**Schengen Travel Insurance**

For immediate **assistance in every event** covered by this contract, please contact immediately Mondial Assistance Services Hellas at +7 499 504 2853, 24 hours per day

Pertaining to and forming an integral part of the General Conditions of Insurance and the certificate of insurance of AGA International S.A., Greek branch, 10 Premetis Str., 17342 Agios Dimitrios, Athens.

**For information regarding covers and reporting please contact:**
The Travel Insurance Customer Service Department, 10 Premetis str., 17342 Agios Dimitrios, Athens
Tel: +7 499 504 2853 - Monday-Friday 9am-5pm (except legal holidays),
e-mail: travel@mondial-assistance.gr

**COVER OVERVIEW / TABLE OF COVERS**
The Company insures the following costs up to the maximum amounts stated, if these costs are necessary in connection with:

### Category I: EMERGENCY EXPENSES

<table>
<thead>
<tr>
<th>Insured amounts in Euro (per person per event, unless stated otherwise)</th>
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</thead>
<tbody>
<tr>
<td><strong>1 Sickness, accident and/or death:</strong></td>
</tr>
<tr>
<td>Additional accommodation costs</td>
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<tr>
<td>Additional costs of returning to the country or place of permanent residence or domicile</td>
</tr>
<tr>
<td>Costs of hospital visits</td>
</tr>
<tr>
<td><strong>2 Premature call back:</strong></td>
</tr>
<tr>
<td>Additional accommodation costs of returning to the country or place of permanent residence or domicile</td>
</tr>
<tr>
<td><strong>3 Return to the country or place of permanent residence or domicile by air ambulance</strong></td>
</tr>
<tr>
<td><strong>4 Coming over of family members</strong></td>
</tr>
<tr>
<td>In the event of danger to life:</td>
</tr>
<tr>
<td>Additional travel costs (max. two relatives)</td>
</tr>
<tr>
<td>Additional accommodation costs (max. two relatives)</td>
</tr>
<tr>
<td>If the insured continues the journey alone:</td>
</tr>
<tr>
<td>Additional travel costs (max. one relative)</td>
</tr>
<tr>
<td>Additional accommodation costs (max. one relative)</td>
</tr>
<tr>
<td><strong>5 Transport costs in case of death:</strong></td>
</tr>
<tr>
<td>Transport costs of the remains or funeral or cremation costs abroad incl. travel costs of two family members</td>
</tr>
<tr>
<td>Furthermore, the Company will reimburse the following costs if they are caused by an event insured under this category:</td>
</tr>
<tr>
<td><strong>6 Telecommunications costs</strong></td>
</tr>
<tr>
<td><strong>7 Additional costs in connection with a travel companion insured elsewhere</strong></td>
</tr>
</tbody>
</table>

### Category II: MEDICAL EXPENSES

<table>
<thead>
<tr>
<th>Medical expenses:</th>
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</thead>
<tbody>
<tr>
<td>doctor’s and hospital costs abroad or away from the permanent residence or domicile</td>
</tr>
<tr>
<td>Deductible</td>
</tr>
<tr>
<td>Dentist’s costs:</td>
</tr>
<tr>
<td>Emergency assistance</td>
</tr>
</tbody>
</table>

### Category III: TRAVEL LUGGAGE

| Insured amount | € 1,000 |
| Deductible per person per event | € 30 |
| Including: |
| Photo, film, video/dvd, computer, telecommunications equipment and valuables | € 150 |
| Medical equipment | € 150 |
| Goods purchased during the journey | € 150 |
| Gifts for third parties | € 150 |
| Additional cover: |
| Clothes and/or toiletries replacement | € 100 |

**WARNING:**
Always observe normal caution, never leave luggage unattended, not even in cars. Always consult the General Policy Conditions, especially the obligations mentioned in the General Provisions and the Category III conditions for Travel Luggage.
GENERAL PROVISIONS

In addition to these General Provisions, this insurance shall be governed by the category conditions of the categories included in the insurance.

Please read the following general terms carefully. They provide precise information concerning the rights and obligations, as well as replies to the questions that may arise.

