

GENERAL INSURANCE TERMS AND CONDITIONS

(GITC)

Valid from 1 July 2020



By entering into the insurance contract the Policyholder accepts and agrees with these General Insurance Terms and Conditions and the Additional Insurance Terms and Conditions for the selected insurance product. The insurance contract shall be governed by the law of Hungary; any dispute arising therefrom shall be within the jurisdiction – depending on their powers – of the Central District Court of Buda or the Tatabánya Regional Court.

PLEASE NOTE! In any and all cases only the general and additional insurance terms and conditions and the relevant Schedule of Benefits apply that correspond to the chosen insurance product. Please inform yourself about the exact scope of coverage by studying the product description sheet for your chosen product, you received when purchasing your insurance policy.

Important: These insurance conditions in English are for information purposes only. Only the current insurance conditions in the Hungarian language version form an integral part of the contract.

Details of the Insurer:

Name of the company: AWP P&C S.A. Branch Office in Hungary

Registered seat: 117 Szabadsági út, Budaörs, H-2040, Hungary

Court of registration: Company Registry Court of Budapest Environs Regional Court

Main scope of activity: Non-life insurance

Company registration number: 13-17-000129; registration number at the Hungarian National Authority for Data Protection and Freedom of Information: NAIH-54186/2012; Community tax number: HU 23837324

The insurer's bank account number: UniCredit Bank Hungary Zrt. IBAN: HU96 1091 8001 0000 0129 1222 0007, SWIFT: BACXHUHB,

Competent supervisory authority: Magyar Nemzeti Bank (Hungarian National Bank)

Detailed information on the Insurer or its products:

www.mondial-assistance.hu

Office hours: from 8.00 a.m. to 4.00 p.m. from Monday to Friday

Address: 117 Szabadság út, Budaörs, H-2040, Hungary

Telephone: +36 (23) 507-416 Fax +36 (23) 507-414

E-Mail: ugyfelszolgalat@mondial-assistance.at or karbejelentes@mondial-assistance.at

Details of the foreign insurer: AWP P&C S.A.

Registered seat: FR - 93400 Saint-Ouen, 7, rue Dora Maar; France

Legal form of the company: branch office of a foreign (member state's) insurance company

Company registration number: 519 490 080 R.C.S. Bobigny

Court of registration: Greffe du Tribunal de Commerce de Bobigny

Competent supervisory authority: Autorité de contrôle prudentiel et de Résolution (ACPR),

FR-93008 Bobigny CEDEX, 1-13 rue Michel de l'hôpital, rue Talbot, 75436 Paris Cedex 09 / registration number 4021319

Mondial Assistance 24-hour emergency call centre: +36 (1) 814-9500

General insurance terms and conditions for all lines of insurance

I Insured events

The exhaustive list of insured events is set out in the conditions of the individual insurance products and the relevant Schedule of Benefits. An extension analogously to similar events not listed shall be excluded.

Please note! The insurer will pay only for occurrence of events in the scope of the selected insurance product and only when premium of the relevant product has been fully paid.

II Agents or assistants

No agent is authorised to make oral or written auxiliary agreements to provide insurance cover that varies from the general and additional insurance terms and conditions or to make a determination of facts that is binding for the insurer.

Additional insurance terms and conditions or variations are only valid if they are set out in writing and produced by the insurer on behalf of the company.

1. Subjects of the insurance contract

1.1.1. The insured: Persons that at the time the insurance was taken out have had their regular place of residence in Hungary, or a State of the European Union (EU), Switzerland or Liechtenstein for at least six months can be designated as the insured in the policy. For purchasing a policy with a validity period of more than 4 months, a residence in Hungary is a precondition.

In the family insurance up to max. 2 adults and 5 children up to the age of 21 can be named as co-insured in the policy, regardless of their degree of relationship. Unborn children cannot be named as insured persons.

1.1.2. Beneficiary: The beneficiary is any person who is entitled to claim the insurance benefits: In the case of the death of the insured person, the beneficiary is the heir of the insured person. The policyholder may, however, also designate another person as beneficiary in the case of death, specified in a written declaration addressed and sent to the insurance company. This may be revoked at any time before the occurrence of the insured event, or another beneficiary may be designated instead of the aforementioned person. If the policyholder is not the insured person, then the written approval of the insured person is required.

1.1.3. Policyholder: the person who undertakes to take out the insurance and pay the premium. (In the absence of any agreement to the contrary, the insured shall be interpreted as the contracting party as well.)

1.1.4. Insurer: AWP P&C S.A.'s Branch Office in Hungary /Mondial Assistance

1.2. Exclusions:

Please note! No insurance cover exists for events in relation to the following illnesses

1.2.1. Psychological illnesses and diseases of the nervous system (excluding the first occurrence with out-patient or in-patient treatment after the reservation has been made and the policy taken out); ;

1.2.2. The following illnesses and existing complaints are not covered by insurance in case of policy covering cancellation of travel, curtailment of travel and foreign travel treatment costs where the insured has received treatment for these complaints as an outpatient and/or in-patient within the 12 months prior to the insurance being taken out: heart and cardiovascular diseases; stroke; cancer; diabetes (type 1+2); migraine; epilepsy.

2. Insurance period / Taking out the insurance / Insurance policy

2.1. Insurance period:

The insurance contract is entered into for a definite term, at least for one day, maximum for one year. Any other travel that starts after returning home is not insured (except for the case of "Annual insurance"). Any travel that lasts longer than 365 days is not insured. The period of insurance cover may be extended by the AWP Service Center before the policy expires on the exclusive written application by the policyholder, provided that no loss has occurred during the originally agreed term. The maximum total insurance period is 365 days. Please note: The approval of the insurance company cannot be granted via a representative (for example, an insurance broker)

2.1.1. Line of insurance – Cancellation cover

Insurance cover will begin upon conclusion of the insurance contract and will end upon commencement of travel. Insurance purchase and payment of the premium for insurance packages with cancellation cover must take place on the day of booking the travel or max. 3 days after booking the travel. If concluded at a later date, only events that occur as of the 10th day after conclusion will be insured (exceptions: Accident, death, a natural disaster). In case the travel is booked less than 30 days prior to departure, the insurance policy must be purchased not later than 3 days after booking the travel.

2.1.2. Lines of insurance (other than the Cancellation cover):

In case of other lines of insurance the insurance cover comes into effect at 00:00 a.m. on the day following the issuance of the insurance policy the earliest, provided that insurance premium has been paid prior to the commencement of the travel; and, unless the parties agree otherwise, the cover period starting on the beginning date of the travel lasts until the end date of the travel known at the time of conclusion of the insurance contract up to a maximum travel duration selected with the insurance tariff.

Please note! The insurer's risk tolerance (insurance cover) will only start when the Contracting Party/the insured has fully paid the premium before start of travel. The premium is an amount to be paid as one-off payment, which is adjusted to the scope of service of the relevant insurance product, the age, health condition of the insured, the selected travel destination and other circumstances.

2.2. taking out the insurance / Insurance Policy

2.2.1 The insurance contract is concluded by written agreement of the Contracting Party and the insurer.

2.2.2 The insurance contract is concluded by written agreement of the Contracting Party and the insurer.

2.2.2. Legal disputes arising from the insurance contract are governed by Hungarian law and any lawsuits arising therefrom shall be submitted by the parties to the exclusive jurisdiction – depending on their powers – of the Central District Court of Buda or the Tatabánya Regional Court.

2.2.3. During contracting the insurer will provide full-scope information for the Contracting Party/the insured pursuant to Act LXXXVIII of 2014 on the Insurance Business. By paying the premium the Contracting Party/the insured certifies that he was provided with full-scope information regarding the insurer and the content of the insurance contract before entering into the contract and that he was enabled to become familiar with the present general and additional insurance terms and conditions before entering into the insurance contract, he read and understood and accepted them and has received one copy thereof from the insurer's representative.

Having received the premium the insurer issues a policy. The Insurance Policy issued when entering into the contract and the currently effective general and additional insurance terms and conditions jointly constitute the insurance contract. The Insurance Policy contains the date of entering into the contract, the start date of the planned travel, the date of returning home, the selected insurance product, the scope of the insurance cover, the number of the policy, the premium and the name and other details of the insured and the Contracting Party.

Please note! To enforce your damage claim you will need your Insurance Policy, therefore, keep it at a safe place.

2.3. Obligation of the insured/Contracting Party to supply data
When contracting the insured/Contracting Party must disclose all circumstances to the insurer that are essential in terms of undertaking the insurance and that were or should have been known to them. Furthermore, they shall fully perform data supply to the insurer by providing true facts, in accordance with the requirements of administration in good faith. They shall immediately but maximum within 3 days notify the insurer in writing of any and all changes in their personal details and any circumstances essential in terms of the insurance contract.

Please note! The insurer does not have to pay benefits if the insured or the Contracting Party partly or fully breached their above obligation to supply data (supplying untrue data, concealing true circumstances, etc.), except when they prove that the concealed or unreported circumstance was known to the insurer when contracting or they did not contribute to the occurrence of the insured event.

