

KLM ASSISTANCE COVERAGE SUMMARY

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Trip Interruption Coverage	<p>Your travel plans are interrupted while you are on your trip.</p> <p>I- Early return / Delayed return : Reimbursement of prorated portion of unused non-refundable trip payments and deposits</p> <p>II- Additional transportation Expenses to continue your trip or return to your primary residence</p> <p>III- Additional accommodation and transportation expenses if the interruption causes you to stay at your destination</p>	<p style="text-align: center;">At cost</p> <p style="text-align: center;">At cost</p> <p style="text-align: center;">100 € / night/person Max. 10 nights</p>
Travel Delay Coverage	<p>Your travel plans are delayed while you are on your trip.</p> <p>Maximum reimbursement for 24-hour period of delay: "With Receipts Daily Limit" – 100 € per person "No Receipts Daily Limit" – 50 € per person Minimum Required Delay - 4 hours</p>	250 € per person
Baggage Coverage	<p>Your baggage is lost, damaged, or stolen while on your trip.</p> <p>Sublimit for all high value items – 500 € per person</p>	1.000 € per person
Baggage Delay Coverage	<p>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</p> <p>Reimbursement for expenses for the essential items you need until your baggage arrives "With Receipts Limit" – 200 € per person "No Receipts Limit" – 50 € per person Minimum Required Delay – 12 hours</p>	200 € per person
Emergency Medical/Dental Coverage	<p>You have to pay for emergency medical or dental treatment while on your trip.</p> <p>Reimbursement of medical expenses for which you are responsible Organization and payment for hospitalization Maximum sublimit for Dental Care – 300 € per person</p>	300.000 € per person
Emergency Transportation Coverage	<p>Transportation is needed following a medical emergency while on your trip.</p> <p>Emergency Evacuation Medical Repatriation Sublimit Accommodation Transport to Bedside – 7 nights at max. 50 €/night</p>	At cost

	Return of Dependents Repatriation of Remains or Funeral expenses Search and Rescue sublimit – 1.500 € per person	
Travel Assistance	24/7 assistance in case of personal emergencies during your trip and information services during the term of your insurance contract	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 those terms when used in this Coverage Summary.

Important Notices:

- **Insured duration of travel:** see insurance certificate / travel confirmation / 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 31 days** is possible.
- **Notes on the conclusion of insurance:** All travel cover containing travel cancellation insurance, should be purchased at the time of booking the travel. *You* must purchase the cover immediately. The insurance is only valid for the booked travel as described in the travel confirmation. An insurance cover for Travel Cancellation Insurance begins upon conclusion of the insurance. For other insurance guarantees, 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. *You* are required to prove this to *us*.

GEOGRAPHICAL SCOPE

- All cover applies to travel abroad only.
- For more information on where you are covered, please consult your Certificate of Insurance.

CONTACT

For customer service (8.00 – 16.00, Mo – Fri), please contact:

Allianz Assistance – Service Team

Koning Albert II-laan 32

1000 Brussels - Belgium

Call : +32 2 290 64 68

Email: welcome.be@allianz.com

Emergency assistance

Call: +32 2 290 61 00 (7 days / 24 hours).

To file a claim, please visit:

https://www.allianz-assistance.be/nl_BE/hulp-en-advies/schade.html

KLM ASSISTANCE GENERAL CONDITIONS

WHO WE ARE

We are the insurer AWP P&C S.A. - Belgian Branch, also referred to as: Allianz – Koning Albert II -laan 32, 1000 Brussels – Belgium, registered with the FSMA under the code 2769 - company identification number 0837.437.919 .

Phone: + 32 (0)2 290 64 11– www.allianz-assistance.be

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.

Within the limits determined by the conditions, modalities and amounts laid down in the General and Special Conditions, this contract guarantees the deployment of the most suitable means to perform the guaranteed services for the benefit of the insured persons of this contract and the payment of the amounts provided.

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* listed in the Certificate of insurance document. 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. Just visit *us* online 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 three parts:

1. The Certificate of Insurance document: this states who *you* are, who the Insured are and what they are covered for.
2. This General Conditions 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*.
3. *Our* Privacy Statement: this explains your rights regarding *your* privacy as well as what we do and are allowed to do with *your* privacy data.

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 and limitations applicable to all coverages under *your policy*.

COOLING-OFF PERIOD / CANCELLATION RIGHTS

You can cancel or revoke this *policy* with *us* within 14 days without giving any reason and receive a full refund. Please note that this refund is only available if *your* insured *trip* has not yet started and if no claim has been made on this *policy*. After this 14-day period, *your* premium will not be refunded.

