

Allianz

TUI Extended Sports Travel Insurance

COVERAGE SUMMARY

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Emergency Medical/Dental	***You* have to pay for emergency medical or dental treatment while on *your trip*.** Reimbursement of medical expenses for which *you* are responsible Organization and payment for hospitalization **Maximum sublimit for Dental Care– 3.000 DKK**	**At cost**
Emergency Transportation	**Transportation is needed following a medical emergency while on *your trip*.** Emergency Evacuation Medical Repatriation Transport to Bedside (Accommodation to Bedside sublimit 375 DKK per day – max.7 days) Return of Dependents Repatriation of Remains Search and Rescue	**At cost**
Trip Interruption	**Trip curtailment** *You* have to end *your trip* early and need to recover non-refundable unused *trip* costs. **Early/Delayed Return** *You* have to end *your trip* earlier or later than originally planned and need to recover additional transportation costs for *your* return home. **Trip Continuation** *Your* travel plans are interrupted, but *you* continue *your trip.* **Extended Stay** *Your* travel plans are interrupted and *you* need to recover additional *accommodation* and transportation costs *you* have incurred *(unlimited days if you extend your stay due to your illness or injury).* **Other Coverage (under the limit for Trip Curtailment)** - Confinement on medical advice during your trip – 300 DKK per day - Unable to do trip activities – 150 DKK per day - Quarantine – 300 DKK per day - Excursions – sublimit 1.500 DKK - Replacement Holiday – 45.000 DKK	**45.000 DKK** **At cost** **At cost** **750 DKK per day / max. 2 days**
Travel Delay	***Your* travel plans are delayed while *you* are on *your trip*.** Maximum reimbursement per 24-hour period of delay: "No Receipts Daily Limit" – 375 DKK "With Receipts Daily Limit" – 750 DKK Minimum Required Delay - 6 hours In case of Trip Abandonment after 24 hour delay – max. 45.000 DKK	**15.000 DKK**
Baggage	***Your baggage* is lost, damaged, or stolen while on *your trip*.** **Sublimit for all *high value items* – 3.750 DKK**	**15.000 DKK**

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Baggage Delay	***Your baggage* is delayed by an airline, cruise line, or other travel carrier while on *your trip*.** Reimbursement for expenses for the essential items *you* need until *your baggage* arrives Minimum Required Delay – 4 hours No receipts sublimit- 750 DKK per 24 hours	**2.250 DKK**
Loss of travel documents	***Your* travel document is lost, stolen, or damaged during *your trip*.**	**2.250 DKK**
Personal money	***Your personal money* is lost or stolen during *your trip*.**	**1.500 DKK**
Travel accident	***You* die or become permanently disabled due to an *accident* during *your trip*.**	**150.000 DKK**
Rental Vehicle Damage	**Collision Damage Waiver excess / Rental Vehicle Additional Coverage**	**15.000 DKK**
Sports coverage	**Missed Activity** *You* miss a prepaid activity during *your trip*. **Sporting Equipment coverage** Your *sporting equipment* is lost, damaged, or stolen while on *your trip* **Sporting Equipment Rental coverage** *You* need to rent *sporting equipment* when your personal *sporting equipment* is lost, damaged, or stolen while on *your trip*.	**7.500 DKK** **7.500 DKK** **3.750 DKK**
Travel Assistance	**24/7 assistance in case of medical emergencies during *your trip***	**service without cost coverage**

The above is only a brief description of the coverage available under *your policy*. Terms, conditions, and exclusions apply to all coverages. Please carefully review *your policy* for complete details. The definitions of the terms in the Definitions section of the *policy* will also apply to this Coverage Summary.

IMPORTANT NOTICES

- **Residency requirement**: This policy is only valid for *residents* of Denmark. This is not available to residents of Greenland or The Faroe Islands.
- **Insurer:** AWP P&C S.A. – Dutch Branch, trading as Allianz Partners.
- **Mode of travel:** valid for all modes of travel
- **Insured duration of travel:** see TUI booking confirmation. The insurance policies are valid for the duration of the *trip* (from commencement of the *trip* to the time of return), a maximum of 45 days is possible. For Rental Vehicle damage a maximum rental period of 31 days applies.
- **Coverage limits:** If not otherwise specified the coverage limits shown above are per named insured
- **Area of cover:** You will not be covered if you travel outside the area you have chosen, as shown on your insurance confirmation.
  - Europe: Mediterranean islands, Albania, Algeria, Andorra, Armenia, Austria, Azerbaijan, Azores, Balearic Islands, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canary Islands, Croatia, Cyprus, Czech Republic, Egypt, Estonia, Faroe Islands, Finland, France, Georgia, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland (Republic of), Isle of Man, Israel, Italy, Kosovo, Lapland, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russia-West of Urals, San Marino, Serbia, Slovenia, Slovakia, Spain, Sweden, Switzerland, Tunisia, Turkey, Ukraine and the United Kingdom.
  - Worldwide: All countries in the world.

- **Notes on the conclusion of insurance:** The insurance is only valid for the booked travel as described in the travel confirmation. The insurance cover begins at the time of commencement of the insured travel, and ends at the agreed point in time. The insurance cover will end at the very latest with the completion of the insured travel. In the following case, the insurance cover will be extended beyond the agreed point in time: if *you* have insured the entire planned *trip*, and the end of the *trip* is delayed for reasons outside of *your* control.
- **PLEASE NOTE: If the insured event occurs, *we* will only be obliged to provide indemnity if the premium has been paid, or if *you*, as the policyholder, are not at fault for the non-payment of the premium.**

IMPORTANT CONTACT DETAILS

Customer services: (for queries about your insurance)
Phone: +45 70 10 10 50
Online: https://www.tui.dk/kundeservice/

24-hour emergency medical assistance (for medical emergencies or if *you* need to cut *your trip* short
Online: https://ctc.sos.eu/?countryCode=DK&insuranceCode=CP351
Phone: +45 3848 8464
Email: sos@sos.eu

Claims:
Online: https://claims.sos.eu
Phone: +45 3848 8472
Email: claims@sos.dk

GENERAL CONDITIONS

WHO WE ARE

We are a Dutch branch of AWP P&C S.A., which has its registered office in Saint-Ouen-sur-Seine, France. *We* also operate under the trading name Allianz Partners.

Our business address is:
Poeldijkstraat 4
1059 VM Amsterdam
The Netherlands

Our postal address is:
PO Box 9444
1006 AK Amsterdam
The Netherlands

AWP P&C S.A. – Dutch Branch, trading as Allianz Partners, is an insurer licensed to act in all EEA countries and located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands operating in freedom of services, with corporate identification No 33094603, and registered at the Dutch Authority for the Financial Markets (AFM) No 12000535.

AWP P&C S.A., which has its registered office in 7 rue Dora Maar, Saint-Ouen-sur-Seine, France, is authorized by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09, France.

ABOUT THIS POLICY

This *policy* is *our* contract with *you* that offers insurance coverage for a specific *trip* where both have been purchased from the *travel supplier.* Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, *we* are available during our working hours listed in Coverage Summary. Just send *us* an email or give *us* a call using the contact information listed in Coverage Summary. And, if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are italicized. These words are defined in the "Definitions" section. Words that are capitalized refer to the document and coverage names found in this *policy.* Headings are provided for convenience only and do not affect *your* coverage in any way.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the sudden and unexpected specific situations, events, and losses included in this *policy*, and only under the conditions described. Please review this *policy* carefully.

Your policy consists of two parts:

1. The Certificate of Insurance and TUI booking confirmation
2. This document, which describes the coverages (including the Coverage Summary, which provides the particular list of coverages and benefits covered), main provisions, and conditions that govern this policy as well as the Privacy Notice.

NOTE:
Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this General Conditions document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under *your policy*.

CANCELLATION RIGHTS

If *your* cover does not meet *your* requirements, please notify TUI no later than the day before *your trip* starts.

In addition to the above, if the duration of *your trip* is more than 1 month *you* will still be able to terminate the insurance on or after the day *your trip* starts. *You* will only receive a refund of the premium *you* have paid for remaining days. *Your* premium will be refunded unless *you* have made a claim, or intend to make a claim, in which case no refund will be due.

MAKING A COMPLAINT

We always aim to provide *you* with first-class service. However, *we* know that things can sometimes go wrong and there may be times when *you* feel *we* have not done so. If this is the case, please tell *us*, so that *we* can do our best to sort out the problem.

Online: https://www.sos.eu

Write to:
Complaints Department
SOS International
Arne Jacobsens Allé 7
2300 Copenhagen S
Denmark

Email: quality@sos.eu with "COMPLAINT" in the subject.

To help SOS International deal with *your* complaint as quickly and efficiently as possible, please tell them your name, address, phone number, booking number and claim reference and enclose copies of relevant correspondence.

If *you* are not satisfied with the handling of a complaint *you* should write to:
Ankenævnet for Forsikring
Anker Heegaardsgade 2
1572 København
Danmark
Tel: +45 33 15 89 00
E-mail: ankeforsikring@ankeforsikring.dk
Website: www.ankeforsikring.dk/

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DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in italics are defined in this section.