By signing the insurance contract the insured consents to the insurer handling his personal details regarding his health condition and the insurance pursuant to the provisions of Act XLVII of 1997 on Handling Medical and Related Personal Data. (You can have further information on detailed rules of data protection in point 12).

2.4. Amendment of the Insurance Policy

Amendment of the insurance contract – if the Contracting Party and the insured are not identical – requires the written consent of the insured.

2.5. Termination of the insurance contract

The contract terminates on the date of expiry determined in the insurance contract but at 24:00 on the last day of the period covered by the paid premium or at the time of return to the territory of the country of residence the latest.

Furthermore, the contract terminates in case of death of the insured.

3. Territorial scope of insurance

The agreed scope of validity, resp. outside of the place of residence or work. Foreign travel health Insurance and Assistance Benefits guarantee coverage only abroad/out of the country of residence or work.

"Europe": Europe in the geographical sense, incl. the Mediterranean States, Madeira, Canary Islands and the Azores.

"Worldwide without USA/Canada": all countries in the world without USA/Canada (and North Korea)

"worldwide" or "worldwide including USA/Canada": all countries in the world including USA/Canada (without North Korea)

No insurance cover is provided for North Korea.

4. Insurance sum

The insurance sum of the respective insurance product limits all benefits for insured events which occur during the insurance term.

If the insurance cover applies to more than one trip, the respective insurance sum represents the max. cover for all occurrences of damage overall within an insurance product (cancellation cover, luggage, treatment costs, etc.) for the duration of the term of insurance (exception: Annual Travel Cover).

5. Claims against third parties

All insurance benefits are subsidiary, i.e. the insurer will only pay if they cannot be reimbursed from other existing cover (e.g. private or social insurance policies).

6. Events that are not insured

Please note! In addition to the general exclusions from insurance cover listed below, special exclusions also apply to the respective insurance products.

6.1. No insurance cover exists for events which have been caused as follows:

6.1.1. As a result of deliberate or grossly negligent acts by the insured;

6.1.2. Directly or indirectly in connection with riots, war events or act of terrorism of any kind; Exception: the services listed in the performance overview of the Órangyal insurance product in accordance with the specified cover

6.1.3. As a result of a strike;

6.1.4. Through violence resulting from a public meeting or demonstration, if the insured has been an active participant;

6.1.5. As a result of the suicide or attempted suicide initiated by the insured;

6.1.6. Resulting from orders by the authorities;

- 6.1.7. Directly or indirectly as a result of the influence of ionising radiation or nuclear energy as defined by the current version of the Nuclear Energy Law;
- 6.1.8. The insured is suffering from impairment caused by alcohol, addictive drugs or medicine or if a course of treatment prescribed for whatever reason has not been followed;
- 6.1.9. The claim is caused by motor sports competitions (time trials and rallies) and training associated with these events;
- 6.1.10. Conditions that were already in existence or were expected at the time the insurance was taken out or at the time the journey was booked or at the time the journey was started; e.g. conditions arising as a result of existing illnesses or deterioration thereof; conditions related to medical conditions existing before contracting.
- 6.1.11. Occurred as a result of epidemics and pandemics; Cover exists in the context of epidemics and pandemics exclusively within the framework of the provisions specified in the areas of cancellation cover, trip curtailment and foreign travel health insurance.
- Definition "Epidemic":** A contagious disease that spreads rapidly and widely among the population in an area and which is recognized as an epidemic by the World Health Organization (WHO) or a local authority in Austria.
- Definition "Pandemic":** An epidemic that spreads among the population in many countries or continents and which is recognized as a pandemic by the World Health Organization (WHO).
- Definition "Quarantine":** Mandatory confinement, imposed on the insured person by order of a government or authority because the insured person is suffering from a contagious disease (including an epidemic or pandemic disease such as Covid-19) or because the insured person is suspected of having contracted such a disease. This does not include quarantine which applies generally or to part or all of the population, a vessel or a geographical area, or which applies on the basis of the place to which the person is travelling, from or through which he is travelling.
- 6.1.12. Any events occurring during a trip to and within the territory of such countries which fall within the 1st category of countries not recommended for travel purposes by the Ministry of Foreign Affairs and Trade.
- 6.1.13. Directly or indirectly as a result of a natural catastrophe, seismic activity or the effects of the weather.
- 6.2. Loss of holiday enjoyment will not be compensated.
- 6.3. Costs for obligatory or precautionary health tests, which are necessary for the start, continuation or return of the journey, will not be reimbursed.
- 6.4. No reimbursement will be paid in case the flight is cancelled by the Airline. Please note! The insurer will pay no reimbursement for the part of damages and costs resulting from the insured having failed to take every effort in order to reduce or prevent the loss or the arising costs as it is generally expected in the given situation.
- ## 7. Behaviour in the event of a claim
- Please note! The insured has an obligation to observe the following procedure, otherwise the insurer has a right to deny benefits or claims. In addition to the general obligations listed below, particular obligations exist in the respective lines of insurance.
- 7.1. To keep the losses to a minimum and to avoid unnecessary costs;
- 7.2. To indicate the losses directly to the insurer (email: karbejelentes@mondial-assistance.at; Telephone: +36 (1) 814-9500; Fax: +36(23)507414) and to follow the insurer's instructions;
- 7.3. To present the occurrence and extent of the damage truthfully and to furnish proof. The insured must provide any information that is relevant to the matter and submit original invoices or original receipts. If applicable, doctors and/or hospitals as well as social insurers and public bodies involved are to be authorised and requested to provide the information required and the insurer is to be allowed to verify the cause and amount of the claim asserted; If it is necessary for the insurer to contact the doctor of the insured; please, indicate the telephone number of your doctor on the documents concerning the insurance.
- 7.4. To enforce claims for damages against third parties in the correct form and within the time allowed and, if required, to assign the amount of damages, to the extent paid by the insurer, to the insurer;
- 7.5. Losses caused by criminal activities are to be reported to the police without delay giving precise information about the facts and the extent of the loss and all related persons, and proof is to be obtained that the crime has been reported;
- 7.6. Original copies of proofs such as police reports, confirmations from travel company couriers, invoices from doctors and hospitals, proofs of purchase, etc. are to be given to the insurer.
- 7.7. The completed forms and original documents, invoices must be forwarded to the following address:
AWP P&C S.A. Branch Office in Hungary
117 Szabadság út, Budaörs, H-2040, Hungary
Individual insurance products require further documents pursuant to the circumstances of the case. They are listed under the rules of the relevant insurance product.
Forms are available on the insurer's web site (<http://www.mondial-assistance.hu>) under the menu item "Notice of Loss".
- 7.8. Upon occurrence of illness, the insured shall immediately comply with instructions to attend an examination by the doctor appointed by the insurer, which corresponds to the scope of service of the relevant insurance product.
- 7.9. Please note! The insurer does not have to provide service if the insured fails to fulfil his above obligation to report immediately but the latest within 48 hours from occurrence of the insured event and as a result of that essential circumstances cannot be clarified. If owing to his health condition the insured is in need of hospital treatment abroad and the insured is prevented from reporting it immediately, then the authorised representative of the insured must notify the emergency call centre as soon as possible and specify the causes that prevent reporting.
- ## 8. The 24-hour emergency call centre telephone number +36 (1) 814 9500
- In the event of an emergency the insured can obtain help via a 24-hour call centre as part of the general insurance terms and conditions. The 24-hour emergency call centre makes the decision about the selection and implementation of the appropriate assistance. Unless the 24-hour emergency call centre is notified by the insured without delay, no benefits can be claimed for the following lines of insurance: curtailment of travel, unscheduled return journey home, illness and accident insurance and Roadside Assistance during foreign travel. The caller must provide the following information by phone:
- number of the policy;
- name, date of birth, address, phone number of the insured;
- nature of required service;
- ## 9. Loss of entitlement to insurance benefits
- The insurer does not have to pay benefits if
- 9.1. As a result of the insurance case, the insured deliberately provides information that is untrue, in particular in the notification of loss, conceals important facts or falsifies evidence, even if the insurer does not suffer any disadvantage as a result of it.
- 9.2. cancellation of travel is not reported to the insurer within 48 hours; resp. if the 24-hour emergency call centre has not been notified immediately in case of curtailment of travel, unscheduled return journey home, illness and accident insurance and Roadside Assistance, what may lead to the fact that a material factor for the claims investigation cannot be determined anymore.
- 9.3. The insurer must pay only when and the insurer's instructions have been complied with.
- 9.4. The statute of limitations shall apply within two years following the date of the claim arising.
- ## 10. When does the insurer pay the compensation?
- 10.1. If investigations or proceedings are initiated by the authorities in relation to the insurance case (not including criminal and offence procedure initiated concerning notified loss), the payment will not be due until after these have been completed.
- 10.2. If the insurer has received even the last necessary document requested for certifying occurrence of the accident and costs incurred and so pursuant to the grounds and amount of the benefits the insurer has an obligation to pay, the payment is due 30 days thereafter. In the case of invalidity the insurer shall within three months from submission of the documents certifying occurrence of the accident and the consequences of the accident as well as conclusion of determination of invalidity declare whether or not and at what rate the insured is entitled to claim.
- ## 11. Additional provisions on contracts concluded within the frameworks of distance marketing
- If you have entered into your insurance contract within the frameworks of distance marketing (by the Internet, phone) pursuant to Act XXV of 2005 (Distance Marketing Act), please, carefully read the provisions below.