WHAT'S INSIDE

DEFINITIONS	6
WHEN YOUR COVERAGE BEGINS AND ENDS	11
DESCRIPTION OF COVERAGES	12
A. TRIP INTERRUPTION COVERAGE	12
B. TRAVEL DELAY COVERAGE	14
C. BAGGAGE COVERAGE	15
D. BAGGAGE DELAY COVERAGE	16
E. EMERGENCY MEDICAL/DENTAL COVERAGE abroad	17
F. EMERGENCY TRANSPORTATION COVERAGE	18
G. TRAVEL SERVICES DURING YOUR TRIP	20
GENERAL EXCLUSIONS	21
CLAIMS INFORMATION	23
GENERAL PROVISIONS AND CONDITIONS	25
PRIVACY NOTICE	29

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 <i>injury</i> , property damage, or both.
Accommodation	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
Adoption proceeding	A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.
Baggage	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
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 <i>you</i> 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 <i>you</i> are covered under this <i>policy</i> .
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: <ol style="list-style-type: none"> 1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>; 2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>; 3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; 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 <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary and <i>your</i> Certificate of Insurance.
Doctor	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , the sick or injured person, or that person's <i>family member</i> .
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	<p><i>Your:</i></p> <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i>; 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 (up to 4th degree); 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 <i>accident</i> 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, jewelry, 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	<p>An acute care facility that has a primary function of diagnosing and treating sick and injured people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> 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 <i>you</i> or a <i>traveling companion</i> less than 150 kilometers.
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 <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
Medically necessary	Treatment that is required for your illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the Belgian standards of good medical practice and is not for <i>your</i> 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 <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
Policy	This travel insurance contract. The <i>policy</i> includes this General Conditions document, the Certificate of Insurance document and the Privacy Notice.
Political risk	Any one or more of the following: <ul style="list-style-type: none"> • 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 (including Selective Discrimination and Forced Abandonment); • Deprivation; • Requisition; • Revolution; • Rebellion; • Insurrection; • Civil commotion assuming to proportion of or amounting to an uprising; • Military and usurped power.
Primary residence	Your permanent, fixed home address for legal and tax purposes.
Pre-existing medical condition	An <i>injury</i> , illness, or medical condition that, within the 180 days prior to and including the purchase date of this <i>policy</i> : <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; or 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p>
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 <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> 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 <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to

receive from *your* employer, another insurance company, a credit card issuer, or any other entity.

Return Date	The date on which <i>you</i> are originally scheduled to end <i>your</i> travel, as shown on <i>your</i> travel itinerary.
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 <i>service animals</i> . 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.
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, ideological or similar 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 general <i>civil disorder</i> or unrest, protest, rioting, <i>political risk</i> , or <i>acts of war</i> .
Traffic Accident	An unexpected and unintended traffic-related event, other than <i>mechanical breakdown</i> , that causes <i>injury</i> , 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: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or 4. <i>Local public transportation</i>.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider who is legally authorized to sell a trip or parts of a trip. .
Traveling companion	A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader. Teachers who lead study tours are not considered group or trip leaders.
Trip	<i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> , which is originally scheduled to begin on <i>your departure date</i> and end on <i>your return date</i> . It must be booked with the <i>travel supplier</i> , from which <i>you</i> 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 31 days.

Uninhabitable	A <i>natural disaster</i> , fire, flood, burglary, or <i>vandalism</i> (except where <i>vandalism</i> is a part or a result of a cause of loss excluded under this <i>policy</i>) has caused enough damage (including extended loss of power, gas, or water supply) to cause local authorities or a licensed insurance company to declare a person's home or destination inaccessible or unfit for use.
We, Us, or Our	AWP P&C S.A. – Belgian Branch, trading as Allianz Assistance .
You or Your	All persons listed as insureds in the Certificate of Insurance or Specific Conditions.
Act of war	Any act which is associated with and occurring in the course of <i>war</i> or directly triggering it.
Civil disorder	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, <i>vandalism</i> , lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages multiple persons. It does not include any such occurrence that rises to the level of or is connected with any <i>political risk</i> , <i>terrorist event</i> , or <i>war</i> .
Vandalism	Any <i>illegal act</i> 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.

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept *your* request for insurance. *Your policy's* coverage effective date and coverage end date are indicated in *your* Certificate of Insurance. The *policy* is effective at 00:00 on the day after 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.