Article 1. Definition of terms

The following terms shall have the following meanings in these policy conditions:


“Insured” : the person stated as such on the insurance certificate

“Contract” : the present insurance contract

“Partner” : spouse or the person with whom the Insured has lived together on a long-term basis (for at least one year as of the effective date of the insurance policy)

“Family” : insured and partner and/or (foster or step) children of less than 25 years old living at home

“First degree Relatives” : partner, parents (in-law), children (in-law), as well as (foster and/or step) parents and children

“Second degree Relatives” : brothers (in-law), sisters (in-law), (foster and/or step) brothers and sisters, grandparents and grandchildren.

“Travel companion” : a person travelling with the Insured.

“Provider” : Mondial Assistance Services Hellas, 10 Premetis street, 17342 Agios Dimitrios Athens, Greece, tel: +7 499 504 2853, Fax: +30(210)9943053 which manages and reimburses claims on behalf of the Company.

“Deductible” : Uninsured amount which is subtracted first before the reimbursement from the corresponding cover of insurance.

Article 2. Basis of the insurance

The Company only provides cover for the categories for which insurance has been taken out as indicated on the cover overview and/or insurance certificate. The covers apply up to the maximum amounts stated on the cover overview, with due observance of any stated maximum period, for a maximum of the number of persons stated on the cover overview and up to maximum class mentioned on the cover overview. The number of the covered persons is identical to the number of Insured persons stated on the insurance certificate. An insurance policy only applies to the person in whose name it has been taken out. The sums insured under these insurance policies cannot be combined with the sums insured under any other policy and the insurance policies are non-transferable. Stipulations that apply to one Insured person do not necessarily also apply to another Insured person, unless this is stated explicitly.

Article 3. Validity of the insurance

3.1 The insurance policy is only valid if it has been taken out for the entire duration of the journey (journey there, stay, return journey).

3.2 The Company only insures persons who, during the time of issue of the policy, are departing from Russia.

3.3 The insurance shall not be valid if the Company has already informed the Insured in the past not to wish to insure him/her. In such instances, the Company will refund any premium that has already been paid at the Insured's request.

3.4 All the categories that have been taken out shall be governed by the General Policy Conditions, unless they are deviated from in the category conditions.

Article 4. Validity term, cover period

The validity term of the insurance is the number of days the insurance is in effect, maximum 31 days, according to the insurance premium paid. The validity term is stated on the insurance certificate. Should the total duration of the trip be longer than 31 days however or should no date be scheduled for the return or for the end of the trip, the guarantee will end, ipso jure 31 days following the date of departure or the beginning of the trip as indicated on the certificate of insurance.

If the validity term is exceeded because the public transport by which the Insured is travelling is delayed or because an event has occurred against which the Insured is covered (except if such event is covered by the category III “Travel Luggage”, the insurance shall automatically remain valid until the time of the first possible return of the Insured.

Within the validity term of the insurance, the period of cover shall commence as soon as the Insured and/or his/her luggage leave the country or place of permanent residence or domicile and shall end as soon as the Insured and/or his/her luggage return to the country or place of permanent residence or domicile.

If the journey is a one way trip, the period of cover shall commence as soon as the insured and/or his/her luggage leave the country or place of domicile or departure and shall end 24 hours after the departure.

Article 5. Area in which the insurance is valid

The insurance policy is valid in the Schengen area (except for country of domicile, residence or departure) with the exception of destinations against which a travel directive has been issued. The Insurers will not research for such directives when the Contract is issued; such research remains the responsibility of the Insured.
Article 6. Payment or refund of the premium
The day before the validity term commences, the insured must have paid the premium to the Company or to an agent appointed by the Company. If the premium has not been paid, the insurance is not valid; however, the insured’s obligation to pay the premium will continue to exist.

If the cover does not meet the insured's requirements, the insurance can be cancelled within 14 days of receiving the policy confirmation. If during this 14 day period the insured has travelled, made a claim or intends to make a claim then the Company can recover all costs that the insured has used for those services. Please note that the cancellation rights are no longer valid after this initial 14 day period and there is no provision for refund.

Article 7. General obligations in the event of damage
In the event of damage, the insured or his/her successors must do the following:

7.1 Call the Provider, provide the insurance certificate number and the full name of the Insured as written in the insurance contract and fully and truthfully declare the event and when requested fill out a damage form, sign it and send it, together with the insurance certificate, to the Provider.