- 11.1. The Contracting Party can terminate the insurance contract within fourteen days from the date of entering into the contract with immediate effect without giving reasons.
- 11.2. The Contracting Party is not entitled to right of termination regulated in point 11.1 with respect to travel and luggage insurance whose duration does not exceed one month.
- 11.3. Prior to expiry of the deadline available for termination the insurer can commence performance of the provisions set out in the contract only with the Contracting Party's express consent.
- 11.4. When the Contracting Party exercises his right of termination determined in point 11.1, the insurer can demand only the proportionate part of the premium that pertains to the period where insurance cover applied, i.e., the Contracting Party expressly consented to the insurer commencing to perform the provisions set out in the insurance contract before expiry of the deadline available for termination. In addition to the above the insurer is not entitled to claim any other costs from the insured.
- 7.1.1. If the insurer commenced performance of the provisions set out in the insurance contract before expiry of the deadline available for termination without the Contracting Party's express consent set out in point 11.4, the insurer will not have right to claim premium.

Consumer protection information

12. Data protection

- 12.1. By accepting these Travel Insurance Conditions you assume the obligation that during and for the purposes of assessment of the service claim when necessary you will
- declare to the insurer that you exempt the doctor carrying out examination and treatment from his secrecy obligation towards the insurer and the assistance service and authorise him to provide information for the insurer and the assistance service necessary for loss adjustment on the treatments carried out by him.
 - consent to the insurer requesting information on the treatment of your illnesses existing before entering into the insurance contract from your therapist or the health body treating you.
- 12.2. You acknowledge that in the event that you fail to make the necessary declaration and as a result of that it becomes impossible for the insurer to clarify essential circumstances, the insurer does not have to pay benefits in relation to the damage set out in the insurance conditions.
- 12.3. The insurer declares that it will respect the fundamental right to protection of personal data provided under the constitution and as part of that will fully comply with the provisions set out in Act CXII of 2011 on Informational Self-determination and Freedom of Information and Act CVIII of 2001 on Certain Issues of Electronic Commerce Services and Information Society Services.
- 12.4. We inform you that any and all data – not containing qualified data – available to the insurer, reinsurer, insurance broker, insurance advisor that apply to the personal circumstances, financial standing and business management of the insurer, its individual clients (including the injured party) or to the contracts entered into with the insurer or reinsurer shall qualify as insurance secret.
- 12.5. The insurer can handle data related to the health condition of the insured in accordance with the provisions set out in Act XLVII of 1997 on Handling Medical and Related Personal Data, for the purposes determined in Section 155 (1) of the Act, exclusively with the written consent of the person concerned.
- 12.6. The insurer ensures protection of personal data in accordance with the provisions set out in Act XLVII of 1997 on Handling Medical and Related Personal Data.
- 12.7. The obligation of preserving the insurance secret is not valid against the:
- the supervisory authority proceeding in his own scope of tasks,
 - the investigating authority and prosecutor proceeding within the on-going criminal procedure, and the expert assigned by them,
 - the court proceeding in criminal procedures, civil procedure and proceeding in connection with bankruptcy respectively liquidation, the expert assigned by the court as well as the independent court executor proceeding for the execution case,
 - the public notary proceeding for the inheritance and the expert assigned by him,
 - the tax authority if the insurance company is obliged to make a statement in connection with tax issues, called by the tax authority within the scope specified by law, respectively the insurer has to supply data about the payment deriving from the insurance policy that is subject to tax according to the law.
 - the national security service proceeding in his own scope of tasks,
 - the insurer, the insurance broker, the professional consultant, the Hungarian agent of the third country's insurer, independent insurance broker or professional consultant, their interest-representing organisations, respectively the Competition authority proceeding in his own scope of competition supervisory tasks related to the insurance, insurance brokerage, professional consulting activity,
 - the foster authority proceeding in his own scope of tasks,
 - the health authority specified in the paragraph 108. § (2) of the act CLIV of 1997 on health,
 - the organ authorised to apply the secret service tools, collect confidential information in case the conditions specified by the specific law are met,
 - the reinsurance company and in case of joint risk assumption (co-insurance): the risk covering insurers,
 - the policy recording organ regarding the data delivered during the data supply regulated in the insurance act,
 - the receiving insurer regarding the insurance policy portfolio going to be handed over within the portfolio transfer,
 - regarding the data required for the damage settlement and the enforcement of the reimbursement claim, and in connection with their transfer between them: the organisation that is handling the Reimbursement invoice respectively the Reimbursement fund, the National office, the correspondence party, the Information centre, the Reimbursement organisation, the damage settling assignee and the damage agent, respectively the damage-causing party, if by using his self determination right he intends to have access to the repair data of the other vehicle (from the loss adjustment protocol of the damage settlement related to the public road accident) that is concerned with the accident,
 - the party performing the outsourced activity regarding the data required for performing the outsourced activity,
 - in case of a branch – if the conditions of the data handling that specify requirements set by the Hungarian law are met for each and every datum, and the state corresponding to the seat of the third country's insurer is possessing a data protection law that meets the requirements set by the Hungarian law – the third country's insurer, insurance broker, professional consultant,
 - with the ombudsman proceeding in his scope of tasks,
 - with the National Authority for Data Protection and Freedom of Information proceeding in his scope of tasks,
 - against the insurer in the cases regulated by decree regarding the bonus-malus system, the classification into it, respectively regarding the damage history data, and bonus-malus classification specified in the decree on the detailed regulation of proving the loss, if the organ or person specified in a)–j), n), s) and t) is contacting him in writing that contains the name of the client or the specification of the insurance contract, the type of the required data, the purpose and legal grounds of the data enquiry on condition that the organ or person specified in k)–m) and p)–r) is obliged to specify only the type, purpose and legal grounds of the requested data. Even the specification of the legal provision entitling to know the data is considered to be the certification of the purpose and the legal grounds. Even the specification of the legal provision entitling to know the data is considered to be the certification of the purpose and the legal grounds. Beyond the proceeding the insured's confidentiality obligation shall cover the employees of the above-mentioned organs, too.
- 12.8. In case of the events reported through the assistance call centre the Insurer assigned
AWP Austria GmbH
(Pottendorfer Straße 23-25, 1120 Wien, Austria),
while in case of the complaints reported through the phone-based customer service the
AWP Austria GmbH
(Pottendorfer Straße 23-25, 1120 Wien, Austria),
or
AWP P&C S.A.
(Pottendorfer Straße 23-25, 1120 Wien, Austria),
to handle and process the events respectively the complaints. During this the forwarding, handling and processing of the data that are considered personal and insurance secrets takes part place in another member state of the European Union where the protection of the data is assured in the same way as stipulated by the Hungarian law.
- 12.9. In order to protect the interests of the insured risk community the Insurer – from January 1, 2015 during the fulfilment of his obligations assumed in the contract or in the legal provisions, in order to properly provide the services according to the law and the contract,

in order to prevent the abuse related to the insurance contracts, based on the authorisation assured in the paragraph 161/A § of the LX Act of 2003 on the insurers and the insurance activity (Bit.) effective from January 1, 2015 – is entitled to enquire from other insurers in connection with the data handled by this insurer according to the contents of the paragraph 155. § (1) of the Bit., by taking into consideration the characteristics of the insurance product and specified in paragraphs 161/A. § (3)-(5) of the Bit. The enquiry shall contain the data required for the identification of the person, asset or property right, the type of the required data and the specification of the purpose of the data enquiry. The enquiry and its non-fulfilment shall not be considered breach of the insurance confidentiality.

Within this the Insurer may ask from another insurer for the data

- listed in the paragraphs 161/A. § (3) a-e) of the Bit. in connection with the conclusion or fulfilment of the insurance contract belonging to the industries specified in articles 1 and 2 of part A) of attachment 1 of the Bit;
- listed in the paragraphs 161/A. § (4) a-e) of the Bit. in connection with the conclusion or fulfilment of the insurance contract belonging to the industries specified in articles 3, 8, 9, 17 and 18 of part A) of attachment 1 of the Bit;
- and those listed in the paragraphs 161/A. § (5) a-c) of the Bit. in connection with the conclusion or fulfilment of the insurance contract belonging to the industries specified in articles 10 and 13 of part A) of attachment 1 of the Bit. in case of the victimised person's prior consent.