Accident	An unexpected and unintended event that causes *injury*, property damage, or both.
Accommodation	A hotel or any other kind of lodging for which *you* make a reservation or where *you* stay and incur an expense.
Act of war	Any act which is associated with and occurring in the course of *war* or directly triggering it.
Baggage	Personal property *you* take with *you* or acquire on *your trip*.
Civil disorder	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, *vandalism*, lawlessness, disobedience, or obstruction of free access or movement in public areas. It does not include any such occurrence that rises to the level of or is connected with any *political risk*, *terrorist event*, *act of war* or *war*.
Climbing sports	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
Cohabitant	A person *you* currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
Computer System	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
Covered reasons	The specifically named situations or events for which *you* are covered under this *policy*.
Cyber Risk	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: 1. Any unauthorized, malicious, or *illegal act*, or the threat of such act(s), involving access to, or the processing, use, or operation of, any *computer system*, 2. Any error or omission involving access to, or the processing, use, or operation of any *computer system*, 3. Any partial or total unavailability or failure to access, process, use, or operate any *computer system*, or 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
Departure date	The date on which *you* are originally scheduled to begin *your* travel, as shown on *your* travel itinerary.
Doctor	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be *you*, a *travelling companion*, *your family*

	member, a *travelling companion's family member*, the sick or *injured* person, or that person's *family member*.
Epidemic	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
Family member	*Your*: 1. Spouse (by marriage, common law, domestic partnership, or civil union), 2. *Cohabitants*, 3. Parents and stepparents, 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process, 5. Siblings, 6. Grandparents and grandchildren, 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent, 8. Aunts, uncles, nieces, and nephews, 9. Legal guardians and wards, and 10. Paid, live-in caregivers.
First responder	Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an accident or emergency to provide aid and relief.
High-altitude activity	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
High value items	Collectibles, jewellery, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, *sporting equipment*, mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
Hospital	An acute care facility that has a primary function of diagnosing and treating sick and *injured* people under the supervision of *doctors*. It must: 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services, 2. Have organized departments of medicine and major surgery, and 3. Be licensed where required.
Illegal act	An act that violates law where it is committed.
Injury	Physical bodily harm.
Local public transportation	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport *you* or a *travelling companion* less than 150 kilometres.
Mechanical breakdown	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).
Medical escort	A professional person contracted by *our* medical team to accompany an ill or *injured* person while they are being transported. A *medical escort* is trained to

	provide medical care to the person being transported. This cannot be a friend, *travelling companion*, or *family member*.
Medically necessary	Treatment that is required for your illness, *injury*, or medical condition, consistent with *your* symptoms, and can safely be provided to *you*. Such treatment must meet the standards of good medical practice and is not for *your* or the provider's convenience.
Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
Pandemic	An *epidemic* that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
Permanent disability	*You* sustaining an *injury* as a result of an *accident* during *your trip* that means *you* are unable to do any paid work for at least 2 years from the date of the *accident*.
Personal Money	Any of the following that are held for personal and not business purposes: cash, postal or money orders, current postage stamps, traveller's cheques, admission tickets, travel tickets, coupons, gift cards or vouchers which have a monetary value.
Policy	This travel insurance contract. The *policy* includes this General Conditions document and the certificate of insurance.
Political risk	Any one or more of the following: • Any event, organized resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or organized political or ruling group; • Nationalization; • Confiscation; • Expropriation; • Deprivation; • Requisition; • Revolution; • Rebellion; • Insurrection; • Uprising; • Military and usurped power.
Pre-existing medical condition	An *injury*, illness, or medical condition that, within the 180 days prior to and including the purchase date of this *policy*: 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a *doctor*, 2. Presented symptoms, or 3. Required a person to take medication prescribed by a *doctor* (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). The illness, *injury*, or medical condition does not need to be formally diagnosed in order to be considered a *pre-existing medical condition*.

	For example, a sprained knee *you* have had treated in the 180 days prior to and including the purchase date of *your policy* will be considered a *pre-existing medical condition*. If *you* later have to seek medical assistance during *your trip* because, for instance, the sprained knee now requires surgery, or because *your* recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a *pre-existing medical condition*.
Primary residence	*Your* permanent, fixed home address for legal and tax purposes.
Quarantine	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which *you* are booked to travel during *your trip*, which is intended to stop the spread of a contagious disease to which *you* or a *travelling companion* has been exposed.
Reasonable and customary costs	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
Refund	Cash, credit, or a voucher for future travel that *you* are eligible to receive from a *travel supplier*, or any credit, recovery, or reimbursement *you* are eligible to receive from *your* employer, another insurance company, a credit card issuer, or any other entity.
Rental vehicle	An automobile or other vehicle designed for use on public roads that *you* have rented for the period of time shown in a *rental vehicle agreement* for use on *your trip* during *your scheduled rental period*
Rental vehicle agreement	The contract issued to *you* by the rental vehicle company that describes all of the terms and conditions of renting a *rental vehicle*, including *your* responsibilities and the responsibilities of the rental vehicle company.
Resident	A person who has their *primary residence*, and is registered with a *doctor*, in Denmark and has not spent more than 6 months abroad during the year before the *policy* was issued.
Return Date	The date on which *you* are originally scheduled to end *your* travel, as shown on *your* travel itinerary.
Scheduled rental period	The date(s), during which *you* will be renting the *rental vehicle* to use for *your trip,* as shown on *your rental vehicle agreement.*
Service animal	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
Severe weather	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
Sporting equipment	Equipment or goods used to participate in a sport.

Terrorist event	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of your country of residence and is committed for political, religious, ethnic, and/or ideological purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include *political risk*.
Traffic Accident	An unexpected and unintended traffic-related event, other than *mechanical breakdown*, that causes *injury*, property damage, or both.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: 1. Rental vehicle companies, 2. Private or non-commercial transportation carriers, 3. Chartered transportation, except for group transportation chartered by *your* tour operator, or 4. *Local public transportation.*
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
Travelling companion	A person or *service animal* travelling with *you* or travelling to accompany *you* on *your trip*. A group or tour leader is not considered a *travelling companion* unless *you* are sharing the same room with the group or tour leader.
Trip	*Your* travel to, within, and/or from a location away from *your primary residence*, which is originally scheduled to begin on *your departure date* and end on *your return date*. It must be booked with the *travel supplier*, from which *you* purchased this *policy*. It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work, and it cannot last longer than 45 days.
Uninhabitable	A *natural disaster*, fire, flood, burglary, or *vandalism (*except where *vandalism* is a part or a result of a cause of loss excluded under this *policy)* has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their *primary residence* or *accommodations* inaccessible or unfit for use.
Vandalism	Any *illegal act* that intentionally causes damage to or destruction of public or private tangible property.
War	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
We, Us,* or *Our	AWP P&C S.A. – Dutch Branch, trading as Allianz Partners.
You* or *Your	All persons listed as insureds in the certificate of insurance i.e. on your TUI booking confirmation as having purchased the insurance.

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if *we* accept *your* request for insurance and send *you* an official confirmation of that. *Your policy's* coverage effective date and coverage end date are indicated in *your* certificate of insurance. The *policy* is effective on the day *we* receive the order and *you* pay the full premium. The order must be received and the full premium must be paid on or before the *departure date.*

Coverage is only provided for losses that occur while *your policy* is in effect.

The *departure date* and *return date* that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

Your policy ends on the coverage end date listed in *your* insurance confirmation.

Additionally, your policy will end on the earliest of:

1. At 23:59 on the day you cancel your policy;
2. At 23:59 on the day you end your trip, if you end your trip early;
3. At 23:59 on the day you arrive at a medical facility for further care if you end your trip due to a medical reason; or
4. At 23:59 on the 45th day of the trip.

However, if *your* return travel is delayed due to a reason covered under this *policy*, *we* will extend *your* coverage period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or *trip* interruption.

Please note that this *policy* applies for a specific *trip* and cannot be renewed.

DESCRIPTION OF COVERAGES

In this section, *we* will describe the many different types of insurance coverages which are included in *your policy*. *We* explain each type of coverage and the specific conditions that must be met for the coverage to apply. **Please note that exclusions may apply.**

A. EMERGENCY MEDICAL/DENTAL ABROAD

If *you* receive emergency medical or dental care while *you* are on *your trip* abroad for one of the following *covered reasons*, *we* will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for emergency medical/dental coverage in *your* Coverage Summary (dental care is subject to the maximum sublimit listed for dental care):

1. While on *your trip abroad*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated before *your* return home (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
2. While on *your trip abroad*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

If *you* need to be admitted to a *hospital* as an inpatient, *we* may be able to guarantee or advance payments, where accepted, up to the limit of *your* emergency medical/dental coverage.