7.2 Do anything possible to limit the damage, follow all the advice given by the Company, give full cooperation to the Provider, and not do anything that may damage the Company and the Provider’s interests.

7.3 Transfer all claims for reimbursement (up to the amount of the reimbursement) to the Provider. This is only necessary if the Company has not acquired the rights of the insured by paying the reimbursement. The insured shall submit all the evidence of the above-mentioned claims to the provider.

7.4 In certain cases it is necessary to obtain prior permission from the Provider for paying certain costs in order to have them reimbursed. This concerns, among other things, additional travel costs of returning to the country or place of permanent residence or domicile, replacement accommodation, a serious accident, hospitalisation over 24 hours or death. In these cases the provider has to be called immediately, stating the insurance data.

7.5 The insured must submit to the Provider the doctor's certificates, the original invoices of the medical expenses, the carriage and transport costs and the additional travel and/or accommodation expenses, the original invoices of the foreign undertaker and any other documents the Company wishes to have provided.

7.6 The insured shall do his/her utmost to obtain a refund from the carrier for unused tickets. In addition, he/she has to be able to demonstrate to the Company by submitting evidence to the Provider that the additional return travel and/or accommodation costs incurred were necessary. Such evidence includes for instance the announcement of decease or a signed statement of the attending physician abroad.

7.7 The insured can only be transported by ambulance, taxi, air-ambulance or other non-public transport means if the Provider has given its prior permission. If the insured fails to fulfil the above-mentioned obligations, the Provider will not pay any reimbursement/payment.

If the insured fails to fulfil the above mentioned obligations, the Company will not pay any reimbursement/payment and will not provide cover.

Article 8. Place where the damage must be reported
To the Provider at +7 499 504 2853, 24 hours per day

Article 9. Term within which the damage must be reported
If an event for which one is insured occurs, the insured or his/her successor(s) must report this event to the Provider within the following term:

9.1 If the insured dies: within 24 hours (by telephone or fax).
9.2 If the insured has to be hospitalised for over 24 hours: immediately to give a guarantee to the hospital or within 7 days after the hospitalisation for reimbursement.
9.3 In all other cases: within 30 days of the date of the incident giving rise to a claim.
9.4 If the damage is not reported to the Provider in a timely manner, the Company will not pay any reimbursement, unless the insured or his/her successor(s) can prove that it was not, within reason, their fault that it was reported late. The right to reimbursement shall at any rate be cancelled irrevocably if the Provider has not received the damage report within 180 days after the event at the latest.

You must assist the Company in obtaining or pursuing a recovery or contribution from a third party or other insurance companies including also social security by providing all necessary details and completing forms.
Article 10. General exclusions – cancellation of the right to reimbursement

Above and beyond the exclusions specific to each category, covers stated in all categories of the insurance does not include:

10.1 Damage directly or indirectly resulting from acts of war, including armed conflict, civil war, rebellion, internal civil unrest, riots and mutiny. If the insured incurs damage during the above-mentioned events, which is not related to such events at all, the Company shall only pay a reimbursement if the insured proves that the damage was in actual fact not related to such events.

10.2 Damage which is directly or indirectly related to or caused by the insured's participation in or the conscious attending of a hijacking, strike or act of terrorism.

10.3 Damage which is directly or indirectly related to an attachment and/or confiscation.

10.4 Damage which is caused by, occurs during or ensues from nuclear reactions, irrespective of how and where the reaction originated.

10.5 Damage which is directly or indirectly resulting from epidemics and/or pandemics.

10.6 Damage which is the consequence of participation in or the committing of an offence or attempts thereto.

10.7 Damage arising outside the area in which the insurance is valid, or beyond the period of validity of the certificate of insurance.

10.8 If there is no entitlement to reimbursement if such circumstances were known or present at the time when the insurance was taken out that it could be reasonably expected that the costs would be incurred.

10.9 The right to payment or damages with regard to the entire claim shall be cancelled if the insured or his/her successor(s) have provided incorrect data or facts.

10.10 The right to reimbursement shall only be cancelled with regard to the part of the claim for which the objects and/or documents requested by the Company have not been received within 180 days after the request was made.

Furthermore, the insurance does not provide cover for the following cases and/or the following costs:

10.11 The ailing or poor condition of the insured before or at the time of the accident, a mental or physical disorder or disease, suicide or an attempt thereto.