The insurer contacted by the Insurer shall supply the Insurer with the data of the enquiry that correspond to the law by the deadline specified in the enquiry, and if there is no deadline, then within 15 days from receiving the enquiry. The Insurer may handle the data received as the result of the enquiry for 90 days following the reception. If as the result of the enquiry the data received by the Insurer are required for enforcing the insurer's lawful interests, the above-mentioned period of the data handling shall be prolonged till the legally binding ending of the procedure that commenced in connection with the enforcement of the demand. If as the result of the enquiry the data received by the Insurer are required for enforcing the insurer's lawful interests and in connection with the enforcement of the demand the procedure is not commenced for one year following the reception of the data, then the data can be handled for one year following the receipt. The Insurance company shall notify the customer at least once during the insurance period about the enquiry performed for this purpose, about the data featuring therein and the fulfilment of the enquiry, and being requested by the client he shall inform him according to the way specified in the act on the information-related self-determination right and the information freedom. For another purpose that differs from the above purpose the Insurer is not connecting the data received as the result of the enquiry with the data received or handled by him that do not relate to the interest to be insured or being already insured. The contacted insurer shall be liable for the correctness and accuracy of the data specified in the enquiry.

13. Complaint Management

- 13.1. When you have any questions, remarks, please, contact us with confidence. Our aim is to ensure that our clients should be satisfied with our services and administration. Therefore, your feedback, any and all of your remarks, criticism regarding our products or our staff members' procedure are of paramount importance to us.
- 13.2. Our insurance company follows the following complaint management process:
We make every effort to investigate our clients' complaints within the shortest possible time (within 30 days) and to provide them with a satisfactory answer in each case. We redress lawful complaints as soon as possible, clarify any possible misunderstandings, preferably at an administration level that is the closest to the client.
In more complicated cases, which require more time for their solution, we inform our clients on the process of complaint management and the date when they can expect to get a final answer to their question.
- 13.3. The Insurer ensures that the clients may communicate their complaints pertaining to the conduct, action or omission of the insurer orally (in person or via telephone) or in writing (by way of a written document submitted in person or by a third party, via post, facsimile or e-mail).
- 13.4. Complaints made orally may be presented at the customer service of the insurer on working days from 8.00 a.m. to 4.00 p.m. on Mondays, Tuesdays, Wednesdays and Fridays; and from 8.00 a.m. to 8.00 p.m. on Thursdays. Address of the Insurer's customer service: 117 Szabadság út, Budaörs, H-2040, Hungary.
- 13.5. The Insurer accepts oral complaints via telephone on workdays at +36 23 507 419 available from 8.00 a.m. to 4.00 p.m. or at +36 1 814 9500 available 24 hours.
- 13.6. The Insurer accepts written complaints continuously via post, facsimile and e-mail. Postal address of the Insurer: H-2040 Budaörs, Szabadság út 117
E-mail address of the Insurer: panasz@mondial-assistance.at
Facsimile number of the Insurer: +36 23 507 414
- 13.7. If immediate investigation of the complaint is not possible, the Insurer makes a record thereof, hands over a copy to the client in case of oral complaints made in person or sends it to the client within 30 days of submission in case of oral complaints made via telephone or, in any other cases, follows the complaint management process according to the provisions on written complaints.
- 13.8. The Insurer provides the client with its reasoned position on the written complaint within thirty days of submission. The Insurer, in the course of its complaint management, acts in such way as to avoid a financial legal dispute as far as possible under the given circumstances.
- 13.9. If the Insurer rejects the complaint, it shall notify its client in writing in its response, that in case of the infringement of rules on consumer protection set out in Act CXXXIX of 2013 on the Hungarian National Bank (Magyar Nemzeti Bank), the client may initiate a consumer protection procedure before the Hungarian National Bank acting in its supervisory capacity over the financial intermediary system; or in case of any disputes arising from the conclusion, validity, legal effects and termination of the insurance contract, the client may turn to court or initiate a procedure before the Financial Arbitration Board if, according to the procedural rules of the Financial Arbitration Board, the client shall be considered as a consumer. The Insurer informs the consumer whether it has made a general declaration of subjection and provides the client with the seat address, telephone number, e-mail address and postal address of the Financial Arbitration Board and, at the request of the consumer, with the request form of the Financial Arbitration Board made available to the Insurer.
- 13.10. Contact details of the Hungarian National Bank are as follows: seat address: 9 Szabadság tér, Budapest, H-1054, Hungary; telephone number: (+36 1) 428-2600; facsimile: (+36 1) 429-8000; e-mail address: info@mbn.hu; postal address: Magyar Nemzeti Bank, Budapest, H-1850, Hungary; customer service: 39 Krisztina krt., Budapest, H-1013, Hungary; telephone number of the customer service: (+36 80) 203-776; e-mail address of the financial consumer protection centre: ugyfelszolgalat@mbn.hu.
- 13.11. Contact details of the Financial Arbitration Board are as follows: seat address: 39 Krisztina krt., Budapest, H-1013, Hungary; telephone number: (+36 80) 203-776; e-mail address: ugyfelszolgalat@mbn.hu.
- 13.12. The Insurer displays its complaint management policy at its registered seat and publishes it on its website.

Cancellation cover

1. Insured costs

- 1.1. Cancellation costs due under the travel contract and actually paid according to the booking documentation, which have been incurred as a result of cancellation at the time of the occurrence of the insured event. Additional costs incurred as a result of cancellation at a later date will not be reimbursed.
- 1.2. • For reservation of flights at net prices, the ticket service fee: max. HUF 20.000,- (prices beyond HUF 200.000,- max. 10% of the all round price), as well as the travel agency booking fee (per travel contract).
• For other bookings the booking fee charged to the client with a maximum of HUF 7.500,- per person and a maximum of HUF 15.000,- per trip;
only if the booking fees are indicated as such on the booking confirmation and were considered for the calculation of the sum insured..

1.3. Cancellation deductible insurance

If the insurance package taken out is "travel protection without cancellation", it does not contain any cancellation insurance..

Reimbursement of the deductible of the cancellation insurance included in your travel package.

Please note the insurance conditions included in your travel package. In the event of a claim, please first submit your claims to the insurance company included in your package.

2. Insured events

Sudden, unexpected serious illness (including a disease that has been declared an epidemic or a pandemic, such as Covid-19), breaking or loosening of implanted joints, vaccination

interdence or accidental injury of the insured person if incapacity to travel results conclusively. Death of the insured person.

Quarantine (according to the definition in pt. 6.1.11 of the "General Conditions for all Cover Sections").

An illness is considered to be serious if it results in mandatory incapacity to travel and work. Please see the exclusions listed in point 1.2. of the general insurance terms and conditions for all lines of insurance.

- 2.1. Any illness of the insured person resulting from a treated, chronic illness provided that the insured person was asymptomatic for at least 12 months prior to the travel. Please see the exclusions listed in point 1.2. of the general insurance terms and conditions for all lines of insurance.
- 2.2. Pregnancy of the insured, if pregnancy has been ascertained and confirmed after the insurance has been taken out and travel booked.
- 2.3. Unexpected termination of employment by the employer.
No insurance cover exists in the event of termination of employment or termination of an employment contract by mutual consent or cancellation of insurance on account of exceptional work-related situations.
- 2.5. -
- 2.6. Service of a petition for divorce by the spouse of the insured.
- 2.7. If damage by the elements or theft causes serious impairment to the insured's property and therefore the insured's presence is essential.
- 2.8. Failure to pass a final class examination or a final school-leaving examination
- 2.9. Sudden serious illness, (including a disease classified as an epidemic or pandemic, such as Covid-19, if it is classified as life-threatening for the person concerned and therefore requires intensive care hospitalisation), serious accidental injury or death of one of the following persons: Spouse, partner (identical residential address for previous 3 months), parents (step, in-law, grandparents), children (step- grandchild), sibling, brother-in-law, sister-in-law or a single specified person at risk named in the policy (1 person at risk per policy. No person at risk possible for more than 8 persons insured on one policy) . Exclusions for the above listed persons stated in point 1.2.1 of the general insurance terms and conditions apply to all lines of insurance. If an existing illness of the persons listed above, which existed when the insurance was taken out, deteriorates, it is not an insured event, even if care is required.
- 2.10. If up to seven persons have booked travel together and are insured on one policy, an insurance case exists if one of the reasons set out in points 2.1 to 2.9 has occurred for only one of these 7 persons.

3. Events that are not insured

In addition to the exclusions listed in the general insurance terms and conditions for all lines of insurance, no insurance exists for the following situations:

- 3.1. If the travel company cancels the contract;
- 3.2. For events and illness caused by misuse of alcohol or drugs;
- 3.3. If an event or illness already existed or could be expected at the time the insurance was taken out or at the time the journey was booked;
- 3.4. For planned or expected operations, postponed operation dates or medical interventions;
- 3.5. If on account of a delay in recovery from treatment or a therapy travel is not possible,
- 3.6. In the event of a health treatment being granted.

