVICE

TELEPHONE: +45 33 15 33 00
 E-MAIL: EMERGENCY@IHI.COM
 WWW.IHI.COM

Reg. No. CVR 88076516



International
 Health
 Insurance
danmark a/s