

COVER OVERVIEW KLM TRAVEL AND CANCELLATION INSURANCE

D-KLM11

For immediate assistance in the event of hospital admission, serious accident, death or recall to the Netherlands, you should make immediate contact with:
the Emergency Call Center, +31 (0)20 - 592 98 29, available 24 hours per day; fax +31 (0)20 – 561 88 18

Pertaining to and forming an integral part of the General Conditions of Insurance and the certificate of insurance of Allianz Global Assistance Europe, with registered office in Amsterdam.

According to the premium paid and the content of the insurance certificate, this insurance covers:

- A. Category IV : Cancellation insurance
 B. Category I to Category IV : Travel insurance and Cancellation insurance

Category I. S.O.S. COSTS	Sums insured (p.p. per event, unless stated otherwise)
The Company insures the following costs up to the maximum amounts stated, if these costs are necessary in connection with	
a. Sickness, accident or death (article 3):	
Additional accommodation expenses	€ 50 p.p. per day
Additional costs of returning to the Netherlands	Cost price
Costs of hospital visits	€ 50 per certificate of insurance
b. Early recall to the Netherlands (article 4):	
Additional costs of returning to the Netherlands	Cost price
c. Return to the Netherlands by air-ambulance (article 5)	Cost price
d. Tracking and saving life (article 6)	€ 5,000
e. Presence of family (article 7):	
In the event of danger to life:	
Additional travel expenses (max. two relatives)	Cost price
Additional accommodation costs (max. two relatives)	€ 50 p.p. per day for a max. of ten days
If the insured continues the journey by him/herself:	
Additional travel expenses (max. one relative)	Cost price
Additional accommodation costs (max. one relative)	€ 50 p.p. per day for a max. of five days
f. Travel costs in the event of death (article 8):	
Transport costs of the remains or	Cost price
Funeral or cremation costs abroad incl. travel costs of two family members	Up to the costs of transporting the body to the Netherlands
g. Enforced detention (article 9):	
Additional accommodation expenses	€ 50 p.p. per day
Additional costs of returning to the Netherlands	Cost price
Furthermore, the Company will reimburse the following costs if they are caused by an event insured under this category:	
h. Sending of medicines, artificial devices and aids (article 10):	
Shipment costs	Cost price
i. Telecommunications costs, per event (article 11)	€ 50
j. Extra costs relating to travel partner insured elsewhere (article 12)	In accordance with the maximum amounts applicable to this category

Category II. TRAVEL LUGGAGE (Premier Risque)	Insured amounts (per person, per certificate of insurance, unless stated otherwise)
Insured amount	€ 800
Policy excess per person per event	€ 30
Including:	
• Photographic, film, video/dvd, telecommunications and computer equipment and valuables together	€ 250
• Contact lenses and spectacles	€ 250
• Musical instruments	€ 150
• Travel documents	Cost price
• (Dental)protheseses / hearing devices	€ 150
• Commodities	€ 150
• Medical equipment	€ 150
• Goods purchased during the journey	€ 150
• Gifts for third parties	€ 150
Additional cover:	
• Clothes and/or toiletries replacement	€ 200
Excess for replacement of clothes and toiletries	None

Category III. MEDICAL EXPENSES	Insured amounts (per person, per certificate of insurance, unless stated otherwise)
Medical expenses:	
▪ Abroad:	
• doctor's and hospital costs	€ 150,000
• purchased/leased crutches/wheelchair	€ 100
• prostheses required due to an accident	€ 750
▪ In the Netherlands:	
• doctor's and hospital costs	€ 500
• purchased/leased crutches/wheelchair	€ 100
• costs in connection with follow-up treatment	€ 500
Excess for medical Costs per person per insurance certificate	€ 30
Dental treatment abroad:	
▪ Due to an accident	€ 300
▪ Other emergency assistance	€ 150

Category IV. CANCELLATION	Sums insured (p.p. per insurance certificate, unless specified otherwise)
The Company will pay a reimbursement up to the aforementioned maximum amounts, if these costs are the consequence of an insured event that results in:	
Cancellation of the booked flight	€ 3,000
Excess	None

WARNING: Always observe normal caution, never leave luggage unattended, not even in cars (see the category conditions for Travel Luggage). Always consult the General Policy Conditions, especially the obligations mentioned in the General Provisions and the category conditions for Travel Luggage.

GENERAL TERMS AND CONDITIONS OF KLM TRAVEL AND CANCELLATION INSURANCE

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CONTENT

☒	GENERAL PROVISIONS	4
	Article 1. Definition of terms.....	4
	Article 2. Basis of the insurance.....	4
	Article 3. Validity of the insurance.....	4
	Article 4. Help from the Emergency Call Center.....	4
	Article 5. Validity term, cover period.....	4
	Article 6. Area in which the insurance is valid.....	4
	Article 7. Payment or refund of the premium.....	5
	Article 8. General obligations in the event of loss.....	5
	Article 9. Term within which the loss must be reported.....	5
	Article 10. General exclusion clauses – Loss of right to recovery.....	5
	Article 11. Air travel risk.....	6
	Article 12. Co-existence of insurance policies.....	6
	Article 13. Multiple insurance policies for the same risk.....	6
	Article 14. Payment out by the Company.....	6
	Article 15. Cancellation of rights.....	6
	Article 16. Reclaiming uninsured services and/or costs.....	6
	Article 17. Personal data.....	6
	Article 18. Disputes.....	6
☒	CATEGORY CONDITIONS	7
	Category I. S.O.S. COSTS	7
	Article 1. Nature and scope of the insurance.....	7
	Article 2. Special stipulations.....	7
	Article 3. Sickness, accident and/or death.....	7
	Article 4. Recall.....	7
	Article 5. Return to the Netherlands by air-ambulance.....	7
	Article 6. Search and rescue operations.....	7
	Article 7. Transport abroad of family.....	7
	Article 8. Transport costs in the event of death.....	8
	Article 9. Forced delay.....	8
	Article 10. Sending of medicines, prostheses or aids.....	8
	Article 11. Telecommunications costs.....	8
	Article 12. Additional costs in connection with a travel companion who is insured elsewhere.....	8
	Category II. TRAVEL LUGGAGE	8
	Article 1. Nature and scope of the insurance.....	8
	Article 2. Uninsured risk.....	9
	Article 3. Replacement clothing and toiletries.....	9
	Article 4. Insured value.....	9
	Article 5. Transfer of insured objects.....	9
	Article 6. Special obligations in the event of damage.....	9
	Article 7. Special exclusions.....	9
	Article 8. Caution Clause.....	9
	Category III. MEDICAL EXPENSES	10
	Article 1. Nature and scope of the insurance.....	10
	Article 2. Reimbursement of medical costs abroad.....	10
	Article 3. Reimbursement of medical costs in the Netherlands.....	10
	Article 4. Reimbursement of dental treatment.....	10
	Article 5. Uninsured risk.....	10
	Article 6. Special stipulations.....	10
	Article 7. Special exclusions.....	10
	Category IV. CANCELLATION	11
	Article 1. Purpose and scope.....	11
	Article 2. Insured events.....	11
	Article 3. Reimbursement of cancellation costs.....	11
	Article 4. Reimbursement paid to relatives travelling with the insured/travel companions of the insured.....	11
	Article 5. Reimbursement in connection with a travel companion who is insured elsewhere.....	11
	Article 6. Uninsured risk.....	11
	Article 7. Special obligations in the event of loss.....	11