10.12 Pregnancy and any related costs, with the exception of costs ensuing from complications.

10.13 Intentional or gross negligence on the part of the insured or the person interested in the reimbursement.

10.14 Participation in misdeeds, rows, fights, dares, participating in expeditions.

10.15 Use of alcohol or other narcotics or stimulants, including soft and hard drugs.

10.16 Carrying out any other than administrative, commercial or supervisory activities, unless activities of a different nature are included under the policy and this is stated explicitly on the certificate of insurance.

10.17 Violating the safety regulations of (carriers/transport) companies.

10.18 Balloon rides and underwater journeys by submarine.

10.19 Special (winter) sports. Special sports include mountain climbing, bouldering, ice climbing, abseiling, speleology, bungee jumping, parachute jumping, paragliding, hang gliding, ultralight flying, gliding, as well as other sports which involve a more than normal risk. Special winter sports include luge, bobslieging, ice-hockey, speed skiing, speed races, ski-jöring, ski-jumping, ski-flying, figure jumping in freestyle skiing, ski-mountaineering, paraskiing, heliskiing, as well as other winter sports that involve a more than normal risk.

10.20 Participating in one of the following sports: boxing, wrestling, karate and other martial arts, jiu jitsu, American football and rugby.

10.21 Participating in competitions and the preparations, such as training.

10.22 Participating in or preparing for speed, record and reliability tests with motor vehicles or motor boats.

10.23 Using boats outside the inland waterways, unless this does not involve any special risks.

10.24 The costs of abortus provocatus.

10.25 If the reasons why the insured has travelled to the area of insurance include the intention to have medical treatment there.

Article 11. Air travel risk

If the insured is travelling by plane he/she is only insured as a passenger and not as a crew member, flight instructor, apprentice pilot or parachutist. In order to be insured, the insured has to fly with an acknowledged carrier. These planes must be furnished for passenger travel and use acknowledged airports.

Article 12. Insured for the same risk at various companies

If, without this insurance policy, a claim could be made for a reimbursement or payment pursuant to another insurance policy, law or provision, whether or not of an earlier date, the present insurance policy shall only be valid in the last instance. In that case only the damage exceeding the amount which could be claimed elsewhere will be eligible for reimbursement.

Article 13. Payment of the reimbursements

The Company shall pay the reimbursements to the insured, unless he/she has informed the Company that they should be paid to someone else. If the insured has died, the reimbursements will be paid to the legal heirs.

Article 14. Cancellation of rights

If the insured or his/her successors submit a claim to the Company, the Company shall respond by rejecting the claim or (offering) payment as final settlement. The insured's claim or his/her successors' shall be cancelled 180 days after the Company has announced its position (rejection or payment), unless a dispute has already been brought before the court.

Article 15. Reclaiming uninsured services and/or costs

If the Company has agreed to pay a reimbursement for costs and/or services incurred/granted by the Company and which are not covered by the insurance cover (such as in particular the costs of the outer coffin), the Company shall have the right to reclaim the...
costs that it has already paid or to set them off against the reimbursements still to be paid. The insured are severally liable and under an obligation to pay the claim within 30 days after written notification. In the event of default the Company will engage a debt collection agency.

### Article 16. Personal data

16.1 The personal data provided on the application form, or the modification of, an insurance policy, are processed by the Company for entering into and executing insurance agreements and managing the ensuing relations, which includes preventing and combating fraud and activities aimed at extending the customer base.

16.2 Processing of personal data is governed by the regulations in effect. The information may be used for evaluate and decide the type of cover required and for market analysis. The information may be passed on to a firm with whom the underwriters are co-operating. The information may be used by underwriters to send information to the customer about the underwriters other products. Underwriters are required by law to report to the authorities in some instances. The customer has the right to demand that underwriters inform the customer about the information they have about him and how such information is used.

16.3 By order of the Company, the Provider provides direct help for hospitalisation, a serious accident or death. If the Provider deems this necessary for a concrete request for help, it can ask for data from the insured, his/her relatives, aid workers on site and/or the attending physician and, if necessary, provide the data to persons who are directly involved in the aid efforts. Asking for and providing medical data only takes place by or by order of Provider's or the Company's medical advisor.