IMPORTANT:

- **Please note that this is secondary coverage. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide coverage in the geographical area where *your* medical emergency is treated, please submit *your* claim directly to *us*. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.**

The following conditions and exclusions apply:

a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.

b. This coverage will not pay for any care provided after *your* coverage ends.

c. This coverage will not pay for any care for any medical emergency that did not originate during *your trip* abroad,

d. This coverage will not pay for any non-emergency care or services in general and the following care and services in particular:

1. **Elective cosmetic surgery or care,**
2. **Annual or routine exams,**
3. **Long-term care,**
4. **Allergy treatments (unless the allergic reaction is life threatening),**
5. **Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses,**
6. **Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*),**
7. **Experimental treatment, and**
8. **Any other non-emergency medical or dental care.**

B. EMERGENCY TRANSPORTATION

IMPORTANT:

- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- *We* are not, and shall not be deemed to be, a provider of medical or emergency services.
- *We* act in compliance with all national and international laws and regulation, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

Emergency Evacuation (Transporting *you* to the nearest appropriate medical facility)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip, we* will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If *we* determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions regarding *your* overall medical condition,
2. *We* will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport *you* there, and pay for that transport, and
3. *We* will arrange and pay for a *medical escort* if *we* determine one is necessary.

The following conditions apply to items 1, 2 and 3 above:

a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange,
b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice,
c. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage,
d. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

Medical Repatriation (Getting *you* home after *you* receive care)

If *you become* seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* which entirely prevents *you* from continuing *your* travel, or causes *you* to miss your scheduled departure to *your home country* and *our* medical team subsequently confirms with the treating *doctor* that *you* are medically stable to travel, *we* will**:**

1. Arrange and pay for *you* to be transported via regularly scheduled service on a common carrier in the same class of service that *you* originally booked, unless a different class of service is otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
   a. *Your primary residence*,
   b. A location of *your* choice in *your* country of residence, or
   c. A medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

a. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).

b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange,
c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice,
d. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage,
e. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

Transport to Bedside (Bringing a friend or *your family member* to *you*)
If *you are* told by the treating *doctor* that *you* will be hospitalized (including being hospitalized due to an *epidemic* or *pandemic* disease such as COVID-19) for more than 7 days during *your trip* or that *your* condition is immediately life-threatening, *we* will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

We will, also, pay for this friend's or *your family member's* accommodation expenses during the stay, up to the maximum benefit listed in *your* Coverage Summary.

The following condition applies:
a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Return of Dependents (Getting minors and dependents home)
If *you* die or are told by the treating *doctor* during *your trip* that *you* will be hospitalized (including being hospitalized due to an *epidemic* or *pandemic* disease such as COVID-19) for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your travelling companions* who are under the age of 18, or are dependents requiring *your* full-time supervision and care to one of the following:
1. *Your primary residence*, or
2. A location of *your* choice in *your* country of residence.

We will arrange and pay for an adult *family member* to accompany *your travelling companions* who are under the age of 18 or are dependents requiring *your* full-time supervision and care, if *we* determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:
a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* travelling with *you* that is capable of caring for the *travelling companions* under the age of 18 or dependents.
b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Repatriation of Remains (Getting *your* remains home)
We will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:
1. A funeral home near *your primary residence*, or
2. A funeral home located in *your* country of residence

The following conditions apply:

a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements, and
b. The death must occur while on *your trip*.

If a *family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your* death, we will reimburse the necessary expenses up to the amount it would have cost *us* to transport *your* remains to a funeral home near *your primary residence*.

Search and Rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* Coverage Summary, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency.

C. TRIP INTERRUPTION

Trip Curtailment

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, *we* will reimburse *you*, less available *refunds*, up to the maximum benefits for trip curtailment coverage listed in *your* Coverage Summary, for the prorated portion of your insured unused non-refundable trip payments and deposits.

IMPORTANT: *You* must notify all of *your travel suppliers* within 48 hours of discovering that *you* will need to end *your trip* (this includes being advised to interrupt *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, *we* will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 48-hour period, *you* must notify them as soon as *you* are able.

NOTE: *We* will not reimburse *you* for the unused non-refundable portion of *your* original return ticket under trip curtailment coverage if *we* have paid or reimbursed *you* for a travel *carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage.

Early/Delayed Return

If *you* have to return earlier or later than *your* original *return date* due to one or more of the *covered reasons* listed below, *we* will reimburse *you* for, less available *refunds,* a *travel carrier* ticket(s) for *your* return travel to *your primary residence* in the same class of service that *you* originally booked, up to the maximum benefit for early/delayed return coverage listed in *your* Coverage Summary.

NOTE: *We* will not pay or reimburse *you* for a *travel carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage if *we* have reimbursed *you* for the unused non-refundable portion of *your* original return ticket under trip curtailment coverage.

Trip Continuation

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below, *we* will assist you in securing transportation arrangements necessary to continue *your trip* and:

i. pay or reimburse *you* for, less available *refunds,* the necessary transportation expenses *you* incur to continue *your trip*, up to the maximum benefit for trip continuation coverage listed in *your* Coverage Summary;
ii. reimburse *you* for additional *accommodation* fees *you* are required to pay, less available *refunds,* up to the maximum benefit for trip continuation coverage listed in *your* Coverage Summary, if *you* prepaid for shared *accommodations* and *your travelling companion* has to end their *trip*.

Extended Stay

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below and the interruption causes *you* to stay at *your destination* (or the location of the interruption) longer than originally planned, *we* will reimburse *you*, less available *refunds*, up to the maximum benefit for extended stay coverage listed in *your* Coverage Summary, for additional *accommodation* and *local public transportation* expenses.

Covered reasons:

1. *You* or a *travelling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your* trip (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
   The following condition applies:
   a. A *doctor* must either examine or consult with *you* or the *travelling companion* before *you* make a decision to interrupt the *trip*.
2. A *family member* who is not travelling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).
   The following condition applies:
   a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor,* or require hospitalization.
3. *You*, a *travelling companion*, *family member*, or *your service animal* dies during *your trip*.
4. *You* or a *travelling companion* is *quarantined* during *your trip* due to having been exposed to:
   a. A contagious disease other than an *epidemic* or *pandemic*, or
   b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
      i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*, and
      ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is travelling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined.*
5. *You* or a *travelling companion* is in a *traffic accident* during *your trip*.
   One of the following conditions must apply:
   a. *You* or a *travelling companion* needs medical attention, or
   b. The vehicle needs to be repaired because it is not safe to operate.
6. *You* are legally required to attend a legal proceeding during *your trip*.
   The following condition applies:
   a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).
7. *Your primary residence* becomes *uninhabitable* during *your trip*.
8. *You* or a *travelling companion* is a traveller on a hijacked aircraft, train, vehicle, or vessel.
9. *You*, a *travelling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.
10. *You* miss at least 50% of the length of *your trip* due to one of the following:
    A. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);

B. A strike, unless threatened or announced prior to the purchase of *your policy*;
C. A *natural disaster*;
D. Roads are closed or impassable due to *severe weather*;
E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
   i. *You* must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents through appropriate authorities
F. *Civil disorder,* unless it rises to the level of *political risk*.

11. A *travel carrier* denies *you* or a *travelling companion* boarding based on a suspicion that *you* or a *travelling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

Confinement on medical advice during *your trip*
If *you* are admitted to *hospital* or are unable to leave *your* room within *your trip accommodation* on the advice of the treating *doctor*, as a result of an *injury* or illness (including being diagnosed with an epidemic or a pandemic disease such as COVID-19) *you* sustain during *your trip we* will pay *you* the amount per day listed in *your* Coverage Summary.

We will also pay this amount per day for one *travelling companion* (who is insured under this *policy*) to stay with *you* if *you* are confined as described above when
a. *you* are admitted to *hospital*;
b. your treating *doctor* advises in writing *you* should not be left alone; or
c. *you* are aged 11 years or under.

Unable to do *trip* activities
We will pay the amount per day listed in *your* Coverage Summary per day if *you* are ordered to refrain from undertaking your planned trip activities (for example an excursion, swimming or sunbathing) on the advice of the treating *doctor*, as a result of an *injury* or illness *you* sustain during *your trip*.

Excursions
We will pay up to the amount listed in *your* Coverage Summary for *your* excursions that have been paid for and that cannot be recovered from anywhere else, if *you* get written advice from a *doctor* that *you* cannot go on them, because of an *injury* or illness during *your trip*.

Quarantine
We will pay:
1. The amount per day listed in *your* Coverage Summary if *you* or a *travelling companion* is quarantined during your trip by order or other requirement of a government or public authority, based on their suspicion that *you* or a *travelling companion*, specifically, have been exposed to a contagious disease (including an epidemic or a pandemic disease such as COVID-19);
2. Additional accommodation costs during *your quarantine* and the cost for *you* to return home after *your quarantine*.

This does not include any *quarantine* that applies generally or broadly to some or all of a population, vessel or geographical area, or that applies based on where the person is travelling to, from or through.

Replacement holiday
If *you* are admitted to *hospital* or are unable to leave *your* room within *your trip accommodation* on the advice of the treating *doctor*, as a result of an *injury* or illness (including being diagnosed with an epidemic or a pandemic disease such as COVID-19) for more than half of the length of *your* pre-booked *trip*, or have had to cut *your trip* short with more than half of the length of *your* pre-booked *trip* remaining, *you* can choose

a replacement holiday for *you* and either one *travelling companion*, or the *family member*s that were with *you* on *your* original trip and are insured under this *policy*.

We will pay up to the amount listed in *your* Coverage Summary for Replacement holiday, but not more than your original trip cost.