4. Behaviour in the event of an insurance case

In addition to the obligations of the general insurance terms and conditions for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects, the following shall apply:

- 4.1. After the occurrence of an insured event arising from the causes stipulated in point 2, the place where the reservation was made (travel agency) and the insurer shall be notified in writing (via email or Fax as well) within 48 hours or two working days in order to allow the insurer to appoint a medical examiner to assess the claim. If the client fails to comply with his obligation of notification within 48 hours, the client automatically loses his damage claim.
- 4.2. The insured undertakes without delay to comply with instructions to attend an examination by the medical examiner, which corresponds to the scope of service of the relevant insurance product.
- 4.3. The following documentation is to be sent to the insurer:
- Proof of insurance (policy);
 - Fully completed claim form;
 - Confirmation of reservation by the tour operator;
 - Cancellation invoice and the tour operator's cancellation scale overview;
 - Detailed medical documentation incl. medical history in respect of the illness (e.g. patient file, treatment documentation, medical results);
 - Notification of sickness by a health insurance panel physician
 - Mother-child booklet;
 - Death certificate, proof of relationship (e.g. marriage certificate, birth certificate);
 - Proof of that partners live together by means of a registration slip;
 - Application for divorce / termination of employment / call-up order, etc.;
 - School notification, final certificate, certificate of final school-leaving examination;

Trip curtailment

1. Insured costs

- 1.1. The costs of travel services that have been booked prior to the travel but not used (eg. hotel, hired car, round trip). The day of departure or the day on which the insured event occurs is considered to be a used day of travel or hire.
- 1.2. Any reimbursements or alternative services given directly to the insured will be deducted from his claim to insurer as set out in point 1.1.
- 1.3. Not reimbursed are the costs of a booked return trip.

2. Insured events

- 2.1. Events that will endanger the physical safety of the insured at the holiday destination and therefore continuation of travel cannot be reasonably expected. Even events that are listed under points 6.1.7. and 6.1.13. in the general insurance terms and conditions for all lines of insurance, if the physical safety of the insured is endangered.
- 2.2. Events which are listed under points 2.1., 2.2., 2.6. and 2.8. for cancellation cover and travel is curtailed.

3. Events that are not insured

The exclusions listed in the general insurance terms and conditions for all sectors and the exclusions listed in the field of travel cancellation cover apply.

4. Behaviour in the event of a claim

In addition to the obligations of the general insurance terms and conditions for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects, the following shall apply:

- 4.1. If the 24-hour emergency call centre is not notified immediately, no benefits can be claimed, except the immediate notification is not possible because of the health condition of the insured, that requires emergency treatment. In this case, the 24-hour emergency platform needs to be informed immediately as soon as possible according to the health condition of the insured.
- 4.2. The following documentation is to be sent to the insurer:
- Proof of insurance (policy);
 - Confirmation of reservation by the tour operator;
 - Confirmation of the landlord/travel company courier concerning curtailment of travel;
 - Confirmation of the tour operator concerning travel services that cannot be reimbursed;
 - Doctor's confirmation (including patient name, diagnosis and treatment data) of the doctor ON SITE, who ordered curtailment of travel in writing, and the doctor who continued the treatment in Hungary;
 - Death certificate;
 - Other official certificates;
 - Notification of sickness by a panel physician

Extra return travel

1. Insured costs

The following costs are insured

- 1.1. Additional costs for the return journey in the event of early or delayed return travel by the insured and other relatives insured in his party (max. 2 adults and five minors) from a foreign destination, depending on the nature and quality of travel booked and insured, providing that the return journey was included in the insured package.

2. Insured events

- 2.1. Events that will endanger the physical safety of the insured at the holiday destination and therefore continuation of travel cannot be reasonably expected. Even events that are listed under points 6.1.7. and 6.1.13. in the general insurance terms and conditions for all lines of insurance, if the physical safety of the insured is endangered
- 2.2. Events which are listed under points 2.1., 2.2., 2.6. and 2.9. for cancellation cover.

3. Events that are not insured

The exclusions listed in the general insurance terms and conditions for all sectors and the exclusions listed in the field of cancellation cover apply.

4. Behaviour in the event of an insurance case

In addition to the obligations of the general insurance terms and conditions for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects, the following shall apply:

- 4.1. If the 24-hour emergency call centre is not notified immediately, no benefits can be claimed.
- 4.2. The following documentation is to be sent to the insurer:
- Proof of insurance (policy);
 - Confirmation of reservation by the tour operator;
 - Doctor's confirmation (including patient name, diagnosis and treatment data) of the doctor ON SITE, who ordered the return travel in writing, and the doctor who continued the treatment in Hungary;
 - Death certificate;
 - Other official certificates;
 - Notification of sickness by a health insurance panel physician
 - Original ticket for the additional return journey, boarding pass, etc.

Foreign travel health- and accident insurance (while travelling)

1. Insured events

- 1.1. The following are insured in accordance with the insured sum of the booked insurance package
- unforeseen acute illness abroad (including a disease classified as an epidemic or pandemic, such as Covid-19)
 - unforeseen and acute worsening of an existing disease abroad
 - accident
 - Quarantine (according to the definition in pt. 6.1.11 of the "General Conditions for all Cover Sections").
- 1.2. If the recourse of the Insurer at the social insurance fails on account of documents not provided by the insured person, a 20% excess will be deducted from the reimbursement amount for healing costs or will be claimed back in the case of advance payment of benefit.

2. What is considered to be an accident?

An accident as defined by this policy is an event that is not intended by the insured, which occurs suddenly as a result of mechanical impact from outside on the insured's body and causes physical injury or death.

The following scenarios are also considered to be accidents:

- 2.1. Pulled or torn muscles and tendons;
- 2.2. Poisoning or burns, the ingestion or inhalation of toxic or caustic substances, fluids or gases;
- 2.3. Drowning.

3. Insured costs / benefits to be paid

- 3.1. The costs required for doctors, transporting patients, hospital stays and medicines, which occur in relation to an accident or acute illness which occurs abroad.
- 3.2. Cost to transport the patient for one-off medical treatment for in-patient or outpatient care in the closest hospital abroad and return transport to accommodation.
- 3.3. Recovery, search and rescue costs.
- 3.4. Emergency transport/repatriation
- 3.4.1. Repatriation where this is required for medical reasons (incl. ambulance aircraft)
- If medical treatment on site is not adequate and the insured is fit for transport with the agreement of the doctor providing treatment on site and the medical director of the insurer, the insurer will organise and undertake transport to repatriate the insured.
- 3.4.2. Repatriation where there is no medical need (excl. ambulance aircraft)
- In the event of a hospital stay of more than three days, the insured can be repatriated at the request of the insured or the insurer, providing that the insured is fit to travel, if transport is possible without an ambulance aircraft.
- 3.4.3. Transport for repatriation will be to the country of residence. The actual form of return transport will be selected by the insurer according to medical need.
- 3.4.4. The insured will not have any claim to emergency transport and repatriation, if the insured receives the cost of emergency transport from the third party or organises the transport himself. If in spite of this transport takes place, the insured assigns all claims against other insurers to the insurer.
- 3.5. Additional costs for a relative to travel to the insured
- In the event of a hospital stay in excess of five days, the insurer will pay – at the request of the insured – the cost of travel to and from the place where the insured is in hospital (excl. the cost of overnight stays) of a person close to the insured or the overnight costs and/or rebooking costs (depending on the nature and quality of the booked and insured travel) of a person travelling with the insured in the event of return travel being delayed by up to one week.
- 3.6. Onward journey
- In case the insured has to interrupt a booked round travel due to a necessary hospitalisation, AWP will take the costs for a public transport ticket to get the insured to the to the current stop of the roundtrip in order to enable the insured to continue the round trip.
- 3.7. Repatriation of the body in case the insured dies during the journey, or optional the costs for a funeral at the place of death abroad, including the additional travel costs for relatives to get to the place of funeral abroad.
- Additional Hotel costs in connection with a quarantine (according to the definition in pt. 6.1.11 of the "General Conditions for all Cover Sections"), up to a maximum of € 1,000 per insured person.

4. Disablement and death (caused by an accident)

- 4.a. Disablement
- In the case of disablement, the compensation calculated in accordance with the following principles will be paid, if permanent damage to health is still present one year after the accident. A treatment/therapy to minimize the consequences of the accident of minimum 6 months constantly is a precondition
- The compensation is calculated according to the degree of disablement and the agreed sum insured. The total insurance benefit for multiple bodily parts or organs is limited to the sum insured.

- 4.a.1. Degrees of invalidity in the case of full loss or full inability to use
- | | |
|---|------|
| - Arm below the shoulder joint | 70% |
| - Arm up to above the elbow joint | 65% |
| - Arm below the elbow joint or one hand | 60% |
| - Thumbs | 20% |
| - Index finger | 10% |
| - Other fingers | 5% |
| - Leg up to above the middle of the hip | 70% |
| - Leg up to the middle of the hip | 60% |
| - Leg up to the middle of the lower leg or one foot | 50% |
| - Big toe | 5% |
| - Other toes | 2% |
| - Loss of sight in one eye | 30% |
| - Loss of sight in both eyes | 100% |
| - If the sight in the other eye had already been lost before the event insured against occurred | 60% |
| - Loss of hearing in one ear | 15% |
| - Loss of hearing in both ears | 60% |
| - If the hearing in the other ear had already been lost before the event insured against occurred | 30% |
| - Loss of sense of taste | 5% |

Indemnification is paid for a level of permanent disability of min. 1% or min. 50%, according to the chosen product.