16.4 By order of the Company, the Provider handles claims arising from this insurance. If the Provider deems this necessary for a concrete request for help, it can ask for data from the insured.

### Article 17. Disputes

17.1 Any disputes arising from this insurance agreement shall be submitted to the competent court, unless the parties agree to another way to resolve the conflict.

17.2 This insurance shall be governed by the Greek law and disputes will be resolved by the competent courts in Athens. Enquiries or complaints must be made first and foremost to the Quality Control department of the Provider.

### CATEGORY CONDITIONS

#### CATEGORY I. EMERGENCY EXPENSES

These category conditions shall also be governed by the General Provisions, unless they are deviated from in these category conditions.

### Article 1. Nature and scope of the insurance

The Company reimburses additional travel and/or accommodation and/or other costs as described in the following articles, up to the maximum amounts stated on the cover overview of the insurance that has been taken out, also with due observance of any maximum period stated there, for the maximum number of persons mentioned on the cover overview and up to maximum the class mentioned on the cover overview, if they are the direct consequence of:

1.1 Sickness, accident and/or death (Article 5).
1.2 Premature call back (Article 6).
1.3 Return to the country or place of permanent residence or domicile by air ambulance (Article 7).
1.4 Coming over of family members (Article 8).
1.5 Transport costs in the event of death (Article 9).

Furthermore, the Company will reimburse the following costs if they are caused by an event insured under this category:

1.6 Telecommunications costs (Article 10).
1.7 Additional costs in connection with a travel companion insured elsewhere (Article 11).
1.8 Special obligations in case of damage (Article 12).

### Article 2. Excess/Deductible

To all the damages described in the present article the deductible stated on the cover overview applies.

### Article 3. Special Stipulations

In these category conditions, the term “accommodation costs” shall be taken to mean: the costs of accommodation and meals. The costs the insured would normally have incurred for necessary meals will be deducted from the reimbursement for additional accommodation costs. This deduction is 20% of these reasonably incurred costs.

### Article 4. Help from the Provider

If an event insured under this category occurs, the Provider offers help in arranging:

- transport;
- the necessary (medical) supervision during the (return) journey.

Furthermore, the assistance includes advice and any help the Provider deems useful and necessary.
Article 5. Sickness, accident and/or death
If the insured falls ill or suffers an accident in the area covered by the insurance, the Company shall reimburse the following costs, provided that they are medically necessary in the opinion of the physician engaged by the Provider and are the direct consequence of the sickness or accident:

5.1 The necessary costs of extra accommodation after the cover period of the insurance.
5.2 The necessary costs of the return journey to the country or place of permanent residence or domicile by ambulance, taxi or public transport, insofar these costs are higher than those of the originally intended return journey.
5.3 If the co-insured family members or one co-insured travelling companion of a hospitalised insured person visit this person at the hospital, the extra travel expenses of public transport or private vehicle will be reimbursed.
5.4 If the insured travels with a family member who falls ill, meets with an accident or dies, the Company shall reimburse the insured for the expenses as described in Article 5.1., 5.2. and 5.3. The precondition is that the affected person is insured with the Company for the same period.
5.5 The same payment will also be made to one travelling companion of said affected person. The precondition is that this travelling companion is insured with the Company for the same period.

Article 6. Premature call back
If the insured and/or his/her insured family members have to return prematurely to their country or place of permanent residence or domicile because a relative to the first or second degree of sanguinity has died or (in the opinion of a physician) has a life-threatening disease or a life-threatening injury, the Company shall pay the necessary costs of the return journey, insofar they are higher or different from the costs of the originally intended return journey. The insured must travel by their private vehicle or public transport. Moreover, the same reimbursement will be paid to a maximum of one travelling companion of the said recalled insured person(s). The precondition is that this travelling companion is insured with the Company for the same period.

