Terms and Conditions Leisure Accident Insurance

Insurance terms
Valid from 01.12.2025

1. Introductory provision

The insurance agreement consists of:

- the insurance certificate
- the insurance terms and conditions
- the general terms and conditions
- the Norwegian Insurance Contracts Act of 16 June 1989
- the Occupational Injury Insurance Act of 16 June 1989 with regulations
- the Norwegian Compensation Act of 13 June 1969
- other legislation

The text of the insurance certificate takes precedence over the insurance terms and conditions. The insurance certificate and insurance terms and conditions take precedence over statutory provisions that may be deviated from.

2. Definitions

The policyholder: is the person who enters into the insurance agreement with the Company.

The beneficiary: is the person who is entitled to compensation.

The insured is the person whose life or health the insurance relates to.

The company is the insurance company specified in the insurance certificate.

3. What and when the insurance covers

The company covers accidental injuries suffered by the insured person during their leisure time.

Accidental injury is defined as physical injury or death caused by a sudden, unforeseen external event (the accident).

4. Benefits under the insurance

4.1 Introduction

4.1.1 Basis for calculation

Compensation shall be calculated in accordance with Chapters 3, 4 and 6 of the Regulations on Standardized Compensation pursuant to the Occupational Injury Insurance Act of 21 December 1990 No. 1027 (hereinafter referred to as "the Regulations"), unless otherwise provided in these insurance terms and conditions. The calculation shall be based on the basic amount (G) of the National Insurance Scheme at the time of settlement, cf. section 1-4 of the National Insurance Act.

The calculation is based on the basic amount of the National Insurance Scheme at the time of the injury (only compensation for pain and suffering) with the addition of interest in accordance with the insurance terms and conditions, section 8.8.

4.1.2 Age of the injured party

The calculation shall be linked to the age of the injured party at the time of settlement. When calculating in accordance with section 4-2 of the Regulations, the calculation shall be linked to the age of the injured party at the time of the injury. When calculating in accordance with section 6-1 of the Regulations, the age of the injured party at the time of death shall be used as a basis.

4.2 Incidental and future expenses

4.2.1 Additional expenses

Additional expenses incurred up to the time of settlement shall be reimbursed individually. See section 3-1 of the Norwegian Compensation Act of 13 June 1969 No. 26 (hereinafter referred to as "the Compensation Act"). The company shall cover documented additional expenses incurred by the insured as a result of the accidental injury. Compensation for disability expenses incurred is limited to 5% of the sum insured for disability compensation, cf. section 4.4 below. Unless otherwise agreed, the company does not cover expenses for treatment and stays in private hospitals or outpatient clinics.

4.2.2 Future additional expenses

The company covers future individually calculated annual additional expenses, cf. section 3-1 of the Compensation Act. Future additional expenses are paid as a lump sum and may not exceed a total of 3 G at the time of settlement. The compensation depends on the age of the insured at the time of settlement and is determined as follows:

4.2.3 Lost income

The company shall cover individually calculated loss of income up to the date of settlement, cf. section 3-1 of the Compensation Act. Loss of income up to the date of settlement shall be paid as a lump sum compensation, which may not exceed a total of 5 G. Loss of business income is not covered by this clause.

Age of the injured party	Average future annual additional expenses multiplied by
Under 35	21
Between 35 and 49 years	19
Between 50 and 59	16
Between 60 and 69 years old	14
Over 70	8

4.3 Loss of future income

4.3.1 Basis for calculation

The basis for calculating future loss of income is the pensionable income, cf. section 3-15 of the National Insurance Act, in the year before the injury occurred. No account is taken of the limitation referred to in section 3-13, fourth paragraph of the National Insurance Act.

If the injured party's estimated pensionable income, without the injury, in the year in which the injury occurred, provides a higher basis, this shall be used as the basis. The same applies if the injured party has achieved a pensionable income in a subsequent income year that provides a higher basis.