- 4.a.2. In the case of partial loss or partial use a correspondingly reduced level of disability is assumed.
- 4.a.3. For cases not listed above the level of invalidity is set on the basis of the above percentage rates.
- 4.a.4. The fact that the consequences of an accident are worse as a result of a physical deficiency that existed before the insurance was taken out does not give entitlement to a higher invalidity payment.
- If illnesses or ailments that existed before the accident influenced the consequences of the accident, the benefit is to be reduced in line with the proportion of the illness or the ailment.
- 4.b. Event of death
- 4.b.1. Should the insured die on the occasion of an accident as listed above or within 2 years as a result of injuries sustained during the accident, the insurer will instead pay the sum agreed in the event of death. Unless the insured has left written instructions to the contrary, the sum in the event of death will be paid out to the rightful heirs upon presentation of proof that they are the beneficiaries (certificate of inheritance). Payments made on account of permanent invalidity arising from the same event will be deducted from benefits paid upon death.
- 4.b.2. If the death occurs as a result of the accident within a year of the accident, no claim shall exist for invalidity benefit.
- 4.b.3. If the insured dies for a reason not related to the accident (without an accident) and a claim already existed for invalidity benefit, this is to be paid on the basis of the last medical results indicating the level of invalidity to be expected.

5. When does the insurer pay the insurance benefits on account of permanent invalidity?

As soon as the insurer has received the documents which furnish proof concerning the circumstances and consequences of the accident and the completion of the treatment required for assessing invalidity, the insurer undertakes to explain within three months whether and to what extent the insured has a claim.

6. Duration of the insurance

If the insured is not fit for transport as a result of the consequences of the accident or illness abroad, the obligation to pay benefits shall end two months after the occurrence of the insured event.

7. How are the benefits paid by the insurer calculated if the treatment costs are also insured elsewhere?

If the treatment costs are insured with several insurers at other undertakings, they will only be reimbursed in total once.

8. Events that are not insured (exclusions)

In addition to the exclusions listed in the general insurance terms and for all lines of insurance, no insurance cover exists for the following situations:

- 8.1. Treatments and other measures prescribed by physicians which were the purpose of the journey or the necessity for which were known or could be expected before the insurance was taken out and/or the journey commenced;
- 8.2. Use of treatments associated with the destination (e.g. health cures);
- 8.3. Health cures to lose weight or for aesthetic reasons;
- 8.4. Events resulting from tiredness or exhaustion;
- 8.5. Pregnancy, occurrence of birth after the 36th week of pregnancy, abortions or treatment following contraceptive measures; No insurance cover for the newborn child.
- 8.6. Dental treatment relating to the preservation of teeth or prostheses or treatment not related to emergency treatment for direct pain relief;
- 8.7. Provision of therapeutic aids (e.g. spectacles, prostheses, wheelchair, crutches etc.)
- 8.8. Inoculations, medical reports and certificates;
- 8.9. Events which occur as a result of manual labour, use of weapons, or during military service;
- 8.10. Examinations to monitor health, post-treatment and therapies;
- 8.11. Additional costs for a special class or special services (e.g. telephone, TV, etc.) in hospital;
- 8.12. Telephone and taxi costs of the insured or accompanying persons (excluding the one-off transportation of the patient, except transportation of a sick person as per 3.2.);
- 8.13. Additional hotel costs or expenses of accompanying persons (excluding point 3.4.);
- 8.14. Quarantine costs;
- 8.15. Therapeutic treatments and patient repatriation in relation to misuse of alcohol or drugs;
- 8.16. Impairment to health caused by flying with any kind of aircraft, unless the insured is a passenger on an engine-powered aircraft or jet approved for civil air transport;
- 8.17. Extreme sports, in particular caving, rock-climbing, mountaineering (including rope climbing), race cycling, canyoning, hydro speed, base jump, parachuting, paragliding, diving without a licence, freediving, open water swimming, barefoot skiing, powerboat racing, motor-racing and motorcycle racing, stunt work, extreme hikes in high mountains without a qualified mountain guide (over 1,500 metres), activities in mountains over 6,000 metres which are not booked as part of an organized tour, expeditions (travels to unexplored territories), and competitive sports.
- 8.18. Driving vehicles if the insured does not have the specified permission to drive (driving licence);
- 8.19. Underwater diving without proof of the diving qualification for the relevant depth;
- 8.20. Death or disability which only occurs two years after the accident

9. Procedure in the event of a claim

In addition to the obligations of the general insurance terms and conditions for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects, the following shall apply:

- 9.1. The insured undertakes in all cases where insurance benefits are likely to be claimed to seek medical help as soon as possible and to follow the physician's instructions.
- 9.2. Immediate notification of the 24-hour emergency call centre where in-patient treatment is required or in the case of illnesses which require a number of outpatient treatments. If the insurer is not notified and the costs exceed HUF 90,000,- the insurer reserves the right to make a deduction, depending on the amount of the costs claimed.
- 9.3. Deaths, even if the accident has already been reported, are to be reported in as timely a manner as possible so that a post mortem can be arranged before burial.
- 9.4. The insured undertakes to comply with a request to attend an examination by a medical examiner immediately.
- 9.5. The following documentation is to be sent to the insurer:
- Proof of insurance (policy),
 - Confirmation of reservation by the tour operator,
 - Doctor's report (including the patient's name, diagnosis, treatment data, the duration and extent of incapacity to work or invalidity),
 - Original doctor's or hospital invoice including the patient's name, date of birth, diagnosis and treatment data;
 - Medical results where the need to transport the patient is confirmed;
 - Other invoices or original documents where compensation has been requested;
 - Death certificate.

Luggage insurance

1. Insured events

Items taken on the journey by the insured or items purchased for personal requirements in the course of travel, subject to the following provisions:

- Theft and robbery, if the police are notified within 48 hours at the relevant public security office;
- Damage where proof is furnished of negligent third-party intervention;
- Loss during transport in the area of accountability of a third party if there is confirmation from the originator;
- Delayed delivery to the holiday destination by a public transport company commissioned with the transport.

2. Definition of valuables

In particular, valuables are:

- 2.1. Items containing or made out of precious metal, precious stones or pearls.
- 2.2. Timepieces, jewellery, furs and leather goods
- 2.3. Electrical, electronic and optical equipment (incl. mobile phones) including accessories, in particular photographic, film, video and sound equipment, computers of whatever kind, tablets.

3. Insured costs / benefits to be paid

Subject to point 6

- Where the loss is complete or the current value has been completely destroyed (see point 4) but up to a maximum of its acquisition price;
- In the case of damaged items, the cost of repair providing that this does not exceed the current value minus the residual value but up to a maximum of the cost of acquisition at the time minus the residual value.
- If the delay in delivering the luggage to the holiday location exceeds 12 hours, the reasonable costs of new items which are purchased until delivery of the luggage, supported by invoices (see point 6.7).
- in case the mobile phone is stolen or robbed, AWP informs the insured about the telephone number of the Austrian provider to enable the insured to block his mobile phone.

4. Time value

The current value is equivalent to the purchase price of the insured items minus a reduction in value in line with age and use.

4.1. The current value is calculated as follows:

- | | | |
|--|---|-----------|
| 4.1.1. With written proof of value and/or ownership | | |
| - 0-6 months | = | 100% |
| - 6 months - 1 year | | 80% |
| - Each further year or part thereof | | minus 10% |
| 4.1.2. Without written proof of value and/or ownership | | |
| - 0-6 months | | 80% |
| - 6 months - 1 year | | 70% |
| - Each further year or part thereof | | minus 10% |

4.2. A higher loss of value is assumed in the case of electronic equipment, depending on technical progress.

4.3. Cosmetics, perfume, medicines, consumer goods, calculation of current value minus 50%.

5. Insured events subject to specific prerequisites

5.1. Valuables in accordance with point 2 are only insured if

- They are being carried and looked after safely in personal custody (physical or visual contact) so that a third person cannot take it away without having to overcome resistance;
- Proof is furnished that the items have been handed over to an accommodation provider or cloakroom service (e.g. receipt) or
- The items are stored in a locked room that is not accessible to the general public, using all available security equipment (safe, cupboards). Bags of whatever kind – vanity cases, briefcases, jewel boxes, suitcases or similar containers – are not considered to be safekeeping.

In each case the type of storage must be appropriate for the value of the item (e.g. safe). If a valuable cannot be stored in a secure place, no insurance cover is available.

5.2. Valuables in accordance with point 2 are not insured during transport if they are entrusted to a third party as well as in the case of theft from any vehicle.

5.3. Sports equipment and forms of transport of whatever kind are only insured during transportation by public transport. Please note the exclusions in accordance with point 7.3.

5.4. Thefts from vehicles or boats are only insured if proof can be furnished that this occurred between the hours of 6.00 a.m. and 9.00 p.m. An exception to this is theft from a vehicle in a guarded garage. A further precondition is that luggage is locked in a securely locked luggage compartment. If the vehicle does not have an enclosed luggage compartment, it must be stored where it is not visible from the exterior.