Except for one-way and same-day return *trips*, 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* Certificate of Insurance? However, there are situations where *your policy* may end on a different date. If *your policy* was purchased with a one-way booking, *your* coverage end date will be the *return date* (not to exceed 3 days from the *departure date* shown on *your* travel documents).

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 last day of *your 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. TRIP INTERRUPTION 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 assist *you* in securing and will pay or 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 traveling 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 *traveling 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 *traveling companion* before *you* make a decision to interrupt the *trip*.
2. A *family member* who is not traveling 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 traveling companion, family member, or your service animal dies during your trip.*
 4. *You or a traveling 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 traveling companion*, meaning that *you or a traveling 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 traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you or a traveling companion* by name to be *quarantined*.
 5. *You or a traveling companion is in a traffic accident.*

One of the following conditions must apply:

- a. *You or a traveling companion* needs medical attention; or
 - b. The vehicle needs to be repaired because it is not safe and/or legal 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.*
 8. *You or a travelling companion serving as a first responder* is called in for duty due to an accident or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
 9. *You or a traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.
 10. *You, a traveling 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.
 11. *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 .
 - f. *Civil disorder*, unless it rises to the level of *political risk*.
12. A *travel carrier* denies you or a *traveling companion* boarding based on a suspicion that you or a *traveling 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.
13. You need to attend the birth of a *family member's* child.
14. Your destination becomes *uninhabitable*.
15. Family outside *your* country of residence cannot accommodate you during *your trip*, as planned, because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.
16. Government authorities order a mandatory evacuation due to a *natural disaster* at *your* destination while you are on *your trip*.
- The following condition applies:
- a. Your *policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.
17. You or a *traveling companion's* vehicle experiences a *mechanical breakdown* during *your trip*, which results in the vehicle being unable to be driven safely.
18. You or a *traveling companion's* vehicle, which serves as a primary mode of transportation during *your trip*, is stolen.

B. TRAVEL DELAY COVERAGE

If *your* or a *traveling 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:
 - If you provide receipts, the With Receipts Daily Limit applies; or
 - If you do not provide receipts, the No Receipts Daily Limit applies.

- ii. If the delay causes *you* to miss the departure of your cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.
- 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 *traveling companion*, meaning that *you* or a *traveling 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 traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling 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 *traveling companion* boarding based on a suspicion that *you* or a *traveling 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.

C. BAGGAGE COVERAGE

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:

- 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 orthopedic 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, travelers cheques, securities, bullion, and keys;
10. Rugs and carpets;
11. Antiques and art objects;
12. Fragile or brittle items, including musical instruments;
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.

D. BAGGAGE DELAY COVERAGE

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.

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

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

E. EMERGENCY MEDICAL/DENTAL COVERAGE 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, and *injuries* caused by a *terrorist event*).
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 illness, *injury*, or medical condition 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;
 8. Any other non-emergency medical or dental care; and
 9. Treatments not recognized for coverage by the Belgian R.I.Z.I.V. (under social security health insurance).

F. EMERGENCY TRANSPORTATION COVERAGE

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* and *our* medical team 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 a family member to you)

If *you are* told by the treating *doctor* during *your trip* that *you* will be hospitalized for more than 3 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. *We* do not accept any liability for transport arrangements that *we* have not approved or organised ourselves.

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 traveling 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 traveling 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* traveling 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. *We* do not accept any liability for transport arrangements that *we* have not approved or organised ourselves.

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.

G. 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 traveling, *we* can assist *you* in finding one.

Emergency Cash Assistance

If *your* travel is delayed or interrupted and *you* need extra money to pay for unexpected expenses, *we* can assist in arranging the transfer of funds from *your* family or friends.

Legal Referrals

We can help you find local legal advice if you need it while you are traveling.

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 coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect you, a *traveling 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*: all costs resulting from the treatment of illnesses and “injury conditions”, which existed at the start of the guarantees, which caused the claim to be reasonably foreseeable (this also includes not waiting for the result of a required test before departing on a *trip*):**
 - This exclusion does not apply to unforeseen complications or sudden deterioration of an existing medical condition during the term of the guarantee. The condition is that the *trip* to be undertaken has been approved in advance by a *doctor*. No compensation will be given if the deterioration is the result of failure to follow medical advice or willful recklessness on the part of the insured.
 - In the case of a chronic condition, we will reimburse the costs of the unforeseen medical treatment if the travel was not advised against by a *doctor*. If this advice is not provided, but in *our* evaluation it is clear that the insured person should not have started the *trip* because of this medical condition, then we have the right not to reimburse the costs of the treatment or not fully reimburse it;
3. ***Your* intentional self-harm or if you attempt or commit suicide;**
4. **Normal, complication-free pregnancy or childbirth, except when and to the extent that normal, complication-free pregnancy or childbirth is expressly referenced in and covered under Trip cancellation coverage or Trip interruption coverage;**
5. **Fertility treatments;**
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. **Skydiving, BASE jumping, hang gliding, or parachuting;**
 - b. **Bungee jumping;**
 - c. **Caving, rappelling, or spelunking;**
 - d. **Skiing or snowboarding outside marked trails or in an area accessed by helicopter (heli-skiing);**
 - e. ***Climbing sports* or free climbing;**