If there are special grounds for assuming that the basis for the calculation according to the first or second paragraph deviates significantly from what would have been the injured party's normal income level without the injury, the basis for the calculation shall be set at this level. Compensation shall be payable at the time when it is probable that the injury will result in a permanent loss of earning capacity. Loss of business income is not covered by this section.

4.3.2 Basis compensation

Basic compensation is determined as follows:

The injured party's salary	Basic compensation	
	Full coverage	Half coverage
Up to and including 7G	22 G	11 G
Over 7G up to and including 8G	24 G	12 G
Over 8G up to and including 9G	26 G	13 G
Over 9G up to and including 10G	28 G	14 G
Over 10 G	30 G	15 G

The income basis for the calculation is determined in relation to G on 1 January of the income year in which the income was earned.

4.3.3 Age of the injured party

The compensation amount for 100% occupational disability is calculated as follows in relation to the basic compensation:

a. If the injured party is 45 or 46 years old, the compensation corresponds to the basic compensation.
b. For each year the injured party is over 46 years of age, a deduction of 5% of the basic compensation is made. However, the compensation shall still amount to at least 10% of the basic compensation.
c. If the injured party is aged 35-44, the compensation is increased for each year he/she is younger than 45 by 3.5% of the basic compensation.
d. If the injured party is 34 years of age or younger, the compensation is increased for each year he/she is younger than 35 by 2.5% of the basic compensation. In addition, the compensation is increased by 35% of the basic compensation.

4.3.4 Loss of part of earning capacity

If the injured party has only lost part of their earning capacity, the compensation is reduced accordingly.

4.3.5 Previous disability

If, regardless of the injury in question, the injured party was 50% or more incapacitated for work, he/she may claim compensation calculated in accordance with section 3-1 of the Compensation Act if this results in higher compensation than that calculated in accordance with the rules set out here.

4.4 Compensation for pain and suffering

4.4.1 Basic compensation

Basic compensation is determined as follows:

Medical disability	Basic compensation
15-24%	0.75G
25-34%	1.00G
35-44%	1.50G
45-54%	2.00G
55-64%	2.50G
65-74%	3.00G
75-84%	3.75G
85-100%	4.50G
Injury that is significantly greater than an injury that gives rise to a disability rating of 100%	5.50G

4.4.2 Age of the injured party

Compensation for pain and suffering is calculated in relation to the basic compensation as follows:

a. If the injured party is 45 or 46 years old, the compensation corresponds to the basic compensation.
b. For each year the injured party is over 46 years of age, a deduction of 2% of the basic compensation is made. The compensation shall nevertheless amount to at least 50% of the basic compensation.
c. For each year the injured party is younger than 45, the compensation is increased by 2% of the basic compensation.

4.5 Compensation in the event of death (applies only to deaths caused by accidents)

4.5.1 Compensation to spouse or cohabitant

Compensation to spouse or cohabitant in the event of death is 15 G for full coverage and 7.5 for half coverage.

A person is not considered a spouse under the first paragraph if, at the time of death, a judgment has been rendered, or permission has been granted for separation or divorce. This applies even if the decision is not legally binding or final.

The following are considered cohabitants under the first paragraph:

- a person with whom the deceased has lived in a marriage-like relationship if the National Population Register shows that the two have had the same residence for the last two years, or
- person who had children and shared a home with the deceased.

However, a person is not considered a cohabitant if, at the time of death, there were circumstances that prevented a legal marriage from being entered into.

For each year that the deceased was over 46 years of age, the compensation under the first paragraph is reduced by 5%, but by no more than 80%.