5.5. Thefts from caravans outside camping sites are not insured.

6. Limited insurance benefits

- 6.1. Replacement cost of personal documents and licences up to a limit of 10% of the insured sum.
- 6.2. Viewing aids (spectacles and contact lenses) and other prosthetic aids (e.g. wheelchairs, hearing aids, etc.) up to max. 20% of the insurance sum.
- 6.3. Breakages (excluding the suitcase) up to max. 10% of the insurance sum.
- 6.4. Mobile phones (also Smartphones): The actual amount paid for the telephone - max. HUF 15.000,-
- 6.5. For all the valuables insured in accordance with point 2, limited to 50% of the insurance sum.
- 6.6. In the case of theft from a vehicle, for all the insured items limited to 50% of the insurance sum.
- 6.7. If the delay in delivering the luggage to the holiday location exceeds 12 hours, the cost of hiring or purchasing new items that are absolutely essential up to 10% of the insurance sum. No benefit is paid if there is a delay in delivering luggage at the home airport. Costs incurred for special delivery or collecting the delayed items of luggage cannot be reimbursed. If the luggage is finally declared to be lost, any new items purchased by way of replacement at the holiday location will be deducted from the insurance benefit. Costs for taxis and telephone expenses are not insured.

7. Not insured events/items

In addition to the exclusions listed in the general insurance terms and conditions for all lines of insurance, no insurance cover exists for the following situations:

- 7.1. Cash, bank notes, credit cards, keys, tickets, collections of stamps or coins, documents and paperwork with a value, precious metals, loose precious stones, trading goods and items that are valuable as art or as collectors' items, tools, equipment and items for the exercise of a profession, musical instruments, vehicle accessories, tools and spare parts, medical supplies, instruments, weapons, computer software, mobile phone cards, bonus agreements or credit for calls, cost of having a mobile phone blocked or cost of reregistering the phone if it is lost.
- 7.2. Objects on or in unlocked vehicles or boats as well as motorcycle and bicycle bags or suitcases and their contents, insofar as these bags/suitcases are left on the vehicle.
- 7.3. Vehicles, mobile homes, caravans, motor and sailing boats, sports equipment and kit from HUF 150.000,- total value (excluding: golf travel insurance packages), motorcycles, aircraft, hanging and paragliding, hanggliders and the relevant accessories or spare parts and special equipment.
- 7.4. Damage which is due to premeditation or negligence. Negligence is always deemed to have occurred if theft was possible due to a lack of physical and/or visual contact.
- 7.5. Damage due to insufficient or defective packaging or storage.
- 7.6. Damage that can be attributed to leaving something behind, misplacing it, losing it or dropping it.
- 7.7. Damage caused by wear and damage caused by spoiling goods, leaking fluids or the effects of the weather.
- 7.8. Damage which is caused indirectly or directly by acts of war, civil unrest, plundering, seizure by the authorities and strikes.
- 7.9. Losses covered by other insurance or any third party.
- 7.10. Consequential losses as a result of the event (e.g. charge to block forms of payment or mobile phones).

8. Behaviour in the event of a claim

In addition to the obligations of the general insurance terms and conditions for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects, the following shall apply:

- 8.1. Losses which are sustained while in the custody of a transport company or accommodation provider are to be notified to these organisations immediately and a certificate requested.
- 8.2. In the case of damage which cannot be identified immediately from the outside, the transporting company is to be requested immediately after discovery to inspect and certify the damage. The respective time allowed by the company for complaints and making claims must be observed.
- 8.3. The following documentation is to be sent to the insurer:
 - Proof of insurance (policy);
 - Confirmation of reservation by the tour operator,
 - Fully completed loss form for luggage, with a list of the contents of the luggage, stating the age, brand, purchase price (with proof of value or original invoices, if available);
 - Original notification to the police at the relevant public security office in the event of robbery or theft;
 - Original assessment of loss form of the airline or the transporting company in the event of damage or delayed delivery of luggage, and confirmation from the airline or transporting company of definitive loss in the event of loss of/losing luggage (confirmation from the airline or transporting company of definitive loss is issued at the latest 90 days after the loss occurred);
 - Original invoices or original receipts for replacement purchases;

- Original airline ticket or boarding card; original luggage tag, original repair invoice in case of damage.

Private travel liability insurance

1. Insured events

An insured event occurs if the insured causes damage to the property of a third person or to a third person during his travel in his capacity as a private individual, and as a result a claim is made against him or he is held otherwise liable in the following cases:

- 1.1. Arising from the hazards of daily life, with the exception of the risk of a business, professional or commercial activity;
- 1.2. Relating to the keeping and use of bicycles;
- 1.3. Relating to non-professional sporting activity (excluding hunting);
- 1.4. Arising from the occasional use of motor and sailing boats but not the keeping of such boats;
- 1.5. Relating to the keeping and use of other watercraft not powered by an engine;
- 1.6. During the use of living accommodation and other premises rented for private purposes.

2. Injury to persons and damage to property

- 2.1. Death, bodily injury and damage to a person's health.
- 2.2. Damage to or destruction of property.

3. Insured costs / services

- 3.1. The fulfilment of an obligation to pay damages and any procedural costs incurred in relation with its enforcement, arising from bodily injury or property damage attributable to an insured event for which the insured may be held liable in accordance with legal liability provisions under private law.
- 3.2. The cost of determination and defence in respect of an obligation to pay damages claimed by a third party.
- 3.3. Compensation per claim/event is limited to the sum insured, even if several insured persons are liable.

4. Which claims are only insured under certain prerequisites?

A claim for compensation of justified claims for compensation only exists abroad if the claimant can enforce a claim against the insured's property.

5. Events that are not insured

In addition to the exclusions listed in the general insurance terms and conditions for all lines of insurance, no insurance exists for the following situations:

- 5.1. If the assessment of the loss and settlement or the fulfilment of other obligations by Mondial Assistance is prevented by the state prosecutor, a third party or the insured;
- 5.2. For claims arising from unlawful and deliberate or grossly negligent actions;
- 5.3. For compensation obligations arising from losses which the insured or persons acting for him have caused through the operation or use of an aircraft and air tool, or any motor-driven or electronic vehicles;
- 5.4. For losses the insured has caused to himself or his relations (spouse, partner, parents (step, in-law, grandparents), children (step, in-law, grandchildren), sibling, brother-in-law, sister-in-law, uncle, aunt, of a person listed in the policy or an insured person covered by the same insurance policy);
- 5.5. For damage the insured has caused during a sporting competition;
- 5.6. For damage caused by use, wear and excessive strain;
- 5.7. For damage to property which the insured has borrowed, rented, hired, leased or taken for safekeeping, or damage to the personal items of the claimant;
- 5.8. For losses caused through contamination or damage to the environment;
- 5.9. For damage to property caused to or with them as a result of their use, transportation, processing or other activities;
- 5.10. Through the transmission of an illness by the insured.

6. Procedure in the event of an insurance case

In addition to the obligations of the general insurance terms and conditions for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects, the insured has an obligation to:

- 6.1. Authorise the lawyer appointed by the insurer (defending counsel, legal executive), give him all the information required and leave him to manage the case;
- 6.2. Authorise the insurer within the scope of his obligation to provide benefits to make all declarations that he deems to be useful;
- 6.3. If the insured is unable to obtain the insurer's instructions in good time, he must on his own initiative take all necessary actions for the case within the specified period.
- 6.4. The insured is not entitled to acknowledge a claim in part or in full without the insurer's permission.

Delayed cover

1. Delayed arrival at destination

1.a. Insured events

The non-culpable failure of the flight/departure within the scope of the booked travel package

- due to the proven delay of the public feeder service (eg. rail, taxi, feeder flight), provided that the minimum connecting time was scheduled when selecting the feeder service,
- in the event of private travel to the airport/port due to an accident with one's private car
- Refusal of carriage because there is a suspicion that the insured person suffers from a contagious disease

1.b. Events that are not insured

In addition to the exclusions listed in the general insurance terms and conditions for all lines of insurance, no insurance exists for the following situations:

- if an event is due to weather-related events
- for high traffic volumes (e.g. traffic jams)
- if an event is caused by a mistake/measure of the airline
- if an event is caused by non-compliance with requirements and regulations for travel or entry at the destination.

1.c. Insured costs

The costs for delayed direct travel to the holiday destination are insured depending on the nature and quality of travel booked and insured, at most the fictitious flight costs in economy class to fly directly to the holiday destination.

2. Delayed arrival at home

2.a. Insured events

An event insured against applies if the booked arrival at the airport/railway station in the insured's home country is delayed (with proof of this provided) and as a result of this the return journey from the airport/railway station to the insured's place of residence is not possible or cannot be reasonably expected in accordance with the original plan without an overnight stay.

2.b. Insured costs

The cost of a taxi (max. 50 km) required because public transport is not available or the additional cost of an overnight stay required including subsistence (max. HUF 30.000,- per person) will be reimbursed.