☒ GENERAL PROVISIONS

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

Article 1. Definition of terms

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

- 'The Company' : Allianz Global Assistance, with registered office at Poeldijkstraat 4, 1059 VM Amsterdam and registered at the Netherlands Authority for the Financial Markets (AFM) with number 12000567.
- 'Emergency Call Center' : The Alarmcentrale of AGA Alarmcentrale NL B.V.
- 'The Insured' : the person stated as such on the insurance certificate
- 'Partner' : spouse or the person with whom the insured has lived together on a long-term basis (for at least one year as of the effective date of the insurance policy)
- 'Family' : the Insured and partner and/or children/foster children or step-children living with the family
- Relatives:
 - '1st remove' : partner, parents (-in-law), children-in-law, foster parents, step-parents/children, foster parents/children
 - '2e remove' : brothers (-in-law), sisters (-in-law), foster/step-brother or sister, grandparents and grandchildren.
 - 'Travel companion' : a person travelling with the insured.

Article 2. Basis of the insurance

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

Article 3. Validity of the insurance

The insurance policy is only valid if it has been taken out at the time of booking of the flight with KLM or within 48 hours thereafter. If the policy is taken out after this period, then cover for Category IV (CANCELLATION) is excluded.

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

The Company only insures persons who, during the validity term of the policy, are recorded in a Dutch population register as residing or actually staying in the place of residence in the Netherlands, which is also stated on the certificate of insurance.

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

All the categories that have been taken out shall be governed by the General Policy Conditions, unless there are exceptions thereto in the category conditions.

Article 4. Help from the Emergency Call Center

In the event of an event covered by this insurance policy occurring, the Insured has the right to help from the Emergency Call Center. Such help shall include:

- organisation of (medically necessary) transport;
- provision of necessary (medical) supervision during the (return) journey;
- provision of advice and any help that the Emergency Call Center deems useful and necessary.

The Emergency Call Center will provide such services:

- within a reasonable period, in proper consultation with the Insured or his/her agents;
- insofar as there are no government regulations or other external factors which make this impossible.

The Emergency Call Center shall make efforts and take such actions as may be reasonably expected of it under its contractual obligations. In respect of agreements entered into by the Insured himself, the responsibility for complying with obligations arising from such agreements lies with the Insured.

If there are costs incurred in providing this assistance which are not covered by the insurance policy, then the Emergency Call Center is entitled to require the necessary financial guarantees to cover such costs.

Apart from any of its own mistakes or breaches, the Emergency Call Center is, not liable for loss resulting from mistakes or breaches made by any third party contracted to provide the assistance. This does not, however, restrict the liability of any such third party itself.

Article 5. Validity term, cover period

For categories I up to and including III

The insurance policy is valid for the number of days that the insurance remains in force (maximum of 62 days). The validity term is stated on the insurance certificate. If the validity term is exceeded because the public transport by which the insured is travelling is delayed or because an event has occurred against which the Insured is insured (except if such event is covered by the category Travel Luggage), the insurance shall automatically remain valid until the time of the first possible return of the Insured. When the Company prolongs an insurance policy that is already in effect at the Insured's request, this insurance policy shall be considered to be a new insurance policy.

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

For category IV: the insurance policy shall commence on the date specified on the insurance certificate as date of issue and terminate immediately following the departure date specified on the insurance certificate or on the date on which the journey is cancelled.

Article 6. Area in which the insurance is valid

The insurance policy is valid THROUGHOUT THE WORLD.

In the Netherlands, the insurance is only valid if the travel or accommodation in the Netherlands is a direct part of a whole foreign journey.

Article 7. Payment or refund of the premium

The day before the validity term commences, the insured must have paid the premium to the Company or to an agent appointed by the Company. If the premium has not been paid, the insurance is not valid; however, the insured's obligation to pay the premium will continue to exist. As soon as the insurance has come into effect (see Art. 5) the insured shall not be entitled to a premium refund.

Article 8. General obligations in the event of loss

In the event of loss, the Insured or his assignee(s) shall take the following steps:

Fully and truthfully fill out the claim form, sign it and send it, together with the insurance certificate, to the Company. The claim form can be obtained from the Company or one of its agents.

Do anything possible to limit the loss, follow all the advice given by the Company and the Emergency Call Center, give full cooperation to the Company and the Emergency Call Center, and not do anything that may damage the Company and the Emergency Call Center's interests.

To assign claims for recovery (up to the full amount of the claim) to the Company. This is only required if the Company has not assumed the rights of the Insured with regard to payment of the claim. The insured shall submit all the evidence of the above-mentioned claims to the Company.

In certain cases it is necessary to obtain prior permission from the Company for paying certain costs in order to have them reimbursed. Examples here include the return journey to the Netherlands, an admission to hospital for more than 24 hours or death. In these cases the Emergency Call Center must be notified immediately, stating the insurance data.

The Insured must submit to the Company the doctor's certificates, the original invoices of the medical expenses, the carriage and transport costs and the additional travel and/or accommodation expenses, the original invoices of the foreign undertaker and any other documents the Company requires.

The Insured shall do his utmost to obtain a refund from the carrier for unused tickets. In addition, he must be able to prove to the Company that the additional return travel and/or accommodation costs were necessary. Such proof includes, for example, the death certificate or a signed statement of the attending physician abroad.

The Insured can only be transported by ambulance, taxi, air-ambulance or other non-public transport means if the Emergency Call Center has given its prior permission.

If the insured fails to fulfil the said obligations, the Company will not reimburse such costs.