Special conditions and notes applying to this coverage

- *You* must contact the 24-hour emergency assistance service before *you* return home and they must agree to the reason for cutting the *trip* short.
- If *you* have to cut short *your trip*, *we* will work out the unused value of *your trip* from the date it is necessary for *you* to return to *your primary residence* early or the date *you* go into *hospital* as an inpatient, for the rest of *your trip*.
- *We* will pay unused *trip* costs (but not *your* unused return travel tickets if *we* paid for new tickets) based on each complete 24-hour period *you* have lost. For package trips the *trip* per day cost is calculated by dividing the total cost of *your trip* by the planned length of *your trip* in days.
- *We* will not pay more than one of the benefits per day of *your trip.*
- *We* will pay unused *trip* costs when initially settling the claim. If *you* choose a replacement holiday, *we* will deduct any payments already made for *your* original *trip* under Trip interruption from the payment towards the replacement holiday.
- The replacement holiday must be booked within one year of *your* original *departure date* and must be booked through TUI or Nazar. The new *trip* is not transferable to another person.

D. TRAVEL DELAY

If *your* or a *travelling companion's trip* is delayed for one of the *covered reasons* listed below, *we* will reimburse *you* for the following expenses, less available *refunds*, up to the maximum benefit shown in *your* Coverage Summary for Travel delay:

i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication and transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary, as follows:
   a. If *you* provide receipts, the "With Receipts" Daily Limit applies or
   b. If *you* do not provide receipts or did not incur additional costs, the "No Receipts" Daily Limit applies.

ii. If the delay causes *you* to miss the departure of your cruise, tour, or connecting flight necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination or return home.

iii. If the delay causes *you* to miss the departure of your flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

NOTE: *We* will not reimburse *you* for any expenses that are *your travel carrier's* or *travel supplier's* responsibility.

The delay must be for at least the Minimum Required Delay listed in *your* Coverage Summary and due to one of the following *covered reasons*:

1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to your *departure date*),
2. A strike, unless threatened or announced prior to the purchase of *your policy*
3. *Quarantine* during *your trip* due to having been exposed to:
   a. A contagious disease other than an *epidemic* or *pandemic*, or
   b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:

i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*, and

ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is travelling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined.*

4. A *natural disaster*,
5. Lost or stolen travel documents,
6. Hijacking, except when it is a *terrorist event*,
7. *Civil disorder*, unless it rises to the level of *political risk*,
8. A *traffic accident*, or
9. A *travel carrier* denies *you* or a *travelling companion* boarding based on a suspicion that *you* or a *travelling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

Abandoning your trip
In case *you* abandon *your trip* after a delay of more than 24 hours or if *you* are unable to arrange alternative transportation to your destination within the first half of *your trip we* will reimburse *you* for the lost prepaid *trip* expenses up to the maximum benefit for Trip abandonment shown in *your* Coverage Summary (but not more than the original *trip* cost). The delay must be due to one of the *covered reasons* listed above.

E. BAGGAGE

If *your baggage* is lost, damaged, or stolen while *you* are on *your trip*, *we* will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for baggage coverage in *your* Coverage Summary (*high value items* are subject to the maximum sublimit listed for *high value items*):

i. Cost to repair the damaged *baggage*, or
ii. Cost to replace the lost, damaged, or stolen *baggage* with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

a. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it,
b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss,
c. *You* must file and retain a copy of a police report in case of theft of any one or more *high value items*,
d. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. **For items without an original receipt or a proof of purchase, *we* will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item,** and
e. *You* must report theft or loss of a cellular device to *your* network provider and request to block the device.

The following items are not covered:

1. **Animals, including remains of animals,**
2. **Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment,**

3. **Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*),**
4. **Hearing aids, prescription eyewear, and contact lenses,**
5. **Artificial teeth, prosthetics, and orthopaedic devices,**
6. **Wheelchairs and other mobility devices,**
7. **Consumables, medicines, medical equipment/supplies, and perishables,**
8. **Tickets, passports, deeds, blueprints, stamps, and other documents,**
9. **Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travellers cheques, securities, bullion, and keys,**
10. **Rugs and carpets,**
11. **Antiques and art objects,**
12. **Fragile or brittle items,**
13. **Firearms and other weapons, including ammunition,**
14. **Intangible property, including software and electronic data,**
15. **Property for business or trade,**
16. **Property *you* do not own,**
17. ***High value items* stolen from a car, locked or unlocked,**
18. ***Baggage* while it is:**
    a. **Shipped, unless with *your travel carrier*,**
    b. **In or on a car trailer,**
    c. **Unattended in an unlocked motor vehicle, or**
    d. **Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside,**
19. ***Baggage* that is misplaced, forgotten, or lost while in *your* possession.**

F. BAGGAGE DELAY

NOTE: Only available for *your* outbound travel (not *your* return travel).

If *your baggage* is delayed by a *travel supplier* during *your trip*, *we* will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* Coverage Summary for Baggage delay.

The following condition applies:

a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under Baggage delay in *your* Coverage Summary.
b. If *you* do not provide receipts, the maximum amount payable is the No Receipts Limit listed in *your* Coverage Summary.

G. LOSS OF TRAVEL DOCUMENTS

If *your* passport or visa is lost, stolen or destroyed while *you* are on *your trip*, *we* will reimburse *you*, up to the maximum benefit for Loss of travel documents *shown* in your Coverage summary for the following:

1. The cost of *your* necessary extra travel and accommodation expenses as well as administration costs for the issuing of the emergency passport and/or visa *you* need to continue *your trip* or return to *your primary residence*; and
2. The equivalent cost (based on the current standard replacement costs) of the period remaining on *your* passport that is lost or has been stolen or destroyed.

The following conditions apply:

You must:

1. have taken necessary steps to keep *your* passport and/or visa safe and to recover it, where possible;

2. file and retain a copy of a police report in the case of theft;
3. have filed and retained a copy of a loss report from the consulate or embassy *you* reported it to; and
4. provide receipts for all expenses, including from the consulate or embassy confirming the cost of the replacement or emergency passport or visa.

The following exclusions apply:

1. Reimbursement, unless *you* can provide receipts for the expenses claimed.
2. Losses caused by differences in exchange rates.
3. Passports or visas left unattended in a motor vehicle or a public area.
4. Foreign currency transaction fees imposed by *your* bank or credit card issuer.
5. The cost of any upgrades, pre-checking services or postage fees.

H. PERSONAL MONEY

If *your personal money* is lost or stolen while *you* are on *your trip, we* will reimburse *you*, up to the maximum benefit for Personal Money shown in *your* Coverage Summary.

The following conditions apply:

You must:

1. have taken necessary steps to keep *your personal money* safe and to recover it;
2. file and retain a copy of a police report in the case of theft;
3. have filed and retained a copy of a report giving the details of the *personal money* and its value with the appropriate local authorities, travel carrier, hotel or tour operator within 24 hours of discovery of a loss; and
4. provide documentary evidence of the value of the lost or stolen *personal money* as well as the original source for cash.

The following exclusions apply:

1. This policy will not pay for *personal money* if one of the following apply:
   a. it is not being carried by *you*;
   b. it is not locked in the secure private accommodation *you* are using on *your trip*; or
   c. it is not locked in a safe or security deposit box.
2. Reimbursement, unless *you* can provide evidence of the amount of currency *you* had, from the place where *you* got the currency.
3. Losses caused by a drop in exchange rates or any shortage caused by mistakes made when exchanging currency.
4. *Personal money* left in a motor vehicle.
5. Loss or theft of traveller's cheques or other payment means if the issuing agent provides replacements or reimburses *you*.
6. More than the lowest market value of equivalent *personal money* (except cash), if paid for using frequent-flyer points, loyalty-card points, vouchers or another similar scheme.

I. TRAVEL ACCIDENT

If *you* have an *accident* during *your trip* that causes physical bodily *injury* to *you*, *we* will pay *you* or *your* beneficiaries the amount shown in the Coverage Summary if the *accident* results in one of the following:

1. *your* death within a year of the *accident*; or
2. Your total and permanent loss of sight in one or both eyes, or total and permanent loss of use of a limb, within three months after the *accident*.
3. Your *permanent disability*.

IMPORTANT:

- Compensation under this cover is limited to the maximum limit per *accident*, as listed in the Coverage Summary, for all insured persons. If more than one insured person is injured by an *accident*, compensation is divided equally among the injured insured persons.
- Compensation under this cover will not be paid to a personal representative who either caused the *accident* or is convicted in court for *your* murder, manslaughter or for causing *your permanent disability.*

The following exclusions apply

In addition to the general exclusions that apply to all covers, this *policy* will not provide coverage for *accidents* directly or indirectly caused by the following:

1. Operating motorcycles with 125 cm^3 (125cc) or bigger engine displacement;
2. Performing manual labour as a part of *your* occupation; or
3. Participation in military exercises.

J. RENTAL VEHICLE DAMAGE

IMPORTANT: This coverage does not replace any vehicle coverage mandated by law, does not provide bodily injury and property damage liability insurance and does not comply with any financial responsibility law or any other law mandating motor vehicle coverage.

