

INFORMATION NOTICE

Dear customer,

In view of the type of service(s) you are purchasing and the information you have given us, we recommend that you take out this insurance contract. This contract is made up of the General Conditions presented below, completed by the Special Conditions that were communicated to you when you took out the contract.

Before taking out this insurance policy, we invite you to read this Information notice and the General Conditions carefully. They explain your rights and obligations as well as ours and answer any questions you may have.

Who is the insurer ?

AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance and/or Allianz Travel, is an insurer licensed to act in all EEA countries and operating in freedom of services, with corporate identification No 33094603, and registered at the Dutch Authority for the Financial Markets (AFM) No 12000535

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

Who is this contract for ?

This contract is open to anyone who has booked a trip with Singapore Airlines and subject to the following conditions.

What are the conditions to benefit from this contract ?

You must be resident in France.

The contract must be taken out on the day the trip is booked.

What is the effective date and duration of your contract ?

The contract is valid from the date of subscription for any private trip of a maximum duration of one hundred eighty (180) consecutive days and sold by the travel organisation from which this contract is subscribed. The guarantees apply according to the conditions provided for in the Common Provisions section.

What guarantees are provided in the contract ?

- There are the coverage listed below, which are included in your Policy Schedule and for which you will pay the corresponding premium.
- Please refer to the Table of benefits for the amounts and ceilings of cover as well as the excesses for each benefit. This table is completed by the list of General Exclusions as well as the specific exclusions for each of the benefit and those listed in the Definitions section.

Points of attention

- You may or may not have a right of renunciation following the subscription of this insurance contract. The conditions and procedures for exercising this right are detailed in article 3 – Right of renunciation in the Common Provisions section of the General Conditions below.
- In order to avoid multi-insurance, in accordance with article L112-10 of the Insurance code :

You are invited to check that you are not already a beneficiary of a guarantee covering one of the risks covered by the new contract. If this is the case, you have the right to cancel this contract within a period of fourteen (14) days (calendar) from its conclusion, free of charge and without penalties, if all the following conditions are met :

- You have taken out this contract for non business purposes ;
- This contract is complementary to the purchase of a good or service sold by a supplier ;
- You can prove that you are already covered for one of the risks covered by this new contract ;
- The contract is complementary to the purchase of a good or service sold by a supplier ;
- You have not reported any claims under this policy.

In this situation, you may exercise your right to renounce this contract by letter or any other durable medium that you send to us, accompanied by a document proving that you already benefit from cover for one of the risks covered by the new contract. We are obliged to reimburse you the premium paid, within thirty (30) days of your renunciation.

If you wish to surrender your policy but do not meet all of the above conditions, check the surrender provisions of your policy in article 3 Surrender rights in the Common Provisions section of the General conditions.

- The quality of our service and the satisfaction of our customers are our main concerns. However, if you are not completely satisfied with our services, you can contact us as set out in Article 9 Complaints Procedure in the Common Provisions section of the General Terms and Conditions below.

The contract is drawn up in French and subject to French law.

The guarantees of this contract, with the exception of the assistance guarantees, are governed by the Insurance Code.