Article 9. Term within which the loss must be reported

In the event of an insured event occurring, this event must be notified to the Company by the Insured or his assignees within the following time limits:

If the Insured dies: within 24 hours (by telephone or fax).

If the Insured has to be hospitalised for over 24 hours: within seven days after the hospitalisation (report in writing).

In all other cases: within 28 days after the end of the validity term (report in writing).

If the loss is not reported to the Company in time, then the Company will not pay out, unless the Insured or his assignee(s) can prove that they could not reasonably be expected to have reported the loss in time. In any event, the right to recovery is irrevocably lost if a report of the loss is not received by the Company within 180 days of the date of the event.

Article 10. General exclusion clauses – Loss of right to recovery

The insurance cover does not include:

loss directly or indirectly resulting from acts of war, including armed conflict, civil war, rebellion, internal civil unrest, riots and mutiny. The aforementioned six forms of war risk, as well as the definitions thereof form part of the text filed by the Association of Insurers with the court registry of the District Court of The Hague on 2 November 1981. If the Insured incurs loss during the above-mentioned events, which is entirely unrelated to such events, the Company shall only reimburse the loss if the Insured proves that the loss was unrelated to such events.

loss which is directly or indirectly related to or caused by the Insured's participation in or the conscious attending of a hijacking, strike or act of terrorism

loss which is directly or indirectly related to a (possible) outbreak of an epidemic or pandemic, as defined by the World Health Organisation (WHO), including:

- preventive and/or restrictive measures imposed by a government body, such as travel restrictions or prohibitions, or the detention of the Insured, his family or travel companions in quarantine;
- the cost of medical examination and/or treatment of the Insured by or on the instruction of any government body.

loss which is directly or indirectly related to an attachment and/or confiscation

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

loss which is the consequence of participation in or the committing of an offence or attempts thereto

There is no entitlement to recovery if such circumstances were known or present at the time when the insurance was taken out such that one could reasonably expect that the costs would be incurred.

The right to recovery of the entire claim will be lost if the Insured or his assignee(s) has/have provided incorrect information or facts.

The right to recovery shall only be lost in respect of that part of the claim for which the objects and/or documents requested by the Company have not been received within 180 days after the request was made.

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

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

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

A deliberate act, recklessness or negligence on the part of the Insured or such other party having an interest in the reimbursement.

Participation in unlawful, acts, rows, fights, dares, participating in expeditions.

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

Carrying out of any activity other than an administrative, commercial or supervisory activity, unless such activities of a different nature are included under the policy and are specified on the certificate of insurance.

The breach of safety regulations imposed by transport and other companies.

Balloon rides and underwater journeys by submarine.

Participation in winter sports and extreme (winter) sports. 'Extreme sports' include mountain climbing, rock climbing, ice climbing, abseiling, potholing, bungee jumping, parachute jumping, paragliding, hang gliding, ultralight flying, gliding, as well as other sports which involve a greater than normal risk.

Extreme winter sports include luge, bobsleighting, ice-hockey, speed skiing, speed races, skijoring, ski-jumping, ski-flying, figure jumping in freestyle skiing, ski-mountaineering, para-skiing, heli-skiing, as well as other winter sports that involve a greater than normal risk.

Participation in one of the following sports: boxing, wrestling, karate and other martial arts, jiu jitsu and rugby

Participation in, or preparing for, competitions, such as training

Participation in, or preparing for, speed, record and reliability tests with motor vehicles or motor boats

Use of boats outside the inland waterways, unless this does not involve any special risks

The costs of an abortion

If the reasons for the insured travelling to the area of insurance include the intention to have medical treatment there

We do not pay for any damage to people, businesses, governments and other parties to whom it is not allowed, due to national or international agreements (sanction lists).

Article 11. Air travel risk

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

Article 12. Co-existence of insurance policies

If in addition to this insurance the Insured may also in principle claim recovery or compensation under another insurance policy, law or other relief, whether or not this predates in time, then this insurance does not cover those costs. In such a case only the loss exceeding the amount which could be claimed elsewhere will be eligible for recovery.

The Company will nevertheless pay out in advance any loss/costs that are in principle covered by this insurance, on the condition that the Insured cooperates in assigning the rights under such other valid insurance policy to the Company.

Article 13. Multiple insurance policies for the same risk

If more than one travel risk insurance policy has been taken out for the insured with the Company, he is eligible for no more than the following amounts:

TRAVEL LUGGAGE	€	5,000,-
Valuables	€	750,-
Photographic, film and video/dvd equipment	€	3,000,-
Computer equipment	€	3,000,-
Money and traveller's cheques	€	750,-

Article 14. Payment out by the Company

The Company shall pay out to the Insured, unless he has instructed the Company to pay out to another party. If the Insured has died, the payment will be made to his legal heirs.

Article 15. Cancellation of rights

If the Company is served with a claim by the Insured or his assignee(s) the Company shall respond by (an offer) to pay in full and final settlement or reject the claim. The claim by the Insured or his assignee(s) shall lapse 180 days after the Company has made its position clear (offer of payment or rejection) unless any dispute has by then been brought to court.

Article 16. Reclaiming uninsured services and/or costs

If the Company has agreed to reimburse costs and/or services incurred/granted by the Company or by the Emergency Call Center that are not covered by the insurance policy (such as, in particular, the costs of the outer coffin), the Company shall have the right to reclaim the costs that it has already paid or to set them off against the payments still to be made. The Insured parties are jointly and severally liable, and are obliged to repay the sums claimed within 30 days of written notice requiring repayment. In the event of default the Company will engage a debt collection agency.

Article 17. Personal data

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

The processing of this personal data is governed by the 'Processing of Personal data by Financial Institutions' code of conduct. This code of conduct sets out the rights and obligations of the parties when processing data. The full text of the code can be found on the website or requested from the Dutch Association of Insurers (www.verzekeraars.nl, Postbus 94350, 2509 AL The Hague, tel: 070-3338500).

On the instructions of the Company, the Emergency Call Center will provide direct help for hospitalisation, a serious accident or death. If the Emergency Call Center deems it necessary to be able to respond properly to the request for help, it may request information from the Insured, his family member, people offering assistance on site and/or the doctor providing treatment and forward this information directly, where necessary, to the persons providing the assistance, as well as to the the Company's medical advisor. A request for and providing of medical data may only be made by, or on the instructions of, the medical advisor at the Emergency Call Center.

Article 18. Disputes

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

The Dutch language version of the terms and conditions of this insurance agreement shall be the sole legally binding text.