If *your rental vehicle* is stolen or damaged during the *scheduled rental period,* as shown on the *rental vehicle agreement,* and while on *your trip*, *we* will pay:

i. **Collision Damage Waiver (CDW):** The specified excess, deductible or damage liability fee *you* are liable to pay under *your rental vehicle agreement* up to the maximum benefit listed for Collision Damage Waiver (CDW) excess in *your* Coverage Summary

ii. **Rental Vehicle Additional Coverage**: Contractually owed costs charged by the rental vehicle company, as outlined in your *rental vehicle agreement*, necessary to repair *the rental vehicle* covered components listed below up to the maximum benefit for Rental Vehicle Additional Coverage listed in *your* Coverage Summary

Covered components:

1. Underbody, including oil pan;
2. Tires;
3. Windshield;
4. Side and rear windows;
5. Exterior mirrors; or
6. Roof.

The following conditions apply:

a. If the *rental vehicle* is damaged while being operated, the driver at the time the damage occurs must be listed on the *rental vehicle agreement*;
b. This *policy* must have been purchased and become effective prior to *you* or any driver listed in the *rental vehicle agreement*, or anyone acting on *your* or their behalf, first taking possession of the *rental vehicle* at the beginning of the *scheduled rental period* as shown on the *rental vehicle agreement*;
c. *You* must file a report with the rental vehicle company, either within 24 hours of the loss or damage or when *you* return the *rental vehicle* (whichever comes first);
d. If the *rental vehicle* is stolen, *you* must promptly notify the police; and
e. Your rental vehicle agreement clearly states or implies that you are responsible for damages to the covered components listed above under Rental Vehicle Additional Coverage.

The following obligation applies:

a. *You* must complete and sign a form provided by the rental vehicle company documenting all existing damage to the *rental vehicle* at the start of the *scheduled rental period*;

***Rental vehicles* do not include:**

1. **Vehicles used for peer-to-peer car sharing;**
2. **Trucks or moving vans;**
3. **Campers, trailers, or recreational vehicles;**
4. **Motorcycles, motorbikes, snowmobiles, kit-cars, or all-terrain vehicles;**
5. **Vehicles when used off-road;**
6. **Vehicles that are more than 10 years old;**
7. **Vehicles that seat more than nine persons, including the driver;**
8. **Vehicles that do not have to be licensed or are not legal where used;**
9. **Vehicles that are rented for commercial or for-hire purposes, including limousines; and**
10. **Vehicles that have a manufacturer's suggested retail price of more than 70,000€**

***You* are not covered for any loss that results directly or indirectly from any of the following specific exclusions:**

1. **Any obligation *you* assume under any agreement, (e.g. *you* pay for the car rental agency's supplemental insurance), except a collision or comprehensive *deductible* for *your* primary insurance;**
2. **Violating the *rental vehicle agreement*;**
3. **Leases or rentals for 31 consecutive days or longer;**
4. ***Rental vehicle's* loss of value; or**
5. ***Mechanical breakdown* or ordinary wear and tear.**

K. SPORTS COVER

Missed activity

If *you* cannot participate in one or more of *your* prepaid activities during *your trip* for a *covered reason* listed below, *we* will reimburse *you* for *your* non-refundable costs that *you* paid for the activities, less available *refunds,* up to the maximum benefit for Missed Activity shown in *your* Cover Summary. Please note that this cover only applies before the start of the activity.

Covered reasons:

1. *You,* a *travelling companion,* or a *family member* who is participating in the activity becomes ill or *injured,* or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

   The following conditions apply:

   a) The illness, *injury* or medical condition must be disabling enough to make a reasonable person not participate in the activity; and

   b) A *doctor* advises *you* or a *travelling companion* not to participate in the activity before the activity takes place. If that isn't possible, a *doctor* must either examine or consult with *you* or the *travelling companion* within 48 hours of the activity or as soon as reasonably possible, to confirm the decision not to attend.

2. *Your family member* who is not participating in the activity becomes ill or *injured,* or develops a medical condition.

   The following condition applies:

   a) The illness, *injury* or medical condition must be considered life threatening by a *doctor,* require *hospitalisation* or require *your* care.

3. *Your* or a *travelling companion's* death.
4. The death of *your family member* or *your service animal* on or within 30 days prior to the scheduled start date of the activity.
5. *Your* prepaid activity is cancelled by the supplier of the activity due to *severe weather.*
6. *Your* ski resort closes 75% or more of its ski trails due to lack or excess of snow.

   The following condition applies:
   a) The closure is for at least 50% of the normal operating hours on the calendar day *you* intend to use the lift tickets.

Sporting Equipment Cover

If *your sporting equipment* is lost or damaged by a *travel supplier* or is stolen while *you* are on *your trip, we* will pay *you,* less available *refunds,* the lowest of the following, up to the maximum benefit listed for Sporting Equipment Damage, Loss, or Theft in *your* Cover Summary:

i. Cost to repair the damaged *sporting equipment;* or
ii. Cost to replace the lost, damaged, or stolen *sporting equipment* with the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

a. *You* must have taken all necessary steps to keep *your sporting equipment* safe and intact and to recover it;
b. *You* must have reported the incident and have a copy of a written report giving a description of the property and its value from the appropriate local authorities, *travel carrier,* hotel or tour operator within 24 hours of discovery of the loss; and
c. *You* must provide original receipts or another proof of purchase for the lost items. For items without an original receipt or a proof of purchase, *we* will provide cover based on up to 50% of the cost to replace the lost, damaged or stolen item with the same or similar item.

The following are not covered:

1. Items other than *sporting equipment;*
2. Animals, including remains of animals;
3. Cars, motorcycles, motors, drones, aircraft, watercraft and other vehicles as well as related accessories and equipment;
4. Hearing aids, prescription eyewear and contact lenses, unless specifically designed for use in a particular sport;
5. Prosthetics and orthopaedic devices, unless specifically designed for use in a particular sport;
6. Wheelchairs and other mobility devices, unless specifically designed for use in a particular sport;
7. Non-physical property, including software and electronic data;
8. Property used for business or trade;
9. Property *you* do not own;
10. Gross negligence or malicious conduct leading to loss, theft or damage of *your sporting equipment;* and
11. *Sporting equipment* while it is:
    - Shipped, unless with *your travel carrier;*
    - In or on a car trailer; or
    - Unattended in an unlocked motor vehicle.

Sporting Equipment Rental cover

If *your sporting equipment* is lost or delayed by a *travel supplier* during *your* outbound travel or damaged or stolen while on *your trip, we* will reimburse the necessary costs for renting replacement *sporting*

equipment to use during *your trip,* up to the maximum benefit listed for Sporting Equipment Rental Cover in *your* Cover Summary. This cover does not include motorised equipment or vehicles.

The following condition applies:

a. *You* must have made a report giving a description of the property with the appropriate local authorities, *travel supplier,* hotel or tour operator within 24 hours of discovery of the loss.

L. TRAVEL SERVICES DURING YOUR TRIP

If *you* need travel services during *your trip*, *we* are available 24 hours a day. With *our* global reach and multi-lingual staff, *we* are here to help *you*.

Finding a *Doctor* or Medical Facility

If *you* need care from a *doctor* or medical facility while *you* are travelling, *we* can assist *you* in finding one.

Monitoring Your Care

If *you* are hospitalized, *our* medical staff will stay in contact with *you* and the *doctor* caring for *you*.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your policy*. An "exclusion" is something that is not covered by this insurance *policy*, and therefore no payment or service would be available.

This *policy* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

If *you* have travelled against an order or advice against travel issued by *your* home country's or *trip* destination's government or local authority, this *policy* excludes any loss directly or indirectly resulting from, arising out of, or related to any reason for or subject of such travel order or advice.

This *policy* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *travelling companion*, or a *family member*:

1. **Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;**
2. ***Pre-Existing medical conditions*;**
3. ***Your* intentional self-harm or if *you* attempt or commit suicide;**
4. **Normal, complication-free pregnancy or childbirth;**
5. **Fertility treatments or elective abortion;**
6. **The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;**
7. **Acts committed with the intent to cause loss;**
8. **Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;**
9. **Participating in or training for any professional or semi-professional sporting competition;**
10. **Participating in or training for any amateur sporting competition while on *your trip.* This does not include participating in informal recreational sporting competitions and tournaments organized by hotels, resorts, or cruise lines to entertain their guests;**
11. **Participating in extreme, high-risk sports and activities in general and the following activities in particular:**
    a. **Any *high-altitude activity*, BASE jumping, or free climbing;**
    b. **Rafting/kayaking above Class V rapids or canoeing above Class III rapids;**
    c. **Heli-skiing or skiing or snowboarding in an area designated unsafe by the resort management;**
    d. **Personal combat or fighting sports, Running of the Bulls, or rodeo activities;**
    e. **Racing any motorized vehicle or watercraft other than go-karts; or**
    f. **Free diving at a depth greater than 30 feet (10 meters) or scuba diving at a depth greater than 100 feet (30 meters) or, for uncertified divers, diving without a certified dive instructor.**