4.5.2 Compensation to children for loss of a provider:

Compensation		Age of the child when the provider died
Full coverage	Half coverage	
6.50 G	3.25 G	Until the age of 1
Then 6.00 G	Then 3.00 G	Until the age of 3
Then 5.50 G	Then 2.75 G	Until the age of 4
Then 5.00 G	Then 2.50 G	Until the age of 6
Then 4.50 G	Then 2.25 G	Until the age of 7
Then 4.00 G	Then 2.00 G	Until the age of 9
Then 3.50 G	Then 1.75 G	Until the age of 11
Then 3.00 G	Then 1.50 G	Until the age of 12
Then 2.50 G	Then 1.25 G	Until the age of 14
Then 2.00 G	Then 1.00 G	Until the age of 16
Then 1.50 G	Then 0.75 G	Until the age of 18
Then 1.00 G	Then 0.50 G	Until the age of 20

Compensation is calculated separately for each child. If the deceased was the sole provider, the child receives double the amount of compensation.

4.5.3 Compensation for funeral expenses
Funeral expenses are compensated at 0,5 G. This applies even if the deceased does not leave behind any persons who are entitled to compensation from a provider.

5. Special limitations on the company's liability for compensation

5.1 The company is not liable for loss or damage, or increase in loss or damage, directly or indirectly caused by or related to:

a. nuclear reactions, nuclear explosions and radiation, toxic effects or other dangerous effects of radioactive substances in any form
b. war or war-like actions, insurrection or similar disturbances of public order
c. self-inflicted poisoning through stimulants, narcotics, medicine or other similar substances
d. voyages of discovery or expeditions
e. suicide or attempted suicide
f. illnesses caused by HIV infection (AIDS or other HIV-related illnesses or conditions) or illness caused by the Hepatitis B virus
g. injury caused by infection following an insect bite or sting, such as malaria or typhus.

However, the company is liable for:

a. local wound infection and "blood poisoning" (sepsis) arising in this way.
b. other infections, the company is only liable when it can be clearly established that the cause is infection of a wound sustained in an accident and that other modes of transmission can be ruled out.

The validity of the insurance during war is limited to 14 days from the time the company has determined that the area in question is to be covered by the war risk provision, and the validity is conditional on the insured person being in the area when the war risk provision is invoked by the company. Under no circumstances shall the company be liable for war risk in the event of war, whether declared or not, between two or more of the following states: France, the People's Republic of China, India, Iraq, Russia, Ukraine, the United Kingdom and the United States.

5.1.1 Special activities – sports

The insurance does not cover accidental injury sustained while participating in:

- professional sports
- horse racing
- any form of diving with the supply of air or breathing gas
- boxing, karate, wrestling and similar combat sports
- speed racing with motor vehicles or motor racing with special speed or vehicle tests or training for such races.
- exploratory voyages or expeditions
- mountain climbing, hang gliding, paragliding, parachuting, gliding and similar activities.

5.2 Coordination with social security benefits

When paying compensation for additional expenses incurred and when calculating compensation for future additional expenses, loss of income and compensation to persons other than a spouse/cohabitant or children, a deduction shall be made on a krone-for-krone basis for the social security benefits to which the insured is entitled as a result of the injury.

If the insured was not a member of the National Insurance Scheme, a deduction shall be made from the compensation for loss of future earnings. Compensation for pain and suffering, expenses associated with the death and compensation to a spouse/cohabitant or children shall be paid independently of benefits from the National Insurance Scheme.

5.3 Coordination with the Motor Vehicle Liability Act/ compensation law.

Compensation that can be claimed under the Motor Vehicle Liability Act or other tort law will be deducted krone-for-krone from the compensation settlement.

6. Special condition 1 – collective insurance

6.1 The company's benefits

The company covers damage resulting from accidents with compensation calculated in accordance with the insurance terms and conditions for leisure accidents of 1 December 2025.

6.2 Rules for members

Rules for members

According to the agreement, members of the scheme are all employees of the policyholder. If a member is no longer employed by the above-mentioned company, the insurance agreement ceases to apply to that person.

6.3 List of members

The policyholder is obliged to keep a list of the members of the scheme and to provide the company with an updated list before the annual due date.