For complaints arising from this agreement, the Insured can apply in writing to the Company's Board and/or to:

Stichting Klachteninstituut Verzekeringen, PO Box 93560, 2509 AN THE HAGUE, THE NETHERLANDS.

☒ CATEGORY CONDITIONS

Category I. S.O.S. COSTS

These category conditions shall also be governed by the General Policy Conditions, unless there are exceptions to them in these category conditions.

Article 1. Nature and scope of the insurance

The Company will reimburse the additional travel, accommodation or other costs incurred with the consent of the Emergency Call Center, as described in the following articles, up to the maximum amounts specified in the cover overview under the insurance policy, having regard to any maximum period therein specified, in respect of the maximum number of persons as specified in the cover overview and up to the maximum class specified in the cover overview, where these costs are the direct result of:

- a. Sickness, accident and/or death (Article 3).
- b. Recall (Article 4).
- c. Return to the Netherlands by air-ambulance (Article 5).
- d. Tracking down and saving life (article 6)
- e. Family travel to be with the insured (Article 7).
- f. Transport costs in case of death (Article 8):
- g. Enforced stay (article 9)

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

- h. Sending medicines, prostheses or aids (Article 10).
- i. Telecommunications costs (Article 11).
- j. Additional costs in connection with a travel companion who is insured elsewhere (Article 12).

Article 2. Special stipulations

In this category, 'accommodation costs' means the cost of accommodation and meals. The costs the Insured would normally have incurred for necessary meals will be deducted from the reimbursement of additional accommodation costs. This deduction is 20% of these reasonably incurred costs.

Article 3. Sickness, accident and/or death

If the Insured falls ill or suffers an accident in the area covered by the insurance, the Company shall reimburse the following costs, provided that they are medically necessary in the opinion of the doctor engaged by the Company and are the direct consequence of the sickness or accident:

The necessary costs of extra accommodation after the cover period of the insurance;

The necessary costs of the return journey to the domicile or place of residence in the Netherlands by ambulance, taxi or public transport, insofar these costs are higher than those of the originally intended return journey.

The necessary extra accommodation costs during the cover period of the insurance.

If the co-insured relatives or one co-insured travelling companion of a hospitalised insured person visit this person at the hospital, the extra travel expenses of public transport or private vehicle will be reimbursed.

If the Insured travels with a family member who becomes sick, is involved in an accident or dies, then the Company will reimburse the Insured with the costs specified in Article 0 for extra accommodation or an earlier or later return with the affected person, provided that the affected person is insured with the Company for the same period.

The same payment will also be made to one travelling companion of said affected person, provided that this travelling companion has taken out insurance with the Company for the same period.

Article 4. Recall

If the Insured and/or his insured relatives have to return prematurely to their domicile or place of residence in the Netherlands because a relative of the first or second remove has died or (in the opinion of a physician) has a life-threatening disease or a life-threatening injury, the Company shall pay the necessary costs of the return journey, insofar they are higher or different from the costs of the originally intended return journey. The Insured must travel with his/their own transport or by public transport. The same reimbursement will also be paid to no more than one travel companion of the Insured, in the event that the Insured must return home early. The precondition is that this travelling companion has taken out insurance with the Company for the same period.

Article 5. Return to the Netherlands by air-ambulance

If the insured is sick or injured and cannot travel in any other way (e.g. by passenger plane, ambulance car or taxi) in connection with his health, the Company shall reimburse the return journey to the Netherlands by air-ambulance. Returning in this manner shall only be insured if it is medically necessary and the Company has given prior permission.

The medical necessity of returning by air-ambulance is assessed by the doctor engaged by the Company, in consultation with the attending doctor abroad. The term 'medical necessity' shall at any rate apply if the life of the insured can be saved or if the risk of disability can be reduced and/or disability can be prevented by returning the insured by air-ambulance. If the Insured is entitled to the reimbursement of a return trip by air-ambulance, he shall not be entitled to the reimbursement of additional travel costs as described in Article 3. However, the transport costs from the foreign hospital to the airport and from the Dutch airport to the hospital (including the costs of medical supervision) shall be reimbursed. If the insurance has been taken out and/or has come into effect whilst the insured was already receiving medical treatment outside of the Netherlands, said costs will not be reimbursed.

Article 6. Search and rescue operations

If the Insured becomes sick abroad, or involved in an accident, and he is covered by his insurance, the Company shall reimburse to the Insured or to his assignee(s) the costs claimed to be incurred by the local, competent authorities in tracking down and/or saving the life of the Insured. These costs will also be reimbursed if the competent authorities suspect an accident.

Article 7. Transport abroad of family

If the Insured's life is in danger due to sickness or an accident according to the local attending doctor abroad, the Company will reimburse the costs of family travelling from the Netherlands, their necessary accommodation costs as well as the return journey by public transport to the Netherlands.

If the Insured has to continue the journey by himself alone as a consequence of the death of his co-insured travel companion, the Company shall reimburse the costs of family travelling from the Netherlands, the necessary accommodation costs as well as the return journey by public transport to the Netherlands.

Article 8. Transport costs in the event of death

If the Insured dies as a result of sickness or accident, then the Company will reimburse to the assignees(s) the cost of:

- 8.1. - transport of the body to the last place of residence in the Netherlands;
- the inner coffin;
- the documents required for the transport.

If the body is not taken to the former place of residence of the Insured, the Company will reimburse the costs of the funeral (or cremation) abroad and the transport of relatives from the Netherlands up to the maximum amount that would have been paid if the body had been transported to the place of residence of the deceased.

Article 9. Forced delay

If the Insured is forced to stay abroad after the end of the validity term, but only if this is caused by a carrier strike, airport personnel strike, fog, natural disaster, avalanche, being snowed in or flooding, the Company will reimburse, until the first available opportunity to return, the part of the extra accommodation costs and extra travel costs by public transport that exceeds the cost of the originally intended return journey. This reimbursement is subject to the causes of the delay not having occurred before or during the start of the journey and not having been known or anticipated at such time.

Article 10. Sending of medicines, prostheses or aids

In the event of sickness, accident, loss, theft of medicine, prostheses or aids taken on the journey by the Insured, the Company will pay the shipment costs of having these items sent by the Emergency Call Center if:

they are necessary in the opinion of a physician engaged by the Company and there are no usable alternatives available at the location concerned.

The purchase and customs costs and return charges shall be for the account of the insured, also if the items that have been sent are not picked up. Orders cannot be cancelled.