    For extreme high-risk sports and activities that are not expressly excluded to be covered, they must be:
    i. **Arranged as part of *your trip*;**
    ii. **Provided by a company that is regulated or licensed where required; and**
    iii. **Not otherwise prohibited by law.**

    ***You* must wear all recommended safety equipment while participating in *your* sporting activities in order to be eligible for coverage.**
12. **An *illegal act* resulting in a conviction, except when *you*, a *travelling companion*, a *family member*, or *your service animal* is the victim of such act;**
13. **An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under Trip interruption coverage, Travel delay coverage, or Emergency medical/dental coverage;**

14. *Natural disaster*, **except when and to the extent that a** *natural disaster* **is expressly referenced in and covered under Trip Interruption coverage or Travel delay coverage;**
15. **Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;**
16. **Nuclear reaction, radiation, or radioactive contamination;**
17. *War* **or** *acts of war;*
18. **Military duty, except when and to the extent that** *military duty* **is expressly referenced and covered under Trip interruption coverage;**
19. *Political risk*;
20. *Cyber risk*;
21. *Civil disorder*, **except when and to the extent that** *civil disorder* **is expressly referenced in and covered under Trip interruption coverage or Travel delay coverage;**
22. *Terrorist events,*
23. **Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under Trip interruption coverage;**
24. **Any** *travel supplier's* **complete cessation of operations due to financial condition, with or without filing for bankruptcy;**
25. *A travel supplier's* **restrictions on any** *baggage*, **including medical supplies or equipment;**
26. **Ordinary wear and tear or defective materials or workmanship;**
27. **An act of gross negligence by** *you* **or a** *travelling companion.*

CLAIMS INFORMATION

To make a claim, please visit the website at https://claims.sos.eu/ This will lead you to our online claims notification service where you can fill in an online claim form.

You can also get a claim form by phoning: +46 3848 8472 or sending an email to claims@sos.dk

You should fill in the claim form and send it to *us* as soon as possible with all the information and documents *we* ask for. To process *your* claim promptly, *you* should provide *us* with complete details and documents about the incident and any other supporting document related to *your* claim Please keep copies of all the information *you* send *us*.

You will need to obtain some information to support *your* claim. Below is a list of actions *you* will need to take and documents *we* will need in order to deal with *your* claim. Further information and/or evidence may be required by *us* after *your* claim has been submitted. If this is the case, *we* will inform *you* as quickly as possible.

For all claims *we* will need the following:

- *Your* original trip booking invoice(s) and travel documents including the return ticket showing the dates and times of travel as well as *your* name visible on the documents.
- Original receipts or proof of purchase and accounts for all out-of-pocket expenses *you* have to pay.
- Original bills or invoices issued in *your* name
- Details of any other insurance *you* may have that may cover the same loss, such as household or private medical.
- As much evidence e.g. pictures, videos, written statements or any other documents, as possible to support *your* claim.

Emergency Medical/Dental Coverage abroad and Transportation Coverage

- Always contact our 24-hour emergency medical service when *you* are hospitalised, require repatriation or where medical fees are likely to exceed 11.000 DKK.
- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.

Trip Interruption

Trip curtailment, early/delayed return, extended stay

- Full details of why *you* had to interrupt your trip
- *Your* original booking invoice(s) showing your revised time and date of departure and detailing whether any refunds can be provided.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A copy of the death certificate is required in the event of death.
- For denied boarding claims *we* will need written confirmation from the airline confirming the reason *you* were not allowed to board.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Confinement on medical advice during your trip and Unable to do trip activities

- A medical certificate filled in by the *doctor* treating *you* (or *your travelling companion*, *your family member* or *your travelling companion's family member*), confirming where appropriate the:
  - diagnosis;
  - dates and number of full days *you* were confined to *hospital* or *your* trip accommodation;
  - dates and number of full days *you* were ordered to refrain from undertaking *your* planned holiday activity;

- need for a *family member* or *travelling companion* to stay with *you* while *you* are confined during *your trip*.

- Written confirmation from *your* transport and accommodation provider showing all the costs that cannot be recovered from them.

Quarantine

- An official document from the government where you are quarantined or a letter from the relevant treating doctor confirming you have been directly exposed to the infectious disease and have to quarantine to prevent further potential spread.

Replacement holiday

- All details listed above under "Under "**Trip curtailment, early/delayed return, extended stay**" and/or "**Confinement on medical advice during your trip and Unable to do trip activities**"
- The trip booking invoice for the replacement holiday.

Travel Delay

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.
- Detailed account of the circumstances causing you to miss your departure together with supporting evidence from the public transport provider or accident / breakdown authority attending the private vehicle you were travelling in.
- For "Abandoning your trip" claims we will also need written confirmation from your transport and accommodation provider showing all the costs that cannot be recovered from them.
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage and Personal money

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, *you* should also report the theft, damage or loss to *your travel carrier*, tour operator, handling agent or *accommodation* manager and ask for a written report.
- For delays losses and damage whilst in the care of a *travel carrier,* report this as soon as possible and obtain a written report from them. For airlines specifically, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged *baggage*.
- Keep any damaged items as *we* may need to inspect them. If *we* make a payment or *we* replace an item, the item will then belong to *us*.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with *your* network provider and obtain written confirmation of this action from them.
- Documentary evidence of the value of the lost or stolen *personal money* as well as the original source for cash.

Baggage Delay

- Report the loss to the *travel carrier* and obtain a written report from them. For airlines, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

Travel Accident

- A detailed account of the circumstances surrounding the accident, including photographs and video evidence, police report, witness details and statements, where appropriate.
- Medical evidence from the doctor who has treated you, to confirm the seriousness of the injury and treatment given (including dates of when you were admitted to and discharged from hospital).
- Details of the medical claim you made to your insurer at the time of the accident.
- A certified copy of the death certificate and confirmation of the legal heir, where appropriate.

Rental vehicle damage

- A copy of *your rental vehicle agreement.*
- The damage report and repair invoice from the rental company confirming the details of the damage and the cost of repair.
- A copy of the driving licence of the person driving the motor vehicle at the time of the accident.
- Detailed account of the circumstances that led to the accident / damage to the motor vehicle including photographs and video evidence (if available) and, where appropriate, a written police report.
- Full details of any witnesses, providing written statements where available.

Sports Cover

Missed Activity

- For claims relating to illness or *injury*, *we* will need:
- medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given including *hospital* admission / discharge, if this applies.
- a copy of the death certificate in the event of a death.
- a medical certificate from a *doctor* at *your* resort confirming that *you* cannot take part in your pre-booked sports activities because of medical reasons
- Written confirmation from *your travel supplier*, the local piste authority or ski lift operator confirming the reason for the closure and the duration.

Sporting Equipment

- All appropriate evidence requested under the heading 'Baggage and Personal Money' or 'Baggage Delay' in this section.
- All hire receipts and luggage labels / tags.
- A written report from your travel carrier if your sporting equipment is delayed or misdirected.
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

GENERAL PROVISIONS AND CONDITIONS

You are the policy holder if *you* concluded the insurance contract with *us. You* are required to pay *us* the insurance premium. *You* are obliged to provide the other co-insured persons with these Terms and Conditions of Insurance and the Data Protection Policy. As policyholder *you* can be an insured person at the same time.

As an insured person, *you* benefit from the insurance cover. *You* are named in the proof of insurance, or *you* belong to the group of persons described therein.

Your insured travel is protected by insurance cover within the agreed area of application.

When do *you* have to pay the insurance premium?
The premium is due immediately after conclusion of the insurance contract and is payable upon delivery of the insurance *policy.* If the insured event occurs, *we* will only be obliged to provide indemnity if the premium has been paid, or if *you,* as the policy-holder, are not at fault for the non-payment of the premium. *You* are required to prove this to *us.*

What are *your* obligations in the event of a claim (general obligations)?
You are required to minimise the loss or damage to the extent possible and avoid unnecessary costs.

You are obliged to notify *us* immediately and describe the insured event (e. g. event and extent). In doing so, *you* must truthfully provide *us* with all information necessary to clarify the facts, and enable *us* to verify the cause and amount of the claim made. *You* must provide proof of the damage in the form of original invoices and documents.

To enable *us* to assess *our* obligation to indemnify and the scope of indemnity to be provided, *you* must also release *your* doctor from their non- disclosure obligations to the extent that is necessary. If *you* do not issue the release from the duty of confidentiality and have not enabled *us* to perform verification by other means, *we* are not obligated to provide insurance benefits.

Consequences of a breach of obligation: What happens if *you* breach an obligation?
If *you* intentionally breach an obligation, *we* shall be entitled to refuse the insurance benefit. If *you* breach an obligation through *your* gross negligence, *we* may reduce the indemnity to an extent commensurate to the severity of *your* fault. *You* must prove that *you* have not acted in gross negligence.

If *you* prove that the breach of duty did not affect the determination or the scope of *our* indemnity obligation, *we* will be obliged to provide *you* insurance benefits. This does not apply if *you* have acted deceitfully.

What is the limitation period for *your* claim to benefits under the insurance contract?
Your claim to insurance benefit shall lapse after three years. The limitation period begins at the end of the year in which the claim was made and *you* had knowledge of the circumstances justifying the claim, or should have had knowledge of such circumstances without gross negligence.