- f. Any *high-altitude activity*;
 - g. Personal combat or fighting sports;
 - h. Racing or practicing to race any motorized vehicle or watercraft;
 - i. Free diving; or
 - j. Scuba diving at a depth greater than 20 meters or without a dive master.
12. An *illegal act* resulting in a conviction, except when *you, a traveling 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 cancellation coverage, trip interruption coverage, travel delay coverage, or emergency medical/dental coverage if any of these are included in the *policy*;
 14. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under trip cancellation coverage, or trip Interruption coverage, or travel delay coverage if any of these are included in the *policy*;
 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 cancellation coverage or trip interruption coverage if any of these are included in the *policy*;
 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 if any of these are included in the *policy*;
 22. *Terrorist events*, except when and to the extent that *terrorist events* are expressly referenced in and covered under trip cancellation coverage, trip interruption coverage, or travel delay coverage if any of these are included in the *policy*;
 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 cancellation coverage or trip interruption coverage if any of these are included in the *policy*. This exclusion does not apply to Emergency Medical or Emergency Transportation 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; or
 27. An act of gross negligence by *you* or a *traveling companion*.

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.

IMPORTANT: *You* are not eligible for reimbursement under any coverage if:

1. *Your travel carrier* tickets do not show travel date(s);
2. The Departure Date and Return Date as shown on the Coverage Summary do not match *your trip's* actual *departure date* and *return date* (does not apply to insurance purchased with a one-way booking); or

3. You intend to receive health care or medical treatment of any kind while on *your* trip.

CLAIMS INFORMATION

To make a claim, please visit the website at https://www.allianz-assistance.be/nl_BE/hulp-en-advies/schade. 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: +32 2 290 64 68 ; or
- sending an email to: claims.be@allianz.com.

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. You must give *us* as much detail as possible so *we* can handle *your* claim quickly. 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.

Except for those resulting from the provisions of these General Conditions, *your* obligations are as follows:

- To take all reasonable precautions to prevent cases of damage from occurring. In addition, to take all reasonable measures to prevent or limit the negative consequences of cases of damage.
- Policyholders are required, both when entering into the contract and for the duration of the contract, to disclose all existing, new or amended circumstances to *us* that are known to them and that they should reasonably consider as information that could impact *our* risk assessment.
- Both in Belgium and during *your* stay abroad, to take the necessary measures to allow for *your* costs to be claimed back from the Social Security scheme and any other insurance body and to reimburse *us* for these costs if it advanced payment for them.

For all claims

- *Your* original *trip* booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses *you* have to pay.
- Original bills or invoices *you* are asked to pay.
- Details of any other insurance *you* may have that may cover the same loss, such as household or private medical or credit cards coverages.
- As much evidence as possible to support *your* claim.

Trip Interruption

- *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.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

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.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage

- 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.
- 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.

Baggage Delay

- Report the loss to the *travel carrier* and obtain a written report from them.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

Emergency Medical/Dental Benefits Abroad and Emergency Transportation

- Always contact *our* 24-hour emergency medical service when *you* are hospitalised, require repatriation or where medical fees are likely to exceed € 300.
- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.

Sanctions in case of non-compliance with *your* obligations when entering a claim:

If *you* fail to comply with one of *your* obligations and there is a link with the case of damage, *we* may reduce *our* intervention by the amount of the damage *we* suffered.