Article 11. Telecommunications costs

If an event happens to the Insured abroad that is covered by this category, his necessary telecommunications costs ensuing from such event will be reimbursed.

Article 12. Additional costs in connection with a travel companion who is insured elsewhere

Additional costs incurred by the Insured as a consequence of an event covered under this category, which happens to a travel companion who is not named on the certificate of insurance, but due to which the Insured has to continue the journey by himself, will also be reimbursed. This cover is effective only if:

- a. The travel companion has valid travel insurance of his own;
- b. The event that happens to the affected travel companion is covered by his/her travel insurance and such travel insurance does not provide cover for the additional costs incurred by the insured travelling with him;
- c. The affected travel companion and the Insured intended to travel to and from their destination together;
- d. The additional costs incurred by the insured are demonstrably necessary and have been reasonably incurred during the journey.

Category II. TRAVEL LUGGAGE

These category conditions shall also be governed by the General Policy Conditions, unless there are exceptions to them in these category conditions.

Article 1. Nature and scope of the insurance

The word 'luggage' is taken to mean: the luggage which the Insured takes with him on the journey for his personal use.

If luggage belonging to the Insured is stolen, lost or damaged, the Company shall reimburse such loss up to the maximum sum insured as specified on the cover overview. In the event of damage to or loss of an insured object with accessories, only one insured person can claim reimbursement.

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

The luggage specified in article 1.1 to 1.12 is insured against the maximum insured sums as specified in the cover overview, having regard to the relevant terms listed below:

- 1.1. Photographic, film and video/dvd equipment including any related image, sound and information carriers.
- 1.2. Computer equipment: computers (including personal organizers) plus peripheral equipment, software and any related image, sound and information carriers.

In the case of photographic, film, video/dvd and computer equipment, all items that together constitute one kit are regarded as one insured item, such as cameras, lenses, filters, tripods, floodlights, recorders, carrying cases, etc.

- 1.3. Valuables: jewellery, watches, furs, radio and television sets, gold, silver or platinum items, precious stones, pearls, binoculars, sound and image equipment (excluding photographic, film, video/dvd, computer and telecommunications equipment) including any peripheral image sound or information carriers. 'Sound and image equipment' includes music players, such as iPods and MP3 players and navigation equipment not built into a car.
- 1.4. Telecommunications equipment, including mobile telephones and peripheral equipment.
- 1.5. Contact lenses and spectacles.
- 1.6. Musical instruments: musical instruments and accessories (except for drumheads, strings and mouthpieces).
- 1.7. Travel documents. This means, among other things: driving licences and registration certificates, number plates, transport tickets purchased specifically for use during the journey, IDs, tourist cards, passports, laissez-passers, ski-passes and visa. The costs of new purchases will be reimbursed, except for travel, accommodation and telecommunications costs.
- 1.8. Dental prostheses and hearing aids: false teeth, braces, crowns and hearing aids.
- 1.9. Business items: commodities, samples and other business items.
- 1.10. Medical equipment: medical equipment including the costs of repair.

The word luggage is also taken to mean:

- 1.11. Goods purchased during the journey.
- 1.12. Gifts for third parties: goods purchased by the Insured before or during the journey, intended as gifts/presents for third parties.
- 1.13. Underwater sports equipment: owned or rented underwater sports equipment. This cover is included in the insured amount of the insurance that has been taken out, on the understanding that the maximum insured amount for diving watches is equal to the maximum insured

amount of valuables and the maximum insured amount for diver's computers is equal to the maximum insured amount for photographic, film, video, and computer equipment.

Article 2. Uninsured risk

The excess and franchises for all loss in respect of Article 1 (excluding Article 1.7) and article 3 are specified in the cover overview.

Article 3. Replacement clothing and toiletries

The Company will also cover the cost of replacement clothing and toiletries insofar as these have to be bought during the period of insurance cover due to the fact that luggage transported by public transport goes missing or its arrival is delayed by more than 12 hours. This payment shall not be higher than the sum specified on the cover overview alongside the amount insured for Luggage.

Article 4. Insured value

In the event of irreparable damage, loss, misappropriation or theft, the reimbursement is granted on the basis of the insured value. The term 'insured value' is taken to mean the replacement value, after deduction of an amount for depreciation due to ageing or wear and tear; such amount will not be deducted if the lost or damaged goods are less than one year old. The term 'replacement value' is taken to mean the amount required to obtain new objects of the same type and quality. No higher amount will be paid than the amount for which the insured object was purchased. In the event of irreparable damage, the reimbursement will be paid on the basis of the costs of repair. However, the amount paid shall not exceed the amount paid in the event of irreparable damage. The Company has the right to reimburse the damage in kind.

Article 5. Transfer of insured objects

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

Article 6. Special obligations in the event of damage

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

If the Insured loses his luggage due to loss, theft or misappropriation at a hotel, he shall report this immediately to the hotel management. The Insured shall submit a statement of this report to the Company. The stipulations of Article 0 shall remain in full force.

If the luggage is taken by a means of public transport or another means of transport, the Insured shall check his luggage upon receipt, to verify whether it is in good condition and that nothing is missing. If the Insured discovers any damage or loss, he shall report this immediately to the carrier. The Insured shall submit a statement of this report to the Company.

The burden of proving theft, loss or damage to luggage, as well as the amount of loss, the fact that the luggage actually existed and the fact that the insured event occurred during the period in which the insurance policy is in force always rests upon the Insured. The Insured must also prove loss by means of original receipts or copies thereof, guarantees, experts statements as to the possibility of repair and any other documentary proof required by the Company. In the event of damage, the Insured shall also enable the Company to inspect the luggage before it is repaired and/or replaced.

If the Insured fails to fulfil said obligations, the Company will not reimburse the loss.

Article 7. Special exclusions

The following loss is excluded:

Theft, loss or damage to:

Cash or traveller's cheques (including ATM passes), stamps, documents, photos, valuable papers such as public transport passes, OAP passes, passes offering deductions in travel and other costs, season tickets, entry tickets, passes, etc., change of address items and artwork or collector's items except as provided for in Article 1.11 and 1.12.

Vehicles and/or trailers, including bicycles, caravans (including tented parts), aircraft (inflatable and collapsible) boats, surfboards and all other means of transport or parts thereof or appurtenances thereto.

Tools, sound, video/dvd equipment built into a car, roof racks, ski boxes, snow chains and jet bags.

Sports equipment (owned or hired) used in participating in winter sports or extreme winter sports or other extreme sports.