When will *we* pay the compensation?
We will pay the compensation within two weeks of conclusively verifying *your* claim. The payment will always be made by bank transfer to an account held at a bank

What applies if *you* have claims for compensation against third parties?
If *you* have claims against third parties as a result of the loss event, these shall be transferred to *us.* This applies up to the amount of the payment that *you* have received from *us,* provided *you* are not placed at disadvantage as a result. *Your* entitlements to benefits from other private insurance contracts shall take precedence over *our* obligation to indemnify. *We* will extend preliminary indemnity in the event that *you* make *your* claim against *us* first.

The following condition applies:

a. If *your* claims against third parties have been transferred to *us, you* must confirm this to *us* in written form by request.

In what form must declarations and notifications be issued, and who is entitled to receive them?
You and *we* must submit notifications and declarations of intent in text form (e. g. letter, fax, e-mail). Insurance agents are not authorized to accept notifications or declarations of intent regarding a claim.

What law applies?
Unless agreed otherwise, Danish law will apply and all communication in relation to this policy will be in Danish or English. In the event of a dispute concerning this *policy*, the Danish courts shall have exclusive jurisdiction, unless the parties agree to another way to resolve the conflict.

What to do in case of complaints?
We always aim to provide *you* with first-class service. However, *we* know that things can sometimes go wrong and there may be times when *you* feel *we* have not done so. If this is the case, please tell *us*, so that *we* can do our best to sort out the problem.

Online: https://www.sos.eu

Write to:
Complaints Department
SOS International
Arne Jacobsens Allé 7
2300 Copenhagen S
Denmark

Email: quality@sos.eu with "COMPLAINT" in the subject.

To help SOS International deal with *your* complaint as quickly and efficiently as possible, please tell them your name, address, phone number, booking number and claim reference and enclose copies of relevant correspondence.

If *you* are not satisfied with the handling of a complaint *you* should write to:
Ankenævnet for Forsikring
Anker Heegaardsgade 2
1572 København
Danmark

Tel: +45 33 15 89 00
E-mail: ankeforsikring@ankeforsikring.dk
Website: www.ankeforsikring.dk/

Withdrawal period
If *your* cover does not meet *your* requirements, please notify TUI no later than the day before *your trip* starts.

In addition to the above, if the duration of *your trip* is more than 1 month *you* will still be able to terminate the insurance on or after the day *your trip* starts. *You* will only receive a refund of the premium *you* have paid for remaining days. *Your* premium will be refunded unless *you* have made a claim, or intend to make a claim, in which case no refund will be due.

PRIVACY NOTICE

WE CARE ABOUT YOUR PERSONAL DATA

AWP P&C S.A. Dutch Branch trading as Allianz Partners ("*we*, "*us*" "*our*"), is the **Dutch** branch of **AWP P&C SA,** a French Insurance company which has its registered offices in Saint-Ouen-sur-Seine, France and is part of Allianz Partners Group. AWP P & C SA- Dutch Branch is registered at the Netherlands Authority for the Financial Markets (AFM) and is authorized under French law by 'L'Autorité de Controle Prudentiel et de Résolution' (ACPR) in France to provide insurance products and services on a cross-border basis.

Protecting *your* privacy is a top priority for *us*. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

1. WHO IS THE DATA CONTROLLER?

A data controller is the individual or legal person who controls and is responsible to keep and use personal data, either in paper or electronic files.

AWP P&C S.A. Dutch Branch is the Data Controller as defined by relevant data protection laws and regulations, in regard to the personal data that *we* request and collect from *you* for the purposes detailed in this privacy notice.

2. WHAT PERSONAL DATA WILL BE COLLECTED?

We will (or may) collect and process various types of personal data about *you,* other persons and third parties affected by a *covered event* such as:

Personal Information of the policyholder: Surname, first name; Gender; Age/Date of birth; Address; Contact details (email address, phone number); Language; Residency; Nationality

Personal details of the Insured Persons: Surname, First name; Age/Date of birth

Depending on the claim submitted, we may also collect and process additional personal data including, sensitive personal data about you, other persons and third parties affected by covered events, such as: Medical conditions (physical and/or psychological); Medical history and reports; Medical *claims* history; Documentation justifying sick leave and duration; Death Certificates; Details of the *claim* (e.g. travel booking details or references, details of expenses, visa details, etc); Phone number and contact details if not provided previously; Details of a third party to contact with in case of emergency; Occupation; Previous and/or current employment or business activities; Location data; Signature; Voice; Family details (e.g. marital status, dependents, spouse, partner, relatives,...); IP address of the claimant if the *claim* is submitted by our available portals / apps; Criminal convictions and offences (e.g.in case of requiring legal assistance); Results of Criminal checks relating to prevention of fraud and/or Terrorist Activities; Bank account details; Tax code

By purchasing this insurance *policy, you* commit to give the information contained in this Privacy Notice to any third party whose personal information *you* may provide to *us* (e.g. other insured persons, beneficiaries, third parties involved in the claim, third party persons to contact in case of emergency, etc), and *you* accept not to provide that information otherwise.

3. HOW WILL *WE* OBTAIN AND USE *YOUR* PERSONAL DATA?

We will collect and use the personal data that *you* provide to *us* and that *we* receive about *you* (as explained below) for a number of purposes and with *your* express consent unless applicable laws and regulations do not require *us* to obtain *your* express consent, as shown below:

Purpose	Is your express consent required?
• Insurance contract quotation and underwriting	• No, to the extent these processing activities are necessary to perform the insurance contract to which *you* are a party to and to take the necessary steps previous to enter in this contract
• Insurance contract administration (e.g., claims handling, handling of complaints, necessary investigations and assessments in order to determine the existence of the *covered event* and the amount of the compensations to be paid, or the kind of assistance to be provided, etc)	• *We* will request *your* express consent on the occasion of claims requiring necessarily the processing of the following categories of data: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences However, *we* will be entitled to process this data without consent if (1) there is a vital interest of the owner of the data or any other natural person, and (2) if the owner of the data is not physically or legally capable to give the consent (e.g. emergency situations) • If the handling of the claim does not require the processing of those categories of data, *we* will not be required to collect *your* consent, to the extent that they are necessary to comply the obligations *we* undertake in the insurance contract.
• To conduct quality surveys about the services provided, with the purpose to assess *your* level of satisfaction and to improve them.	• *We* have a legitimate interest to contact *you* after handling a claim or after providing assistance to ensure *we* have complied with *our* obligations under the contract in a satisfying way for *you*. However, *you* have the right to object by contacting *us* as explained in section 9 below.
• To perform statistical and quality analysis on the basis of aggregated data, as well as claims rate.	• If *we* carry out any of these processing activities, *we* will do so by aggregating and anonymizing data. As a result, the data is not considered "personal" data anymore and *your* consent is not required.
• To meet any legal obligations (e.g. those arisen from laws on civil, commercial and insurance contracts and insurance business activities, regulations on tax, accounting and administrative obligations, to prevent money laundering or for the purposes of sanction screening i.e. to check whether *you, your* country or *your* sector are subject to sanctions impeding or restricting us to make payments if relevant).	• No, to the extent these processing activities are expressly and legally authorized.
• Fraud prevention and detection, including, when appropriate, for example, comparison of	• No, it is understood that the detection and prevention of fraud is a legitimate interest of the

your information with previous service requests and/or previous claims, or checking of common claims filing systems.	Data Controller and therefore *we* are entitled to process *your* data for this purpose without collecting your consent.
• Audit purposes, to comply with legal obligations or internal policies	• *We* can process *your* data in the framework of internal or external audits either required by law, or by internal policies. *We* won't request *your* consent for these processing to the extent that they are legitimated by the applicable regulations or our legitimate interest. However, *we* will ensure that only the strictly necessary personal data are used, and treated with absolute confidentiality. Internal Audits are usually conducted by *our* holding company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen-sur-Seine, France)
• To administer debt recoveries (e.g. to claim the payment of the premium, to claim third parties liabilities, to distribute the compensation amount between different insurance companies covering the same risk)	• No when the processing of *your* data, even special categories of personal information (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) may be necessary for the establishment, exercise or defence of legal claims, which is also *our* legitimate interest.
• To inform *you,* or permit Allianz Group companies and selected third parties to inform *you,* about products and services *we* feel may interest *you* in accordance with *your* marketing preferences, • *You* can change these at any time by the links *we* will make available in every communication to unsubscribe, by means of the options in *your* client portal, where available, or by contacting *us* as specified in section 9 below.	• *We* will process your personal information for these purposes only if authorized by law (and within the limitations and by complying the requirements of those legal authorizations) or by collecting *your* express consent after providing *you* information about criteria *we* use to make the profiles and the impact/consequence and benefits of such profiling for *you.*
• To personalize *your* experience on *our* websites and portals (by presenting products, services, marketing messages, offers, and content tailored to *you*) or by using computerised technology to assess which products might be most suitable for *you.* *You* will be able to modify these processing activities by using the options available in *your* browser (e.g. in the case of use of cookies and similar devices) or by contacting *us* as specified in section 9 below.	• *We* will ask for *your* consent