DOCUMENTS TO THE PROOF OF INSURANCE

Comprehensive

COVERAGE	WHEN IT APPLIES: COVERAGE SUMMARY	MAXIMUM BENEFIT
Travel Cancellation Insurance	You have to cancel <i>your trip</i> before you depart. Deductible: With rates that include a deductible <i>you</i> will personally bear 10 % of the reimbursable loss; at least 25 € per loss event per person or property.	5,000 € per person
Travel Interruption Insurance	Your travel plans are interrupted while <i>you</i> are on <i>your trip</i>.	5,000 € per person
Travel Delay Insurance	Your travel plans are delayed while <i>you</i> are on <i>your trip</i>. Maximum reimbursement per 24-hour period of delay (minimum required delay: 4 hours)	250 € per person
Baggage Insurance	Your <i>baggage</i> is lost, damaged, or stolen while on <i>your trip</i>.	3,000 € per person
Baggage Delay Insurance	Your <i>baggage</i> is delayed by an airline, cruise line, or other travel carrier while on <i>your trip</i>. Minimum Required Delay: 24 hours	300 € per person
Emergency Coverage	You have to pay for emergency medical or dental treatment while on <i>your trip</i>.	300,000 € for medical emergency treatment per person,
Medical/Dental Coverage	Transportation is needed following a medical emergency while on <i>your trip</i>. Maximum benefit for search, rescue and recovery costs: 1,500 € per person and per insured event	300 € for dental emergency treatment per person
Emergency Transportation Coverage		
Travel Liability Insurance	You are financially liable for damage <i>you</i> cause to a third party or their property while on <i>your trip</i>.	1,000,000 € per person
Travel Accident Insurance	You suffer a death or disability as a result of a travel accident during <i>your trip</i>.	10,000 € per person
Collision Damage Waiver (CDW) – for Passenger Cars	You are charged an excess by <i>your rental car</i> company if <i>your rental car</i> is damaged or stolen while on <i>your trip</i>. The sum insured must be commensurate with the agreed deductible for the collision damage insurance of <i>your rental car agreement</i> .	3,500 €
Travel Assistance	24/7 assistance in case of personal emergencies during <i>your trip</i> and information services during the term of <i>your insurance contract</i>	service without cost coverage

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

Important Notices and Definitions

- **Insurer:** We, AWP P&C S.A., Dutch Branch, trading as Allianz Assistance and/or Allianz Travel are *your* insurer. *Our* main business activity is the insurance of goods and services, including travel insurance.
- **Mode of travel:** valid for all modes of travel
- **Insured duration of travel:** see insurance certificate / travel confirmation / booking confirmation.
The insurance policies are valid for the duration of the *trip* (from commencement of the *trip* to the time of return); a maximum of 180 days is possible.
- **Notes on the conclusion of insurance:** All travel cover containing travel cancellation insurance, should be purchased at the time of booking the travel. The insurance is only valid for the booked travel as described in the travel confirmation. The insurance cover for the Travel Cancellation Insurance commences upon conclusion of the insurance. For the other insurance lines, the insurance cover begins at the time of commencement of the insured travel, and ends at the agreed point in time. The insurance cover will end at the very latest with the completion of the insured travel. In the following case, the insurance cover will be extended beyond the agreed point in time: if *you* have insured the entire planned *trip*, and the end of the *trip* is delayed for reasons outside of *your* control.
- **PLEASE NOTE: If the insured event occurs, we will only be obliged to provide indemnity if the premium has been paid, or if *you*, as the policyholder, are not at fault for the non-payment of the premium. *You* are required to prove this to *us*.**

GENERAL CONDITIONS

WHO WE ARE

We are a Dutch branch of AWP P&C S.A., which has its registered office in Saint-Ouen, France. We also operate under the trading name Allianz Assistance and/or Allianz Travel.

Our business address is:

AWP P&C S.A., Dutch branch
Poeldijkstraat 4
1059 VM Amsterdam
The Netherlands

Our postal address is:

AWP P&C S.A., Dutch branch
PO Box 9444
1006 AK Amsterdam
The Netherlands

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ABOUT THIS POLICY

This *policy* is a binding contract between *you* and *us*. Please read it carefully. We have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage.

This *policy* has been recommended to *you* based on the information *you* provided at the time of purchase. We will provide the insurance described in this *policy* in return for payment of the premium. *You* will also notice that some words are italicized. These words are defined in the "Definitions" section. Words that are capitalized refer to section names of the pre-contractual and contractual documents and coverage names found in this *policy*.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

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

Your *policy* consists of two (2) documents:

1. *Special conditions*
2. General terms and conditions

NOTE:

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

IMPORTANT CONTACT DETAILS

For customer service, please (8:00–16:00 CET, Mon.–Fri.):

Tel: +33170363333

E-Mail: claims.awpeurope@allianz.com

For emergency assistance during *your trip*, please :