The policyholder must ensure that the insured persons are provided with insurance certificates and terms and conditions.

If a member terminates their employment, the policyholder must immediately notify the insured in writing that the insurance will cease.

Upon entering into the insurance agreement, and thereafter at regular intervals, the policyholder shall inform the members about the insurance agreement and any supplementary agreements that may be relevant for the members to take out, cf. section 19-3 of the Insurance Contracts Act.

In principle, there is no reason to opt out of the scheme.

6.4 Premium payment

The insurance premium is paid by the policyholder.

6.5 Compensation

Any compensation payments shall be paid to the member. In the event of death, the compensation shall be paid to the member's spouse/cohabitant, alternatively to the member's children and then to other heirs, unless the individual member has appointed a beneficiary, cf. section 15-2 of the Insurance Contracts Act, and notified the company of this in writing.

6.6 Right of disposal

Members have the right to appoint a beneficiary. As long as a member's claim against the company is not due, the member cannot transfer their rights under the insurance agreement to others.

7. Special condition 2

Coverage for disability compensation below 15% may be agreed upon separately.

7.1 Disability compensation 1-14% for accidental injury

Permanent disability compensation for accidental injury is paid in the event of permanent medical disability of 1% or more, up to a maximum of 14%. The compensation calculation is based on a maximum compensation of 4.5 G for 100% permanent medical disability. Compensation for degrees of disability below 15% is paid as a proportionate share of the sum insured.

8. General terms

8.1 The policyholder's duty to provide information

Upon entering into the insurance contract, and subsequently upon amendment or renewal of the insurance, the policyholder shall, on his own initiative, provide information about special circumstances which he must understand are of significance to the company's assessment of the risk, including circumstances or events that may lead to compensation payments.

The policyholder and the insured shall provide correct and complete answers to the company's questions. They shall also, on their own initiative, provide information about special circumstances which they must understand are of significant importance for the company's assessment of the risk, cf. section 13-1 of the Insurance Contracts Act.

If the duty of disclosure is neglected, the company's liability may be reduced or lapse, cf. section 13-2 of the Insurance Contracts Act.

The company may also terminate the insurance.

8.2 Notification of an insurance claim

If an insurance claim has occurred, anyone who believes they have a claim against the company must notify the company or the policyholder without undue delay. In such cases, the policyholder is obliged to notify the company in writing of the insurance claim immediately.

In the event of willful or grossly negligent failure to comply with the duty of notification, the company's liability to the person concerned may be reduced or lapse.

In any event, the right to compensation shall lapse if the claim is not reported to the company within one year of the entitled party becoming aware of the circumstances giving rise to the claim, ref. section 18-5 of the Insurance Contracts Act.

8.3 The insured's obligations in the event of a claim

When an insured event occurs, the insured must seek medical attention as soon as possible, undergo necessary treatment and follow the doctor's instructions. If the company deems it necessary, the insured must undergo an examination by a doctor appointed by the company. The examination will be paid for by the company.

If the insured person understands that the company may assert a recourse claim against a third party, the insured person shall do what is necessary to secure the claim until the company itself can take care of its interests.

8.4 Duty of disclosure in connection with compensation settlements

Anyone who makes a claim against the company shall provide the company with the information, original receipts and documents available to him or her and which the company needs in order to assess the claim.

8.5 Recourse

The company may claim recourse for losses or additional expenses covered under the Motor Vehicle Liability Act or liability insurance from the responsible insurance company.

8.6 Intentional/grossly negligent causing of an insurance event

If the insured has intentionally caused the insured event, the company will not compensate for the injury. If the insured has negligently caused the insured event, the company's liability may be reduced or waived. In making the decision, emphasis shall be placed on the degree of fault, the course of the injury, whether the insured was under the influence of self-induced intoxication, and other circumstances.

8.7 Consequences of fraud

Anyone who is guilty of fraud against the company shall lose all rights under the insurance contract and under other insurance contracts with the company in connection with the same event, cf. sections 13-2, 13-3 and 18-1 of the Insurance Contracts Act.