Article 7. Return to the country or place of permanent residence or domicile by air ambulance
If the insured is sick or injured and cannot travel in any other way (e.g. by passenger plane, ambulance car or taxi) in connection with his/her health, the Company shall reimburse the return journey to the country or place of permanent residence or domicile by air ambulance up to the maximum amounts stated on the cover overview. Returning in this manner shall only be insured if it is medically necessary and the Provider has given its prior permission thereto. The medical necessity of returning by air-ambulance is assessed by the doctor engaged by the Provider, in consultation with the attending doctor abroad. The term medical necessity shall at any rate apply if the life of the insured can be saved or if the risk of disability can be reduced and/or disability can be prevented by returning the insured by air-ambulance. If the insured is entitled to the reimbursement of a return trip by ambulance plane, he/she shall not be entitled to the reimbursement of additional travel costs. However, the transport costs from the hospital abroad or away from the place of permanent residence or domicile of the Insured to the airport and from the airport to the hospital near the domicile or the place of residence (including the costs of medical supervision) shall be reimbursed. If the insurance has been taken out and/or has come into effect whilst the insured was already receiving medical treatment away from the country or place of permanent residence or domicile, said costs will not be reimbursed.

Article 8. Coming over of family members
8.1 If the insured's life is in danger due to sickness or an accident according to the local attending doctor abroad or away from the place of permanent residence or domicile, the Company will reimburse the costs of family coming over from the country or place of permanent residence or domicile, their necessary accommodation costs as well as the return journey by public transport to the country or place of permanent residence or domicile.
8.2 If the insured has to continue the journey by him/herself alone as a consequence of the death of his/her co-insured travel companion, the Company shall reimburse the costs of the coming over of a family member from the country or place of permanent residence or domicile, the necessary accommodation costs as well as the return journey by public transport to the country or place of permanent residence or domicile.

Article 9. Transport costs in the event of death
If the insured dies as a consequence of sickness or an accident, the Company will reimburse to the successor(s) the costs of:
9.1 Transport of the body to the last place of domicile or the place of residence;
9.2 The inner coffin;
9.3 The documents required for the transport.

If the body is not taken to the former country or place of permanent residence or domicile of the insured, the Company will reimburse the costs of the funeral (or cremation) abroad and the coming over of relatives from the country or the place of permanent residence or domicile up to the maximum amount that would have been paid if the body were transported to the country or place of permanent residence or domicile of the deceased.

Article 10. Telecommunications costs
If an event happens to the insured away from the country or place of permanent residence or domicile that is covered by this category, his/her necessary telecommunications costs to contact the Provider ensuing from such event will be reimbursed.

Article 11. Additional costs in connection with a travel companion insured elsewhere
Additional costs incurred by the insured as a consequence of an event covered under this category, which happens to a travel companion, who is not stated on this certificate of insurance, but due to which the insured has to continue the journey by him/herself alone will also be reimbursed. This cover is effective only if:
11.1 The travel companion has valid travel insurance of his/her own;
11.2 The event that happens to the affected travel companion is covered by his/her travel insurance and his/her travel insurance does not provide cover for the additional costs incurred by the insured travelling with him/her;
11.3 The affected travel companion and the insured intended to travel to and from their destination together;
11.4 The additional costs incurred by the insured are demonstrably necessary and have been reasonably incurred during the journey.

Article 12. Special obligations in the event of damage
With regard to Articles of these category conditions the insured shall prove the right to reimbursement to the Company by means of statements. Examples of such statements are, among others, a statement of the public transport company, the car emergency service, the airline company or the police authorities.
If the insured fails to fulfil said obligations, the Company will not pay any reimbursement.

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</table>

Article 1. Nature and scope of the insurance
The Company will reimburse the medical expenses the insured has to incur due to an illness or disease or an accident that occurred during the insurance’s cover period abroad or away from the permanent domicile or place of residence of the insured, up to the insured amount stated on the cover overview below the insurance policy taken out. Medical expenses exclusively include:
• doctor's and specialists’ fees;
• the costs of hospitalisation;
• the costs of the operation and the use of the operating theatre;
• the costs of X-rays and radiation treatment prescribed by the doctor;
• the costs of medicine, bandages and massage prescribed by the doctor;
• the costs of the insured's medically necessary transport to and from doctors and the nearest hospital.

The above-mentioned costs will only be reimbursed if the doctor, the specialist and/or the hospital are acknowledged by the competent institutions.

Article 2. Reimbursement of medical costs
The Company will reimburse:
The expenses mentioned in Article 1 of the present for medical assistance in the area of insurance. This reimbursement shall come into effect on the date on which the treatment starts and shall continue until the first opportunity of the insured to return to the country or place of permanent residence or domicile. The insured shall never be entitled to a reimbursement exceeding 90 days.