GENERAL PROVISIONS AND CONDITIONS

1. **Policyholder**
The natural person or legal entity that entered into this contract and whose place of residence, for the natural person, and company seat, for any legal entity, must be located in Belgium or Luxembourg.
2. **Insured persons**
The natural persons whose names are mentioned under the heading “Insured Persons” of the Certificate of Insurance. The natural persons insured must have their place of residence inside Belgium or in Luxembourg and ordinarily reside there at least 6 months per year.
3. **Belgium and Luxembourg**
For insured persons whose place of residence is in Luxembourg, any reference to “Belgium” is systematically replaced by “Luxembourg” in these General Conditions.
4. **Correspondence and communication**
All notifications must be sent to *us*.
Written notices intended for *you* will be deemed to have been validly sent to the address mentioned in the Certificate of Insurance or any address *you* subsequently inform *us* of.
5. **Payment of the premium**
Payment of the premium will be deemed proof that cognizance has been taken of these General Conditions and that they have been accepted. The premium must be paid to *us* before the due date, in any case, coverage will only commence after payment of the first premium. In case of non-payment of the premium, the statutory interest rate will be owed as of the due date.
In case of non-payment of the premium, all other provisions under the Belgian Insurance Act on Insurance Policies will apply.
6. **Duration of this contract and its covers on the condition they are included in *your policy***
This contract is concluded with the agreement of the *policyholder* with a correctly completed pre-signed *policy*, and ends on the last day of the travel duration stated in the Certificate of Insurance.
Maximum insurable length of travel: 31 days
 - 6.1. **In the case of a Cancellation guarantee:**
The guarantee starts at the purchase of this contract, which must take place simultaneously with the booking of the travel contract, and ends at the time of the planned start of the booked travel arrangement, i.e. the start of the outward journey.
 - 6.2. **In case of all other guarantees:**
The guarantee starts at 0 o'clock of the departure date stated in the Certificate of Insurance and ends at 23.59 o'clock of the last day of the travel period stated in the Certificate of Insurance. The guarantee is only valid if it has been taken out for the entire duration of the journey (i.e. outward journey, stay and return journey).
 - 6.3. **Without prejudice to the provisions of the relevant guarantee:**

- In any case, the guarantee will not be covered until the day following the receipt by *us* of the correctly completed pre-signed *policy*, and at the earliest after payment of the due and indivisible premium by the *policyholder* to the insurance intermediary.
- The duration of the guarantees (except in the case of "Cancellation") is automatically extended until *your* first possible return if *you* have to extend *your* stay on medical prescription, or if the means of transport with which *you* return to *your* place of residence fails due to breakdown, *accident*, theft, fire, vandalism or strike.

7. The maximum insured amounts

Regardless of the number of contracts the *policyholder* concluded with *us*, the insured amounts are the maximum possible compensation for the fully guaranteed period.

All requested financial interventions must be *reasonable and customary* for the region where they are provided. The evaluation and decision on this matter belongs solely to the adviser responsible for the file or claim handler on behalf of *us* .

8. Right to renounce

8.1. If this contract has a duration of at least thirty days

- The *policyholder* can cancel this contract within fourteen days of receipt by *us* of the pre-signed *policy*. The cancellation takes effect at the time of its notification. If the contract is taken out less than 14 days before the *departure date*, the *policyholder* can cancel until the day of departure.
- *We* can cancel this contract within fourteen days of receipt of the pre-signed *policy*. The cancellation of the contract shall take effect eight days after its notification.

8.2. Both *we* and the *policyholder* can terminate this contract after a claim or after a request for assistance, but at the latest 1 month after the payment of the compensation, the completion of the assistance, or the refusal of the compensation or the assistance. The cancellation takes effect after three months, counting from the day following the delivery by post of a registered letter, the service of a bailiff's writ or the date of the acknowledgment of receipt in the case of a cancellation letter. The premium paid in connection with the period after the termination takes effect will be refunded within fifteen days from this effective date.

8.3. However, cancellation by *us* after damage can take effect one month after the date of notification thereof, if the *policyholder*, the insured or the beneficiary has not fulfilled one of his obligations arising from the damage case with the intention of mislead, provided that *we* have lodged a civil complaint against one of these persons with an examining magistrate or has summoned him to court, on the basis of Articles 193, 196, 197, 496 or 510 to 520 of the Criminal Code.

We will reimburse the damage resulting from such termination if *we* waive *our* claim or if the criminal action results in a suspension of prosecution or an acquittal.

9. The procedures of assistance and the choice of means to execute the insured guarantees

The organization of the assistance and the resources used for this purpose are solely *our* responsibility. However, *we* take into account availabilities and existing agreements in the travel contract and give priority to the latter if they can still be used.

The organization of a service provided for in this contract, as well as incurring costs related thereto, by an insured person or his environment can only be reimbursed if *we* have been informed of this and has expressly agreed in advance by providing a file number.

The costs incurred as a result of independently organized assistance are in any case only reimbursed after presentation of the original expense reports and of all elements that prove the facts that entitle the guarantee.