Damage caused over time by the influence of weather or other influences (except natural disaster), wear and tear, the nature of, or defect to, the luggage, natural decay, moths, rodents, insects, etc.

Damage other than to the goods themselves.

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

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

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

Theft, loss or damage to goods loaned during the cover period of the insurance, unless the person from whom or to whom the goods have been loaned is also insured with the Company for the same risk and on the same insurance certificate.

Article 8. Caution Clause

The following cases are not eligible for reimbursement:

Normal caution:

If the insured (or the person whose assistance the insured is using) has not observed normal caution to prevent theft, loss or damage of the insured luggage. There is an absence of normal caution if, for example, the insured luggage is left unattended other than in a properly locked room.

Greater precautions:

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

Public transport:

Damage to, or the loss or theft of, travel documents, valuables and photographic, film, video/dvd, computer and telecommunications equipment which was not taken on as hand luggage during a journey by boat, train, bus or aircraft.

Theft from a motor vehicles:

Theft of the insured luggage from a motor vehicle, unless the Insured can prove that:

- it has been left behind in a properly locked boot*, invisible from the outside, the theft took place between 07.00 a.m. and 10.00 p.m. local time and there is evidence of forcible entry. However, the Insured is not entitled to reimbursement if the insured luggage has been abandoned without supervision for over 24 hours.

- it has been abandoned without supervision during a short interruption during the journey to have a bag and/or during an emergency situation and there is evidence of forcible entry. In this event there is only an entitlement to reimbursement for travel documents, valuables and photographic, film, video/dvd, computer and telecommunications equipment if these have been left out of sight in a locked boot. *

* In motor vehicles with a third or fifth door or in a station wagon, the boot must, in addition, be covered with a back shelf or a similar, fixed facility.

Theft from caravans and campervans:

a. Theft of valuables and travel documents from a caravan or campervan unless these items are stored inside the locked caravan or campervan in a safe and there are traces of break-in.

Theft of photographic, film, video/dvd, computer and telecommunications equipment from a caravan or campervan unless these items are stored inside a locked storage cupboard and there are traces of break-in.

Theft from tents:

Theft of valuables, travel documents, photographic, film, video/dvd, computer and telecommunications equipment, if these have been left behind in a tent or under an awning.

Category III. MEDICAL EXPENSES

These category conditions shall also be governed by the General Policy Conditions, unless there are exceptions to them in these category conditions.

Article 1. Nature and scope of the insurance

The Company will reimburse medical expenses incurred by the Insured as a result of sickness, complaint or accident occurring during the period of insurance cover up to a maximum of the insured amount specified in the cover overview. Medical expenses exclusively include:

- doctor's and specialists' fees;
- the costs of hospitalisation;
- the costs of an operation and the use of the operating theatre;
- the costs of X-rays and radiation treatment prescribed by the doctor;
- the costs of medicine, bandages and massage prescribed by the doctor;
- the costs of the Insured's medically necessary transport to and from doctors and the nearest hospital.

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

Article 2. Reimbursement of medical costs abroad

The Company will reimburse:

The expenses mentioned in Article 1, of medical assistance in the area of insurance. This reimbursement shall come into effect on the date on which the treatment starts and shall continue until the first opportunity of the Insured to return to the Netherlands. The Insured shall not be entitled to a reimbursement exceeding 365 days.

The elbow or armpit crutches or wheelchair purchased or rented on medical prescription, provided that these costs have been incurred within 90 days after the sickness arose and/or the accident happened.

The costs of prostheses (except dental prostheses), if the insured has to purchase them abroad as a consequence of an accident on a specialist's prescription.

Article 3. Reimbursement of medical costs in the Netherlands

The Company will reimburse:

The costs of medical assistance referred to in Article 1 if the Insured falls ill or is involved in an accident during the journey from the Netherlands to the foreign travel destination and/or during the return journey to the Netherlands.

The elbow or armpit crutches or wheelchair purchased or rented on medical prescription, provided that these costs have been incurred within 90 days after the sickness arose and/or the accident happened.

The costs of follow-up treatment in the Netherlands: the costs of medical assistance in the Netherlands, except transport costs, for further medical treatment shall only be reimbursed if they are the consequence of an accident. A precondition is that the insured has undergone at least one treatment abroad during the period of cover and that the medical costs have been incurred within 365 days of the start of the first treatment.

Article 4. Reimbursement of dental treatment

The Company will reimburse:

Dental treatment resulting from an accident occurring abroad during the period of cover, if the natural teeth of the Insured are damaged, providing that these costs have been made within 365 days of the accident.

Dental treatment received abroad during the period of cover in the case of other emergency treatment.

Article 5. Uninsured risk

The excess for all medical costs referred to in Article 1 is specified in the cover overview.

Article 6. Special stipulations

The insured must be treated or nursed in ways that are not unduly expensive and which are in accordance with his current insurance/facility.

If the treatment takes place in the country of which the Insured is a national, the Company shall only reimburse the costs of treatment for diseases, disorders and complaints which the Insured did not have before the policy's effective date and for which he has never been treated before.

If the Insured is hospitalised in a foreign hospital for over two hours, the Company will only reimburse the treatment if it could not be postponed until after the Insured's return to the Netherlands.

Article 7. Special exclusions

The insured will not be indemnified for medical expenses in the following cases:

If there is no medical expenses insurance / provision in the Netherlands.

If the sickness is related to the use of medicine/preparations to decrease or increase body weight.

If the insurance policy has been taken out and/or has come into effect whilst the Insured was already under medical treatment, the costs of such continued or prescribed treatment will not be reimbursed.

The costs of an operation will not be reimbursed if the operation could have been postponed until after the Insured's return to the Netherlands.

Category IV. CANCELLATION

These category conditions shall also be governed by the General Policy Conditions, unless there are exceptions to them in these category conditions.

Article 1. Purpose and scope

The Company guarantees any Insured reimbursement as further described in Article 3 up to the insured amounts stated on the cover overview in the event of: cancellation of the Insured's booked trip, if this is the direct consequence of any of the events mentioned in Article 2.

The insurance is strictly personal and cannot be transferred. There are as many policies as the number of insured persons stated on the insurance certificate. The stipulations that apply to a particular insured person do not apply to others, unless this is explicitly stated.