3. Behaviour in the event of a claim

In addition to the obligations of the general insurance terms and conditions for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects: The following documentation is to be sent to the insurer:

- Proof of insurance (policy),
- Confirmation of reservation by the tour operator,
- Confirmation of the delay by the airline or transporting company incl. a description of the cause,
- The original flight ticket or boarding pass, train ticket;
- The unused document for the outbound flight or ticket,
- The newly purchased ticket for outbound travel or boarding pass,
- Police notification in the case of an accident or an accident report
- Original invoice for alternative journey home, overnight stay and subsistence costs;

Assistance

1. Reason for the assistance

The insurer provides the assistance listed below for the following emergencies in which the insured may be involved during travel:

- Illness/accident
- Death
- Loss of travel funds
- Loss of travel documents
- Prosecution

The prerequisite for providing assistance is that the insured or his representative notifies the 24-hour emergency call centre (personally, by telephone, fax or email) when the event insured against occurs.

1.1. Illness/accident

1.1.1. Outpatient treatment

The 24-hour emergency call centre will advise, if requested, about the possibility of outpatient treatment by a doctor but will not actually contact the doctor.

1.1.2. Hospital stays

If the insured falls ill or has an accident and is therefore treated in hospital as an in-patient, the 24-hour emergency call centre will appoint a doctor to make contact with the insured's own doctor and the doctors providing treatment on site; During the hospital stay the appointed doctor will ensure that information is exchanged between the doctors involved;

- If requested to do so by the insured, the 24-hour emergency call centre will advise the relatives.

1.2. Loss of travel funds

If travel funds are lost, the 24-hour emergency call centre will make contact with the insured's own bank. If required, the 24-hour emergency call centre will assist with the transfer to the insured of an amount of money made available by the insured's own bank.

1.3. Loss of travel documents

If travel documents are lost, the 24-hour emergency call centre can be of help with the procurement of replacement documents.

1.4. Criminal prosecutions

If the insured person is arrested or threatened with arrest, the 24-hour emergency call centre can assist with the obtaining of a lawyer and an interpreter and with the standing of possible bail.

Own home assistance

1. The 24-hour emergency call centre

The 24-hour emergency call centre must always be notified immediately in order to claim the Home Assistance benefits. The 24-hour emergency call centre will then arrange all necessary activities, in particular it will make contact with the necessary trades, locksmiths and other public or private service providers.

An emergency situation exists

- If sustained impairment in the insured's quality of life occurs because of unforeseen damage to the parts of his flat/house mentioned in pt. 5, or
- Action is required immediately to prevent serious damage to the insured flat/house.

2. Insured persons

Insurance protection is provided for the insured and persons who live with him in the same household.

3. Scope of validity of the insurance

Insurance cover applies to main and second residences used by the insurer within Hungary.

4. When does the insurance apply?

A right to Home Assistance insurance benefits exists during the term of the insurance policy (between departure and arrival).

5. Insured benefits

5.1. Services from skilled tradesmen

If an emergency situation occurs for the insured dwelling, the 24-hour emergency call centre organises the following trades and covers the cost (travel time and working time) up to the max. agreed sum insured per insured event:

- Plumber in the event of damage to or defects with gas, water and heating installations;
- Electrician in the event of damage to or defects with electrical lines;
- Drying service;
- Locksmith, joiner and relevant specialist services in the event of damage or defects to entrance doors and windows;
- Roofer, carpenter and fitter for roof repairs on the insured's own home and ancillary buildings;
- Glass fitter if outside glass is broken;
- Pipe cleaning companies if blockages occur in the pipe system.

5.2. Loan of heaters

If the heating system in the insured dwelling fails because of a breakage or fault during the heating period, the 24-hour emergency call centre will organise hired heaters for the time during which the heating system will not work and will cover costs up to the max. agreed sum insured per insured event.

5.3. Locksmiths

If the insured is locked out of the insured dwelling or keys to the insured dwelling are lost or stolen, the 24-hour emergency call centre will organise the unlocking and/or the replacement of the lost or stolen keys and will cover the cost of this up to the max. agreed sum insured per insured event.

5.4. Relocation services and emergency storage

If the insured dwelling cannot be used because damage has occurred and the contents of the dwelling have to be temporarily removed and stored, the 24-hour emergency call centre will provide the names of suitable companies (removal companies) and cover costs of up to the max. agreed sum insured per insured event.

6. Liability

The insurer is not liable for providers of help and services for which it has given contact details and/or commissioned work.

7. Events that are not insured

In addition to the exclusions listed in the general insurance terms and conditions for all lines of insurance, the following damage and situations are not insured or are limited to the insurer's obligation to pay benefits.

- 7.1. Services or benefits related directly or indirectly to routine maintenance and servicing.
- 7.2. No claim to a payment exists if the insurer has not given permission for the work to be carried out or the insured himself organises and undertakes rectification of the damage.
- 7.3. Damage will not be reimbursed if compensation can be obtained under another insurance policy.

8. Behaviour in the event of a claim

The rules on how to respond as listed in the general insurance terms and conditions for all lines of insurance shall apply:

Roadside Assistance within Europe

1. The 24-hour emergency call centre

The insured can call for help via the 24-hour emergency call centre in the event of an accident, breakdown or vehicle theft within the framework of the following conditions. In order to be able to claim for the benefit, it is always necessary to notify the 24-hour emergency call centre.

The 24-hour emergency call centre arranges all activities required, in particular the necessary contacts to breakdown organisations, repair workshops, hotels and both public and private transport companies and decides on the choice and implementation of the relevant assistance.

2. Insured vehicles

The insurance cover extends to (max. 15 years old) passenger cars, motorcycles, caravans and people carriers with up to 9 seats registered in the name of the insured, respectively bicycles within the scope of the bicycle assistance, and indicated in the policy. No insurance coverage for rental car or commercial activities.

3. Insured persons

The insurance covers the insured and the persons who are in the insured vehicle at the time the breakdown or accident occurs.

4. Scope of insurance

The insurance cover applies to events during travel within Europe as a geographical area which occur more than 50 km away from the insured's place of residence, or after crossing the border to a foreign country, or for which the insured has booked at least one overnight stay.

5. Insured services

5.1. Roadside breakdown assistance or towing

If the vehicle is no longer roadworthy as a consequence of a breakdown or accident, the 24-hour emergency call centre will organize and pay for the following benefits:

- assistance locally or for towing (including recovery) to the nearest suitable garage.
- necessary spare parts
- costs for storing the vehicle in the garage
- costs for scrapping
- remote door unlock

5.2. Return of vehicle / Journey home

If a vehicle cannot be repaired following a breakdown or accident within 24 hours (when abroad, within 5 days because of the need for an expert report) at a repair workshop near to the place where the problem occurred, the insurer will organise and pay for the following services up to the sum insured:

- The documented cost for the vehicle occupants to return home to the place of residence of the insured but at the most the cost of the journey home using public transport. If travel by rail will last more than 6 hours, the insurer may opt as an alternative to claim a first class rail ticket or an Economy Class flight;
- Within the country of residence the travel costs for one person to collect the repaired vehicle again will be covered.
- The cost of return transportation to the insured's place of residence of the vehicle that is not fit to drive or the vehicle that has been recovered.
- Car rental allowance in accordance with the insured package for the journey home or the onward journey.
- Overnight hotel accommodation – if the vehicle cannot be repaired on the same day and the breakdown occurs at a location other than the place of booking, the insurer organises hotel accommodation for a maximum of 2 nights and covers the costs in accordance with the selected insurance package.

5.3. Bicycle Assistance

If the bicycle is no longer roadworthy as a consequence of a breakdown or accident, the 24-hour emergency call centre will organize and pay for the following benefits: public transport ticket to continue the journey.

6. Events that are not insured

In addition to the exclusions listed in the general insurance terms and conditions for all lines of insurance, no insurance exists if

- The problem occurs as a result of inadequate vehicle maintenance and the defects on the vehicle which caused the problem to occur already existed at the start of travel and/or could be ascertained;
- The insured resolved the problem himself.

7. Behaviour in the event of a claim

The rules on how to respond as listed in the general insurance terms and conditions for all lines of insurance shall apply.

Winter Sports Insurance

1. Insured events

- Theft of ski equipment if it is properly locked in a room not open to the public.
- Unforeseen blockade of more than 50% of the ski trails of the skiing region at the holiday destination, during the ski season.
- Blockade of the streets leading to the holiday destination in the skiing region because of an avalanche.
- Damage of the ski clothes in hospital due to medical necessities.

2. Insured costs

Reimbursement of stolen or damaged ski equipment and ski clothes; additional hotel costs and travel costs in case of delayed travel due to the blockade of the street because of an avalanche; reimbursement of the costs for a pre-paid ski-pass in case of unforeseen blockade of the skitrails; respectively according to the max. sum insured.

3. Procedure in the event of a claim

In addition to the obligations of the general insurance terms and conditions for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects, the insured has an obligation to provide the insurer with the following documents:

- Proof of insurance (policy),
- Confirmation of reservation by the tour operator,
- Original notification to the police at the relevant public security office in the event of theft and confirmation of the respective host.
- Confirmation of the local tourist information office regarding the blockade of the ski trails
- Original invoice for additional journey home or additional overnight stay.
- Confirmation of the hospital regarding the necessity of destroying ski clothes
- Original invoice, or rental confirmation regarding the stolen or damaged ski equipment