Tel : +33170363333

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DEFINITIONS

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

Abroad	All countries excluding the country of <i>your</i> main residence as well as countries not covered.
Accident	An unexpected and unintended external event that causes <i>injury</i> , property damage, or both.
Accommodation	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
Adoption proceeding	A mandatory legal proceeding or other meeting required by law as a prospective adoptive parent(s) in order to legally adopt a minor child.
Baggage	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
Bodily injury	Any <i>injury</i> to the physical or mental integrity accidentally suffered by a person as well as any resulting pecuniary damage.
Claim	Questioning of <i>your</i> liability, either by letter or any other durable medium addressed to <i>you</i> or to <i>us</i> , or by summons before a civil or administrative court. The same loss may be the subject of several <i>claims</i> , either from one victim or from several victims.
Cohabitant	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
Computer System	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
Consequential loss	Any pecuniary loss resulting from the deprivation of enjoyment of a right, interruption of a service provided by a person or by a property, cessation of activity, the loss of a benefit or costumers and which is the direct consequence of a covered <i>bodily injury</i> or <i>property damage</i> .
Consolidation	Diagnosis made by a <i>doctor</i> setting the date from which <i>your</i> condition is considered permanent and presumed definitive because no treatment is likely to change it significantly.
Covered reasons	The specifically named events for which <i>you</i> are covered under this <i>policy</i> .
Cyber risk	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> 1. Any unauthorized, malicious, or illegal act, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>; 2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>; 3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
Deductible	Portion of the loss at <i>your</i> expense when <i>you</i> receive compensation for <i>your</i> claim. The deductible amounts for each benefit are specified in the Coverage Summary.
Departure date	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on your <i>Special conditions</i> .
Doctor	Someone who is legally authorized to practice medicine and is licensed as required under the law of the country in which he or she practices. This cannot be <i>you</i>, a <i>traveling companion</i>, <i>your family member</i>, a <i>traveling companion's family member</i>, or the sick or injured person's family member.
Epidemic	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
Family member	<i>Your</i> : <ol style="list-style-type: none"> 1. Spouse (by marriage, domestic partnership, or P.A.C.S.); 2. <i>Cohabitants</i>; 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. Aunts, uncles, nieces, and nephews; 9. Legal guardians and wards; and 10. Paid, live-in caregivers.
First responder	Emergency personnel who are among those responsible for going immediately to the scene of an <i>accident</i> or emergency to provide aid and relief.
France	Metropolitan France (Including Corsica), Guadeloupe, French Guyana, Martinique, Mayotte, Réunion, Saint-Barthélemy, Saint-Martin (French part) and Monaco.
Funeral expenses	Costs of first preservation, handling, placement in coffin, specific transport arrangements, preservation care made obligatory by legislation, packaging and coffin of the simplest model, necessary for transport and in accordance with local legislation. The costs of burial (or cremation), embalming and ceremony are excluded.
Harmful event	Fact, act or event at the origin of the damage suffered by the victim and which is the subject of a <i>claim</i> .
High value items	Collectibles, jewelry, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
Hospital	A public or private health establishment to which people who are ill can be admitted and/or receive consultation for treatment.
Illness	Any alteration in a person's state of health observed by a <i>doctor</i> .
Injury	Physical bodily harm diagnosed by a <i>doctor</i> .
Local public transportation	Local, commuter, or other urban transit system carriers (commuter rail, city bus, subway, ferry, taxi, for-hire driver) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometers.