Article 2. Insured events

The reimbursements mentioned in Article 1 shall only be paid if the damage is directly and exclusively caused by the following unforeseen events that occurred during the insurance's term of validity:

- 2.1. the Insured has died, fallen seriously ill or incurred serious injury due to an accident, provided that this has been medically established by the attending physician/specialist within 24 hours after the cancellation;
- 2.2. a relative of the Insured to the first or second remove has died, or has a life-threatening disease or a life-threatening injury due to an accident in the opinion of a physician;
- 2.3. (duty of care 1st remove) if a family member of the Insured of the first remove requires, as a result of an accident or a sudden Sickness or worsening of a sickness care by the Insured and no one other than the Insured can provide such care.
- 2.4. pregnancy of the Insured, provided that this has been medically established by the attending physician/specialist;
- 2.5. a medically necessary operation which a relative travelling with the Insured has to undergo unexpectedly; This event is not insured if the relative concerned is on a waiting list for the operation;
- 2.6. operation of the Insured in connection with a donor organ transplant;
- 2.7. property (real estate, inventory, household effects or merchandise) of the Insured in the Netherlands or the company in the Netherlands where he is employed caused by fire, theft, explosion, storm, lightning or flood, has been seriously damaged, so that his presence is urgently required;
- 2.8. damage caused by fire, explosion, storm, lightning or flooding to the insured holiday accommodation of the Insured, rendering a stay at such place impossible. A precondition for this is that the owner/lessor of the holiday accommodation concerned refuses to pay compensation.
- 2.9. death, serious illness or injury due to an accident of the insured's family or friends residing abroad, due to which the intended stay of the Insured with these persons is not possible;
- 2.10. the Insured has become redundant and can submit a permit to terminate a contract of employment, issued in connection with economic reasons of the company;
- 2.11. the Insured, after unemployment for which he was paid unemployment benefit and for school-leavers insofar the departure date is after 31 May following the year in which they left school, has accepted employment of at least 20 hours per week for a period of at least one year or for an indefinite period of time. A precondition is that the date of employment is within 90 days before the end of the validity term of the insurance;
- 2.12. the Insured is under an obligation to retake an examination during the booked journey and the examination re-take cannot be postponed; A precondition for this, however, is that this concerns a re-take of an exam for the completion of a multi-year education;
- 2.13. the Insured cannot be vaccinated and/or take medicine for medical reasons, where this is obligatory before the journey or the stay at the destination concerned;
- 2.14. the Insured is unexpectedly offered a rented house of which the rental period starts either during the booked journey or in the period of 30 days before the start of the booked journey. However, a precondition is that the Insured can submit an official tenancy agreement, which clearly evidences all this;
- 2.15. permanent disruption of the insured's marriage for which divorce proceedings have been instituted after the journey was booked; The dissolution of a cohabitation contract executed before a civil-law notary valid at the time when the insurance was taken out is considered to be equal to the permanent disruption of the marriage. The petition for divorce and/or dissolution must have been submitted to the court and/or civil-law notary within four weeks after cancellation;
- 2.16. the unexpected refusal of a visa required for the insured, unless the insured cannot obtain the visa because he/she or his/her representative has applied for it too late;
- 2.17. theft or loss of travel documents required for the journey, on the departure date, providing that immediately following the theft or loss the Insured reports the same to the police authorities. The insured shall submit a statement of this report to the Company.

Article 3. Reimbursement of cancellation costs

If the Insured has to cancel a booked trip as a result of any event specified in Article 2.1 to 2.17, the Company will pay out:

- 3.1. the cancellation costs the Insured owes to the touroperator, carrier or lessor. If rent is concerned, the costs will only be reimbursed if renting out (fully or in part) to third parties was not possible.
- 3.2. the costs of rebooking the flight at a later date, to avoid complete cancellation.

Article 4. Reimbursement paid to relatives travelling with the insured/travel companions of the insured

The Company shall pay compensation as specified in Article 3 to the accompanying family members of the Insured as well as to one travelling companion of the Insured, providing that they have taken out a cancellation insurance policy with the Company for the same period.

Article 5. Reimbursement in connection with a travel companion who is insured elsewhere

The Company will also pay the reimbursement mentioned in Article 3 to the Insured if he cancels the journey due to an event insured under this category that affects a travel companion, who is not insured with the Company. A precondition for this is that this travel companion has taken out cancellation insurance of his own and that he, under such insurance policy, has been reimbursed and that the Insured and this travel companion intended to travel to and from the destination together.

Article 6. Uninsured risk

The excess with regard to reimbursement of cancellation costs as specified in Article 3 is set out in the cover overview.

Article 7. Special obligations in the event of loss

In the event of loss the insured or his successor(s) must do the following:

- 7.1. within 3 x 24 hours after the insured event, the agent through whom the insurance policy was taken out is notified of the cancellation of the booked trip;

- 7.2. enable the medical adviser of the Company to assess the degree of urgency for the cancellation of the booked trip;
- 7.3. prove to the Company a right to reimbursement by means of supplying statements, such as an employer's declaration, a cancellation charges receipt and all other documents and information that the Company deems necessary. The Insured must, if the Company deems it necessary, make an appointment with a doctor appointed by the Company to check the condition of the Insured.

If the Insured fails to fulfil said obligations, the Company will not reimburse him.

Appendix B-PL-Privacy 18

From 25th May 2018, this appendix will form an integral part of the Terms and Conditions of Insurance.

Privacy and personal data

You are now reading our Privacy Statement. This statement explains what personal data we collect, how and why we do this, and with whom we share this data.

1. About us

We are the Dutch branch of AWP P&C S.A, with our registered office in Paris, France. We also operate under the name Allianz Global Assistance and are a subsidiary of Allianz Partners SAS. Our organisation is licensed to provide insurance products and services worldwide.

Allianz Global Assistance is responsible for protecting your personal data, in which we comply with the applicable privacy protection laws and regulations.

2. What types of personal data do we collect?

If you apply for us for insurance, we collect and process the following personal data:

- Name and full address
- Sex, date of birth and age.
- Contact details (phone number, email address, etc.).
- Payment details (credit card, bank account number, etc.).
- Cover details of policies purchased.
- When using the website and apps: type of device used, browser, language, date, time and IP address.
- For specific types of insurance: location details, vehicle registration details/number plate, travel details, nationality, identity document, profession and family details.
- Results of fraud screening and/or sanctions screening.

In addition, we also collect and process particular personal data such as medical data. Our emergency centre will provide immediate assistance if you require hospitalisation and in the event of serious accidents or death. If the emergency centre deems this necessary, it can request data from an insured person, relatives, emergency workers and/or the attending physician. It may provide this information to the individuals involved in the emergency services and will pass this information on to our medical adviser.