Article 3. Reimbursement of dentist’s costs
The Company will reimburse dentist's costs incurred during the period of cover in the event of urgent dental assistance up to the insured amount stated on the cover overview.

Article 4. Excess/Deductible
To all the damages described in the present article the deductible stated on the cover overview applies.

Article 5. Special stipulations
5.1 The insured has to have himself/herself treated or nursed in ways that are not unnecessarily expensive and which are in accordance with his/her current insurance/facility. If the insured has no insurance elsewhere, the Company shall limit the reimbursement of hospitalisation to the costs of hospitalisation of the lowest class.
5.2 If the treatment takes place in the country of which the insured is a national, the Company shall only reimburse the costs of treatment for diseases, disorders and deviations which the insured did not have before the policy’s effective date and for which he/she has never been treated before
5.3 If the insured is hospitalised in a foreign or away from place of domicile hospital over two hours, the Company will only reimburse the treatment if it could not be postponed until after the insured's return to his/her country or place of permanent residence or domicile.

Article 6. Special exclusions
The insured will not be indemnified for medical expenses in the following cases:
6.1 If the sickness is related to the use of medicine/preparations to decrease or increase body weight.
6.2 If the insurance policy has been taken out and/or has come into effect whilst the insured was already under medical treatment, the costs of such continued or prescribed treatment will not be reimbursed.
6.3 The costs of an operation will not be reimbursed if the operation could have been postponed until after the insured's return to his/her country or place of permanent residence or domicile.
6.4 The costs of follow-up treatment and all costs near the country or place or permanent residence or domicile.
6.5 The medical costs that have incurred during the journey and which were made for the purpose of diagnosis and/or treatment.
Category III. Travel Luggage

These category conditions shall also be governed by the General Provisions, unless they are deviated from in these category conditions.

Article 1. Nature and scope of the insurance

The word luggage is taken to mean: the luggage which the insured takes with him/her on the journey for his/her personal use. If the insured luggage is damaged by theft, loss, misappropriation or damage, the Company shall reimburse this damage up to the maximum amount of the insurance stated on the cover overview of the insurance policy. The luggage is covered only when it’s being transferred by the air carrier or when it’s being transported with official carriers where checking-in is available and a receipt is given. In the event of damage to or loss of an insured object with accessories, only one insured person can claim reimbursement.

As long as the insurance is in effect, the insured is also insured against damage to luggage which is sent on or after by boat, train, bus or plane, against receipt.

The maximum insured amounts stated on the cover overview of the insurance policy taken out shall apply to the luggage mentioned in Articles 1.1 up to and including 1.7 with due observance of the stipulations stated below:

1.1. Photo, film, video/dvd and computer equipment. All the objects that together make up the equipment are considered to be one object, such as cameras, objectives, filters, tripods, film suns, recorders, bags, etc.

1.2. Valuables: jewellery, watches, furs, radio and television sets, gold, silver or platinum objects, precious stones, pearls, binoculars, sound and visual equipment (except for photographic, filming and videoscopic equipment).

1.3. Musical instruments: musical instruments and accessories (except for drumheads, strings and mouthpieces).

1.4. Image, sound and data media.

1.5. Medical equipment: medical equipment including the costs of repair.

The word luggage is also taken to mean:

1.6. Goods purchased during the journey.

1.7. Gifts for third parties: goods purchased by the insured before or during the journey, intended as gifts/presents for third parties.

Article 2. Excess/Deductible

To all the damages described in the present article the deductible stated on the cover overview applies.

Article 3. Clothes and toiletries replacement

The Company will reimburse clothes and toiletries replacement insofar they have to be purchased during the insurance’s cover period, because the registered(checked-in) luggage was missing or delayed for more than 12 hours at the airport of arrival away from the country or place of permanent residence or domicile. This reimbursement shall never exceed the amount stated on the cover overview under the insurance policy taken out, which shall apply in addition to the insured amount for Travel Luggage.

Article 4. Insured value

In the event of irreparable damage, loss, misappropriation or theft, the reimbursement is granted on the basis of the insured value. The term insured value is taken to mean the replacement value, after deduction of an amount for depreciation due to ageing or wear and tear; such amount will not be deducted if the lost or damaged goods are less than one year old. The term replacement value is taken to mean: the amount required to obtain new objects of the same type and quality.