The costs incurred as a result of independently organized assistance are only reimbursed up to the amounts stated in these general Terms and Conditions and within the limits of the costs that we would have paid if it had organized the assistance itself.

The prior consent of *us* is not required if the assistance is imposed by an official body. These costs are only refundable up to the amounts stated in these Terms and Conditions.

The services rendered and/or the payment of the amounts provided for the execution of this contract can never be a source of enrichment for the beneficiary.

10. Subrogation

For the amounts paid in compensation, *we* will take over *your* rights and claims against third parties. If *your* actions prevent subrogation from taking place, *we* can claim repayment of the compensation paid, for the amount of damage suffered by *us*.

11. Statute of limitations

Any legal claim resulting from this contract will be precluded by the lapse of time after three years, counting from the date of the event entitling to the claim.

12. Applicable law – Jurisdiction - Complaints

This contract is governed by its General and Certificate of Insurance, the provisions of the law regarding insurance contracts and Belgian legislation.

All congratulations or complaints regarding *our* services can be delivered by letter to *our* 'Quality' service or by e-mail: quality.be@allianz.com.

In case *you* remain unsatisfied after the handling of *your* complaint by *our* services, *you* can appeal to the Insurance Ombudsman, 35 de Meeûsquare, 1000 Brussels, info@ombudsman.as, fax: +32-2-547 59 75.

All legal proceeding may only be dealt with by the competent courts in Brussels, Belgium.

13. Sanction screening

The insurer will not provide coverage and will not pay for a claim or otherwise render assistance if and when payment of such claim or rendering assistance in any other way might subject a party to any sanction, prohibition and/or limitation under a resolution of the United Nations and/or under trade and economic sanctions, laws or regulations issued by the European Union and/or the United States.

14. Fraud *policy*

What *we* do in the event of fraud depends on the law, the General and Certificate of insurance of the insurance:

- *We* do not refund the premium.
- The insurance is void.
- *We* will not pay *you* for the damage.
- *We* can reclaim any sums paid out.

- This may also mean that we file a complaint against *you* with an investigating judge. Any fraud or attempted fraud not only entails the cancellation of the insurance contract, but can also be prosecuted under Article 496 of the Criminal Code. In that case, we will be a civil party and we will request compensation for all investigative acts that had to be committed.
- Due to the harmful behavior, *our* company has suffered damage that must be compensated. We are confronted with costs incurred for inspection/expertise and research. We will reclaim these incurred research costs from *you* in full on the basis of the Belgian Civil Code.
- We claim an administrative fee of 150 € from the fraudster.
- In case of proven fraud, we can send the details of the fraudster to the ESV Datassur. This institution only uses the data to prevent insurance fraud and limit risks for insurers. Everyone is allowed to see or change their data. *You* must send a letter with a copy of *your* passport or identity card to: Datassur ESV de Meeûsplantsoen 29 1000 Brussels. *You* can read more about this on the website www.datassur.be.

15. Privacy Commitment

We, as the data controller, is responsible for the administration and gathers personal data related to *you* which are necessary for the management of this contract (risk assessment and management of the commercial relationship) and possible claims including portfolio monitoring and prevention of abuse and fraud.

By subscribing to this contract, *you* explicitly authorize *us* to administer *your* health data for the purposes as described above and, if necessary, to communicate this information to third parties (experts, physicians, ...).

You authorize *your* physician to, in case of death, to establish and provide a statement about the cause of death to *our* consultant *doctor*.

You have the right to access and correct *your* data.

In attachment *you* can read the way in which we handle *your* data in accordance with the most recent European legislation.

PRIVACY NOTICE

We care about your personal data

We are AWP P&C S.A. - Belgian Branch with a registered office in Paris, France. We also trade under the name Allianz Assistance and are part of AWP. Our organization is licensed to offer insurance and services. Allianz Assistance is responsible for protecting your personal data. To this end, we comply with the applicable data protection laws and regulations. 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. Belgian Branch is, as defined by relevant data protection laws and regulations, the Data Controller 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 collect and process various types of personal data about *you* as follows:

During the purchase process of our products, we will request *you*, the following personal details:

Personal Information of the policyholder:

- Surname, first name
- Gender
- Age/Date of birth
- Contact details (address, email address, phone number)
- Residency
- Nationality
- IP address
- Bank account details

Personal details of the Insured Persons:

- Surname, first name
- Identification Document number (Identity card number, passport number,..)
- Age/Date of birth

If any of the events covered by the *policy* occurs and you or any of the insured people submit a *claim* to *Us*, *We* can request, collect and process additional personal information when relevant to the *claim*, as well as documents supporting it, such as:

- 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 person to contact with in case of emergency
- Nationality
- Occupation
- Previous and/or current employment or business activities
- Location data
- voice
- Signature
- Family details (e.g. dependants, spouse, partner, relatives,...)
- IP address of the claimant if the *claim* is submitted by our available portals

Depending on the *claim* submitted, *We* could also collect and process "sensitive personal data" about *you*, rest of insured persons, even third parties concerned by the event covered, for example:

- Medical conditions (physical or psychological)
- Medical history and reports
- Medical *claims* history
- Documentation justifying sick leaves and duration
- Death certificates
- Results of Criminal checks relating to prevention of fraud, sanctions and/or Terrorist Activities
- Bank account details

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 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?
<ul style="list-style-type: none"> • Insurance contract quotation and underwriting 	<ul style="list-style-type: none"> • No, to the extent these processing activities are necessary to perform the insurance contract to which <i>you</i> are party

	and to take the necessary steps previous to enter in this contract
<ul style="list-style-type: none"> Insurance contract administration (e.g., <i>claims</i> 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) 	<ul style="list-style-type: none"> We will request <i>your</i> express consent on the occasion of <i>claims</i> 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 <p>However, we will be entitled to process these 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)</p> <ul style="list-style-type: none"> If the handling of the <i>claim</i> does not require the processing of those categories of data, we will not be required to collect <i>your</i> consent, to the extent that they are necessary to comply the obligations we undertake in the insurance contract.
<ul style="list-style-type: none"> To conduct quality surveys about the services provided, with the purpose to assess <i>your</i> level of satisfaction and to improve them. 	<ul style="list-style-type: none"> We have a legitimate interest to contact <i>you</i> after handling a <i>claim</i> or after providing assistance to ensure we have complied <i>our</i> obligations under the contract in a satisfying way for <i>you</i>. However, <i>you</i> have the right to object by contacting <i>us</i> as explained in section 9 below.
<ul style="list-style-type: none"> To meet any legal obligations (e.g. those arisen from Laws on insurance contracts and insurance business activities regulations on tax, accounting and administrative obligations) 	<ul style="list-style-type: none"> No, to the extent these processing activities are expressly and legally authorized.
<ul style="list-style-type: none"> Fraud prevention and detection, including, when appropriate, for example, comparison of your 	<ul style="list-style-type: none"> No, it is understood that the detection and prevention of fraud is a legitimate interest

<p>information with previous <i>claims</i>, or checking of common insurance <i>claims</i> filing systems.</p>	<p>of the Controller, therefore we are entitled to process <i>your</i> data for this purpose without collecting <i>your</i> consent.</p>
<ul style="list-style-type: none"> • Audit purposes, to comply with legal obligations or internal policies 	<ul style="list-style-type: none"> • We can process <i>your</i> data in the framework of internal or external audits either required by law, or by internal policies. We won't request <i>your</i> consent for these processing to the extent that they are legitimated by the applicable regulations or <i>our</i> legitimate interest. However, we will ensure that only the strictly necessary personal data are used, and treated with absolute confidentiality. <p>Internal Audits are usually conducted by <i>our</i> holding company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen, France)</p>
<ul style="list-style-type: none"> • To perform statistical and quality analysis on the basis of aggregated data, as well as <i>claims</i> rate 	<ul style="list-style-type: none"> • If we carry out any of these processing activities, we will do in by aggregating and anonymizing data. After this process, the data are not considered "personal" data anymore and <i>your</i> consent is not required
<ul style="list-style-type: none"> • To administer debt recoveries (e.g. to <i>claim</i> the payment of the premium, to <i>claim</i> third parties liabilities, to distribute the compensation amount between different insurance companies covering the same risk) 	<ul style="list-style-type: none"> • No when the processing of <i>your</i> 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 <i>claims</i>, which is also <i>our</i> legitimate interest.
<ul style="list-style-type: none"> • To inform <i>you</i>, or permit Allianz Group companies and selected third parties to inform <i>you</i>, about products and services we feel may interest <i>you</i> in accordance with <i>your</i> marketing preferences, 	<ul style="list-style-type: none"> • We will process <i>your</i> personal information for these purposes only if authorized by law (and within the limitations and by complying the requirements of those legal