3. How do we collect and use personal data?

The table below shows the purposes for which we use your personal data, plus details on whether we do or do not require your consent.

Purposes	Is your consent required?
In order to accept and perform your insurance contract, manage any relationships arising from this contract, and be able to inform you quickly and accurately.	No
For our financial records.	No
For marketing activities, e.g. expanding our customer base or to inform you of products and services of potential interest to you. We may do this by email, post or telephone, or through our website and apps. If you do not appreciate this form of communication, you can file an objection or revoke your consent (see point 9).	Yes, unless we have a legitimate interest in the processing operation.
For profiling purposes. 'Profiling' refers to the collection, analysis and amalgamation of your personal data into a profile. The purpose of profiling is to be able to tailor our communications and products to your personal preferences. We also use profiles to identify potential business risks.	Yes, unless we have a legitimate interest in the processing operation.
In order to make automated decisions, e.g. to calculate your premium and determine the amount of your customer discount or loyalty discount based on your profile. In addition, in order to personalise your visit to our website by tailoring our products, services, offers and content to your preferences.	Yes, unless the processing operation is necessary for the negotiation or performance of the insurance contract.
For statistical analysis and in order to further develop our products and services.	No
In order to prevent and control fraud, money laundering and terrorism financing and protect the security and integrity of the financial industry and our organisation, employees and customers.	No
In order to comply with statutory requirements (including the payment of taxes and screening under the Dutch Sanctions Act).	No
In order to reinsure risk. This means we take out insurance ourselves in order to diversify (spread) the risk.	No

We may also receive personal data relating to you from public sources, including Statistics Netherlands (Centraal Bureau voor de Statistiek/CBS), the Netherlands Vehicle Authority (RDW), the Cadastre (Land Registry) and other organisations or individuals, including brokers, authorised agents, employers, emergency services, claims adjusters, other insurers, research companies and fraud prevention agencies.

Below we have listed a number of purposes for which we do not require your express consent. If this is the case, we will process this personal data because we are authorised to do so and/or to comply with statutory requirements. This is the case, for example, if the processing of personal data is necessary:

- In order to enter into, or perform, an insurance contract.
- In order to protect your, or someone else's, interests.
- In order to satisfy statutory requirements.
- For the purpose of a general-interest role.
- Because we (or any other party or parties) have a legitimate interest in doing so, unless your interests or those of a party concerned are more compelling. Please feel free to contact us for more information (see point 9).

We require your personal data in order to be able to offer our products and provide our services. If you prefer not to share your personal details with us, we will not be able to offer you an insurance product that meets your specific requirements.

4. Who has access to your personal data?

We ensure that your personal data is processed in a way that is consistent with the purposes listed above. Your data may be disclosed to the following parties for this purpose: government authorities, other Allianz Group companies, other insurers, co-insurers, reinsurers, insurance agents and banks. All these parties are responsible for protecting your data.

We can also choose to share your data with parties whom we have instructed to process your data, including other Allianz Group companies, consultants, experts, legal counsels, repair technicians, physicians and service providers. These parties are not authorised to use your personal data for their own marketing activities without your consent.

We can share your data for (scheduled) corporate reorganisations, mergers, corporate sales, joint ventures, allocation or transfer, or in the event of a bankruptcy or the transfer of all or a portion of our business, or our assets or shares.

Finally, we may be required to share data in order to comply with the law, e.g. with the Klachteninstituut Financiële Dienstverlening (Dutch Financial Services Complaints Authority/Kifid) if you have filed a complaint with them regarding our products or services. We can also exchange data with Stichting CIS (Central Information System) as part of fraud control procedures.

5. Where is my personal data processed?

Since we provide assistance and support worldwide, your personal data can be processed both within and outside the European Economic Area (EEA) by the parties listed in point 4. We will always ensure that we make agreements with you regarding confidentiality and security and that these agreements comply with the data protection regulations. We will never share your personal data with any parties who are not authorised to process this data.

If another Allianz Group company processes your personal data outside the EEA, we will do so based on approved business regulations. This Allianz Privacy Standard (Allianz BCR), as it is known, provides the appropriate protection for your personal data and applies to all Allianz Group companies.

A list of the Allianz BCR and Allianz Group companies which meet these requirements is available from www.allianz-assistance.nl/privacy. If the Allianz BCR does not apply, we will take the appropriate measures to ensure that the transfer of your personal data is as securely protected outside the EEA as within the EEA. Please feel free to contact us for more information about these measures (see point 9).

6. What are your rights related to your personal data?

If permitted under the law, you are entitled to:

- Request access to your personal data. You may ask questions as to how we have acquired this data and why it needs to be processed or about the contact details of the parties responsible, i.e. the data processors and other organisations or individuals with which or with whom we might share data.
- Revoke your consent for the processing of your personal data.
- Modify or update your personal data, for example if you have moved house.
- Ask to have your personal data deleted from our system, for example when we do not require it anymore for the purposes listed above and we are not required by law to retain your data any longer.
- Ask us to restrict the processing of your personal data, for example when you are in doubt as to whether your details are accurate. This restriction is valid for the period for which we check the accuracy.
- Receive your personal data electronically, for yourself or a new insurance company.
- File a complaint with us and/or the Autoriteit Persoonsgegevens (Personal Data Protection Authority).

Please contact us if you would like to avail of these rights; our contact details are listed under point 9. Please include your name, email address, policy number (if you have one) and your question. You can also do this by completing our online application form at the following link: www.allianz-assistance.nl/privacy

7. How can you file an objection?

You can object to the further processing of your personal data, or ask us to stop processing your data. We will always honour your request, unless we have been authorised for further processing under the law. Please contact us if you would like to file an objection; our contact details are listed under point 9.

8. How long will we retain your personal data?

We will keep your personal data for seven years from the maturity date of the insurance policy, unless a shorter or longer retention period is required by law. We will only use the data for the purposes for which we have received it.

9. How can you contact us?

If you have any questions about how we use your personal data, please contact us by email or post using the contact details listed below.

Allianz Global Assistance

Attn Data Privacy Officer
Poeldijkstraat 4, 1059 VM AMSTERDAM
Email: privacy.nl@allianz.com

10. How often do we update this Privacy Statement?

This Privacy Statement is updated on a regular basis. The most recent version is available on our website: www.allianz-assistance.nl/privacy. We will always inform you immediately of any important changes. This Privacy Statement was last updated in April 2018.