• For automated decision making, i.e., to make decisions that (1) are based solely on automated processing and (2) that may have legal or significant effects to *you.* Examples of automated decisions resulting in legal effects could be the automated cancellation of a contract, or automated denial of a claim, those affecting *your* rights under the insurance contract, etc. Example of automated decisions resulting in similar significant effects are those that affect to *your* financial circumstances like an automated denial of an insurance policy, or those affecting *your* access to our health assistance services.	• *We* will collect *your* consent for this processing activities when applicable, in particular if the data concerned are special personal data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) • If no special categories of personal data are concerned and these decisions are in order to underwrite *your* insurance and/or process *your* claim *we* will not need to obtain *your* express consent.
• To redistribute risks by means of reinsurance and co-insurance	• *We* can process and share *your* personal information with other insurance or reinsurance companies with whom *we* have signed or *we* will sign co-insurance or re- insurance agreements. Co-insurance is the coverage of the risk by several insurance companies by mean of a single insurance contract, assuming each of them a percentage of the risk or distributing the coverages between them. Reinsurance is the "subcontracting" of the coverage of part of the risk in a third reinsurance Company. However, this is an internal agreement between *us* and the reinsurer and *you* don't have a direct contractual relationship with the latter. These distribution of risks are legitimate interest of Insurance Companies, even usually expressly authorized by law (including the sharing of personal data strictly necessary for it)

As mentioned above, for the purposes indicated above, *we* will process personal data *we* receive directly from you and/or personal data we receive about *you* from business partners, public data bases, third party providers, other insurance companies, insurance intermediaries and distributors (travel agencies, tour operators, manufacturers,...), healthcare assistance services or contact persons *you* authorize, fraud prevention agencies and investigators, advertising networks, analytics providers, search information providers, loss adjustors, surveyors, lawyers, finance companies and delegated authorities.

We will need *your* personal data if *you* would like to purchase our products and services and make use of the benefits and/or services provide by us. If *you* do not want to provide this personal data including sensitive personal data to *us*, *we* may not be able to provide the products, benefits and/or services *you* request, that you may be interested in, or to tailor our offerings to your particular requirements.

4. WHO WILL HAVE ACCESS TO *YOUR* PERSONAL DATA?

We will ensure that your personal data is processed confidentially, on a need-to know basis, and in a manner that is compatible with the purposes indicated above.

For the stated purposes, *your* personal data may be disclosed to the following parties who operate as third party data controllers:

- Public authorities, other Allianz Partners and Allianz Group companies (e.g. for audit purposes), other insurers, co-insurers, re-insurers, insurance intermediaries/brokers, banks, third parties collaborators and partners participating in the provision of the services such as healthcare services and professionals, including doctors, travel agencies, airlines, taxi companies, repairers, fraud investigators, loss adjusters, lawyers and independent experts, etc.

For the stated purposes, we may also share *your* personal data with the following parties who operate as data processors, i.e., processing the data under our instructions, and subject to the same obligations of confidentiality, need-to-know and compatibility with the purposes described in this Privacy Notice:-

- Other Allianz Partners and Allianz Group companies, or third party companies acting as subcontractors of internal activities (e.g. providers of IT support and maintenance, tax management companies, companies providing *claims* handling services, postal providers, document management providers), technical consultants, surveyors (*claims*, IT, postal, document management), experts, loss adjustors and service companies to discharge operations; and
- Advertisers and advertising networks to send *you* marketing communications, as permitted under local law and in accordance with your communication preferences. *We* do not share *your* personal data with non-affiliated third parties for their own marketing use without your permission.

Finally, *we* may share *your* personal data in the following instances:

- In the event of any contemplated or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of *our* business, assets or stock (including in any insolvency or similar proceedings; and
- To meet any legal obligation, including to the relevant ombudsman or supervisory authority if *you* make a complaint about the product or service we have provided to *you*.

5. WHERE WILL MY PERSONAL DATA BE PROCESSED?

Your personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified in section 4 above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. *We* will not disclose *your* personal data to parties who are not authorized to process them.

Whenever we transfer *your* personal data for processing outside of the EEA by another Allianz Group company, *we* will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here: http://www.allianz-partners.com/allianz-partners---binding-corporate-rules.

Where Allianz' BCR do not apply, *we* will instead take steps to ensure that the transfer of *your* personal data outside of the EEA receives an adequate level of protection as it does in the EEA. You can find out what safeguards *we* rely upon for such transfers (for example, Standard EU Model Contractual Clauses) by contacting us as detailed in section 9 below.

6. WHAT ARE *YOUR* RIGHTS IN RESPECT OF *YOUR* PERSONAL DATA?

Where permitted by applicable law or regulation, and within the scope therein defined, *you* have the right to:

- Access *your* personal data held about *you* and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- Withdraw *your* consent at any time where *your* personal data is processed with *your* consent;
- Update or correct *your* personal data so that it is always accurate;

- Delete *your* personal data from our records if it is no longer needed for the purposes indicated above, subject to regulatory personal data retention requirements;
- Restrict the processing of *your* personal data in certain circumstances, for example where *you*
- have contested the accuracy of *your* personal data, for the period enabling us to verify its accuracy;
- Obtain *your* personal data in an electronic format for *you* or for your new insurer;
- Exercise your right to data portability; and
- File a complaint with us and/or the relevant data protection authority. For this purpose, relevant data privacy authorities are:
  - The supervisory authority of the country where you are resident
  - Dutch Data Protection Authority, supervisory authority of the country where we are established
  - CNIL, French data privacy supervisory, to the extent that France is the country where Allianz Partners has its main establishment, and therefore our lead data privacy authority

You may exercise these rights by contacting us as detailed in section 9 below providing *your* name, email address, account identification, and purpose of *your* request.

7. HOW CAN *YOU* OBJECT TO THE PROCESSING OF *YOUR* PERSONAL DATA?

Where permitted by applicable law or regulation, *you* have the right to object to us processing your personal data, or tell us to stop processing it (including for purposes of direct marketing). Once *you* have informed us of this request, *we* shall no longer process *your* personal data unless permitted by applicable laws and regulations.

You may exercise this right in the same manner as for *your* other rights indicated in section 6 above.

8. HOW LONG DO WE KEEP *YOUR* PERSONAL DATA?

We will retain *your* personal data only for as long as they are necessary for the purposes informed in this Privacy Notice, and deleted or anonymized when no longer required. Here below we inform *you* of some of the retention periods applicable to the purposes informed in section 3 above.

However, please be aware that sometimes additional specific requirements or events may override or modify them, such as ongoing legal holds over relevant information, or pending litigation or regulatory investigations, which may supersede or suspend these periods until the matter has been closed, and the relevant period to review or to appeal has expired. In particular, retention periods based on specified periods for legal *claims* can be interrupted and then start to run again.

Personal information to obtain a quotation (when necessary)	During the validity period of the quotation provided
Policy Information (underwriting, *claims* handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes,...)	*We* will keep the personal information of *your* Insurance Policy during the validity period of *your* Insurance contract and the prescription period determined by the local applicable laws on insurance contracts. In case *we* realize of information omitted, false or inaccurate in the declaration of the risk to be covered, the above retention periods would count from the moment *we* are aware of it.
Claims Information (*claims* handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes)	*We* will retain the personal information *you* provide to *us* or *we* collect and process according to this privacy notice for the prescription period determined by the local applicable laws on insurance contracts.

Marketing information and related profiling	*We* will keep this information whilst *your* insurance policy period is still valid, and one additional year, unless *you* withdraw *your* consent (when required), or *you* object (e.g. in the event of marketing activities authorized by law *you* don't want to receive). In these cases *we* will no longer process *your* data for these purposes, although *we* may legitimately keep some information to prove the previous processing activities were lawful.
Debt Recoveries	*We* will retain the personal information that *we* need to *claim* and administer debt recoveries, and that *you* have provided to *us*, or *we* may have collected and processed in accordance with this Privacy Notice, for a minimum term determined by the prescription periods set up by applicable laws. As a reference, for civil actions, *we* will keep *your* data for a minimum of 10 years
Supporting documents to provide evidence of compliance with legal obligations such as tax or accounting	*We* will process in these documents the personal data *you* provide to *us*, or *we* collect and process according to this Privacy Notice, only to the extent they're relevant for this purpose, and for a minimum of 10 years from the first day of the relevant tax year

We will not retain *your* personal data for longer than necessary and *we* will hold it only for the purposes for which it was obtained.

9. HOW CAN *YOU* CONTACT *US*?

If *you* have any queries about how *we* use *your* personal data, *you* can contact *us* by email or post as follows:

AWP P&C S.A. Dutch Branch
Data Protection Officer
PO Box 9444
1006 AK Amsterdam
The Netherlands

Email privacy.dk@allianz.com

You can also use these contact details to exercise your rights, or to submit *your* queries or complaints to other Allianz Partners entities acting as controllers (see section 4 above) to which we may have shared *your* personal data. *We* will address them your request and support their handling and answer to *you* in our local language.

10. HOW OFTEN DO *WE* UPDATE THIS PRIVACY NOTICE?

We regularly review this privacy notice. This privacy notice was last updated on **27th October 2022.**