8.8 Interest

The insured is entitled to interest in accordance with section 18-4 of the Insurance Contracts Act.

8.9 The policyholder's right to terminate the insurance relationship

In accordance with the Insurance Contracts Act, Chapter 12, Section 12-3 (the policyholder's right to terminate the insurance relationship), the company will exercise its right to deviate from the provisions of the first and second paragraphs.

8.10 Termination

The company may terminate or amend the insurance at the end of the contract period with two months' notice in the event of a change in health status, cf. section 12-9 of the Insurance Contracts Act.

8.11 Appraisal

If it is possible to request an appraisal in accordance with the insurance terms and conditions, the following provisions apply to the procedure:

The appraisal shall be made by impartial and unbiased people. Each party shall appoint an appraiser. If either party wishes, he/she may appoint a separate appraiser for specific matters.

If one of the parties has notified the other in writing of his/her choice, the latter is obliged to give notice of his/her choice within one week of receiving the notification. The two appraisers shall choose a chairperson for the appraisal. If either party so requests, the chairperson shall reside outside the parties' place of residence and outside the municipality where the insured event occurred.

If one of the parties fails to appoint an appraiser, the municipal or district court in the judicial district where the assessment is to be made shall appoint one on his/her behalf. If the appraisers cannot agree on the appointment of a chairperson, one shall be appointed in the same manner. The appraisers may obtain the information and carry out the investigations they deem necessary. They are obliged to give their opinion on the basis of the insurance terms and conditions. The two appraisers shall carry out the valuation without calling in the chairperson. If they cannot agree, the chairperson shall be called in, who shall, in accordance with the same rules, give his/her opinion on the points on which the appraisers disagree. If the chairperson is called in, the compensation shall be calculated on the basis of his/her opinion. However, the compensation shall not exceed the limits that the two appraisers' assessments would entail. The parties shall each pay their own appraiser, the appraiser's fee and any other costs associated with the appraisal shall be borne by the parties in equal shares. The appraisal valuation is binding on both parties.

8.12 Choice of law

Norwegian law applies to the insurance agreement to the extent that this does not conflict with Act No. 111 of 27 November 1992 on the choice of law in insurance, or unless otherwise agreed.

8.13 Jurisdiction

Disputes arising from the insurance agreement shall be settled by a Norwegian court, unless this is contrary to mandatory rules in applicable legislation or unless otherwise agreed.

8.14 Currency

Premium amounts, sums insured, compensation amounts, etc. arising from the insurance agreement shall be calculated in Norwegian kroner unless otherwise stated in the agreement or insurance certificate.

8.15 Privacy

Information relating to privacy can be found at norua.com or quantumleben.com.

9. Obligations under money laundering regulations

As an insurance company, the company is subject to strict regulations to prevent their products and services from being used for financial crime and/or to finance terrorist activities. As a result, it is required to obtain information about its customers in order to fulfil its obligations under the money laundering regulations. Before the agreement can be established, it must have received the information and documentation that the company deems necessary to comply with money laundering regulations.

The company may choose not to enter into the agreement or change the scope of the agreement if the aforementioned requirements are not met or if there is suspicion of money laundering, terrorist financing or financial crime. Furthermore, the company may terminate existing customer relationships if there are objective grounds/suspicion that the company's products or services are being used as a tool for money laundering, terrorist financing or financial crime.

10. Assistance in complaints

If a dispute arises between the policyholder and the company, the dispute may be brought before the Norwegian Financial Services Complaints Board. The Board's decision is not final, and the dispute may be brought before the courts. Further information on this can be obtained by contacting the company or the Norwegian Financial Services Complaints Board, PO Box 53 Skøyen, 0212 Oslo, tel. 23 13 19 60.

Any disputes between the parties arising from the insurance relationship shall be brought before the District Court/Conciliation Board.