<p>You can change these at any time by the links we will make available in every communication to unsubscribe, by mean of the options in <i>your</i> client portal, where available, or by contacting <i>us</i> as specified in section 9 below.</p>	<p>authorizations) or by collecting <i>your</i> express consent after providing <i>you</i> information about criteria we use to make the profiles and the impact/consequence and benefits of such profiling for <i>you</i>.</p>
<ul style="list-style-type: none"> To personalize <i>your</i> experience on <i>our</i> 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 <i>you</i>. <p>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.</p>	<ul style="list-style-type: none"> We will ask for <i>your</i> consent
<ul style="list-style-type: none"> 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. <p>Examples of automated decisions resulting in legal effects could be the automated cancellation of a contract, or automated denial of a <i>claim</i>, those affecting your rights under the insurance contract, etc</p> <p>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 <i>our</i> health assistance services.</p>	<ul style="list-style-type: none"> We will collect <i>your</i> 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 <i>your</i> insurance and/or process <i>your claim</i> we will not need to obtain <i>your</i> express consent.
<ul style="list-style-type: none"> To redistribute risks by means of reinsurance and co-insurance 	<ul style="list-style-type: none"> We can process and share <i>your</i> personal information with other insurance or reinsurance companies with whom we have signed or we will sign co-insurance or re- insurance agreements. <p>Co-insurance is the coverage of the risk by several insurance companies by mean of a single</p>

	<p>insurance contract, assuming each of them a percentage of the risk or distributing the coverages between them.</p> <p>Reinsurance is the "subcontracting" of the coverage of part of the risk in a third reinsurance Company. However, this is an internal agreement between <i>us</i> and the reinsurer and <i>you</i> don't have a direct contractual relationship with the latter.</p> <p>These distribution of risks are legitimate interest of Insurance Companies, even usually expressly authorized by law (including the sharing of personal data <i>strictly necessary</i> for it)</p>
--	--

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

We will need *your* personal data if *you* would like to purchase our products and services. If *you* do not wish to provide this to *us*, we may not be able to provide the products and 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 by *our* staff 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, travel agencies, airlines, taxi companies, repairers, fraud investigators, lawyers), 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 or Allianz Group companies, or third 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);

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 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 <https://www.allianz-partners.com/allianz-partners---binding-corporate-rules.html> 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 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;

- 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; and
- File a complaint with us and/or the relevant data protection authority: Gegevensbeschermingsautoriteit - Drukpersstraat 35, 1000 Brussels – contact@apd-gba.be or [Klacht indienen | Gegevensbeschermingsautoriteit](#).

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 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* some of the retention periods applicable to the purposes informed in section 3 above.

However, please be aware of, 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 prescription periods for legal *claims* can be interrupted and start to run again.

Personal information to obtain a quotation (when necessary)	During the validity period of the quotation provided
Policy Information (underwriting, <i>claims</i> handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes,...)	<p><i>We</i> will keep the personal information of <i>your</i> Insurance Policy during the validity period of <i>your</i> Insurance contract and the prescription period determined by the local applicable laws on insurance contracts.</p> <p>In case <i>we</i> 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 <i>we</i> are aware of it.</p>

<p><i>Claims</i> Information (<i>claims</i> handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes)</p>	<p>We will retain the personal information <i>you</i> provide to <i>us</i> or we collect and process according to this privacy notice for the prescription period determined by the local applicable laws on insurance contracts.</p>
<p>Marketing information and related profiling</p>	<p>We will keep this information whilst <i>you</i> insurance policy period is still valid, and one additional year, unless <i>you</i> withdraw <i>your</i> consent (when required), or <i>you</i> object (e.g. in the event of marketing activities authorized by law <i>you</i> don't want to receive).</p> <p>In these cases we will no longer process <i>your</i> data for these purposes, although we may be legitimated to keep some information to prove the previous processing activities were lawful.</p>
<p>Debt Recoveries</p>	<p>We will retain those of the personal that we need to <i>claim</i> and administer debt recoveries, and that <i>you</i> have provided to <i>us</i>, 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.</p> <p>As a reference, for civil actions, we will keep <i>your</i> data for a minimum of 7 years.</p>
<p>Supporting documents to provide evidence of compliance with legal obligations such as tax or accounting</p>	<p>We will process in these documents the personal data <i>you</i> provide to <i>us</i>, or we collect and process according to this Privacy Notice, only to the extent they're relevant for this purpose, and during a minimum of 10 years from the first day of the relevant tax year.</p>

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. Belgian branch

T.a.v. Data Privacy Officer

Koning Albert II-laan 32 - 1000 Brussel

E-mail: privacy.be@allianz.com



Online: www.allianz-assistance.be/nl/privacybeleid/

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 and we will tell *you* directly when there's an important change that may impact *you*. This privacy notice was last updated on **20th of December 2022**.