No higher amount will be paid than the amount for which the insured object was purchased as per the original receipts of purchase.

In the event of damage, the reimbursement will be paid on the basis of the costs of repair. However, the amount paid shall not exceed the amount paid in the event of irreparable damage.

The Company has the right to reimburse the damage in kind.

Article 5. Transfer of insured objects

If the insured objects are damaged, they cannot be transferred to the Company, unless the Company desires this. Once the Company has paid a reimbursement to the insured for lost, damaged or missing goods, the insured shall transfer the right of ownership for these goods to the Company. As soon as the insured knows that the lost or missing goods have been found, he/she shall report this to the Provider. If the goods are found within three months after the date on which they were lost, the insured shall take them back and repay the reimbursement to the Company.

Article 6. Special obligations in the event of damage

6.1 In the event of loss, theft or misappropriation the insured shall report this immediately to the local police authorities. If such report is impossible, the insured must report this at the first possible opportunity. The insured shall submit a statement of this report to the Provider.

6.2 The insured shall check his/her luggage upon receipt, to verify whether it is in good condition and that nothing is missing. If the insured establishes damage or loss, he/she shall report this immediately to the carrier. The insured shall submit a statement of this report to the Provider.

6.3 The burden of proof of theft, loss, misappropriation or damage of luggage as well as the amount of the damage and the fact that the insured really was in possession of it is always the responsibility of the insured. The insured shall furthermore prove the damage by means of original invoices or duplicates thereof, guarantee certificates, statements by experts about the possibility of repair and other evidence required by the Provider. In the event of damage, the insured shall also enable the Provider to inspect the luggage before it is repaired and/or replaced.
If the insured fails to fulfil said obligations, the Company will not pay any reimbursement.

Article 7. Special exclusions
The cover does not include:

7.1 Theft, loss, misappropriation or damage to stamps, documents, photos, keys, documents of value such as public transport subscriptions, discount cards, season tickets, entrance tickets, passes, etc., commodities, removal goods, sample collections and items of art or collector's value.

7.2 Theft, loss, misappropriation or damage to vehicles and/or trailers, including bicycles, caravans (including the tent part), airplanes, (inflatable and collapsible) boats, surfboards and any other vehicles or parts or accessories thereof.

7.3 Tools, sound and video equipment built in the car, roof rack, ski boxes, non-skid chains and jetbags.

7.4 Winter sport equipment (the insured's own or rented skis including straps, ski sticks and ski shoes) and (the insured's own or rented) sports equipment used for special (winter) sports.

7.5 Damage as a result of gradual weather effects or other effects (excepting natural disasters), wear and tear, own defect, own decay, moths, rodents, insects, etc., leakage of liquid or fatty materials within the luggage.

7.6 Other damage than to the goods themselves.

7.7 Damage such as blots, scratches, dents, spots etc. unless the goods can no longer be used due to such damage.

7.8 Theft, loss, misappropriation or damage to luggage which is abandoned in or on a motor vehicle and/or trailer with which the journey's destination is not reached.

7.9 Breaking of fragile objects and/or the consequences thereof except for damage caused by an accident to the means of transport, break-in, theft, robbery or fire.

7.10 Theft, loss, misappropriation or damage to goods received and/or given to use on loan during the cover period of the insurance. Unless the person from whom the goods have been received to use on loan and/or to whom the goods have been given to use on loan is also insured with the Company for the same risk and on the same insurance certificate.

7.11 All documents not mentioned in this Category

7.12 Underwater sports equipment.

7.13 Prosthetics, hearing aides, wheelchairs, medical equipment and accessories.

7.14 Damage to accommodation.

Article 8. Caution Clause
The following cases are not eligible for reimbursement:

8.1 Normal caution:
If the insured (or the person whose assistance the insured is using) has not observed normal caution to prevent theft, loss, misappropriation or damage of the insured luggage. Normal caution has at any rate not been observed if the insured luggage is left unattended other than in a properly locked room.

8.2 Better precautions:
If the insured can be reasonably expected to have taken, and should have taken better precautions in the given circumstances to prevent theft, loss, misappropriation or damage to the insured luggage.