Mechanical breakdown	An electrical, electronic or mechanical issue, which prevents the vehicle from being driven normally, including running out of fluids (except fuel).
Medical escort	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, traveling companion, or family member.
Medical expenses	Pharmaceutical, surgical, consultation and hospitalisation costs, medically prescribed, necessary for the diagnosis and treatment of an <i>illness</i> or <i>injury</i> .
Medically necessary	Treatment that is required for <i>your illness, injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including : earthquake, fire, flood, hurricane, or volcanic eruption.
Pandemic	An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
Permanent disability	Permanent, partial or total loss, of <i>your</i> functional carry out the ordinary activities of daily life and established by a <i>doctor</i> .
Policy	The travel insurance coverage purchased. The <i>policy</i> includes the <i>Special conditions</i> and the General terms and conditions.
Political risk	Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or government, including : <ul style="list-style-type: none"> · Revolution; · Rebellion; · Insurrection; · Civil commotion assuming to proportion of or amounting to an uprising; · Military and usurped power.
Physical accident	Any unintentional bodily harm resulting from the sudden action of an external cause, ascertained by a <i>doctor</i> .
Primary residence	<i>Your</i> permanent, fixed home address for legal and tax purposes that is located in <i>France</i> .
Property damage	Any accidental deterioration, destruction or disappearance of property, as well as any damage to a domestic animal.
Quarantine	Mandatory confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.
Refund	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any other entity (except from another insurance company).
Service animal	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
Severe weather	Hazardous weather conditions including windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
Special conditions	<i>Your</i> travel registration form if <i>you</i> have subscribed to this <i>policy</i> with a <i>travel supplier</i> or special conditions delivered by email if <i>you</i> have subscribed this <i>policy</i> on <i>our</i> website.
Terrorist event	An act carried out by an organized terrorist group recognized by the government authority and applicable law of <i>your</i> country of residence that injures people or damages property for a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war.
Traffic accident	An unexpected and unintended traffic-related event, other than mechanical breakdown , that causes <i>injury</i> , property damage, or both.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or 4. Local public transportation.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
Traveling companion	A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a traveling companion unless <i>you</i> are sharing the same room with the group or tour leader. School teachers leading group class trips are not considered group or tour leaders.
Uninhabitable	A <i>natural disaster</i> , fire, flood, burglary, storm, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a person find their home or destination inaccessible or unfit for use.
We, Us, or Our	AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance and/or Allianz Travel
You or Your	All persons listed as insureds in the <i>Special conditions</i> .

YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept your request for insurance. Your policy's coverage effective date and coverage end date are indicated in your proof of insurance. The policy is effective at 00:00 on the day we receive the order you pay the full premium. The order must be received and the full premium must be paid on or before the departure date.

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

Except for one-way and same-day return trips, the departure date and return date that you provided at time of purchase are counted as two separate days of travel when we calculate the duration of your trip.

Your policy ends on the coverage end date listed in your proof of insurance. However, there are situations where your policy may end on a different date. If your policy was purchased with a one-way booking, your coverage end date will be the scheduled return date for your trip, as shown on your travel documents (not exceeding 180 days from the departure date shown on your travel documents).

· Additionally, your policy will end on the earliest of:

1. At 23:59 on the day you file a trip cancellation claim with us ;
2. At 23:59 on the day you end your trip, if you end your trip early;
3. At 23:59 on the day you arrive at a medical facility for further care if you end your trip due to a medical reason; or
4. At 23:59 on the 180th day of the trip

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

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

COVERAGE DESCRIPTIONS

In this section, we will describe the many different types of insurance coverages, which are included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply. **Each coverage is provided with limits indicated in the Coverage Summary. Each coverage is completed by the General Exclusions as well as any specific exclusions appearing in the Definitions and/or coverage descriptions.**

A. TRIP CANCELLATION COVERAGE

If *your trip* is canceled or rescheduled for a *covered reason* listed below, we will reimburse *you* for *your* non-refundable *trip* payments, deposits, cancellation fees, or change fees costs to rebook *your* transportation (less *deductible* and available *refunds*), up to the maximum benefit for trip cancellation coverage listed in *your* Coverage Summary. **IMPORTANT : Please note that this coverage only applies before *you* have left for *your trip* and for any *covered reason* occurring after the subscription of the *policy*.**

Also, if *you* prepaid for shared *accommodations* and *your traveling companion* cancels their *trip* due to one or more of the *covered reasons* listed below, we will reimburse any additional *accommodation* fees *you* are required to pay.

IMPORTANT: You must notify all of *your travel suppliers* within 48 hours of discovering that *you* will need to cancel *your trip* (this includes being advised to cancel *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference.

Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* cancel *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease).

The following condition applies:

A *doctor* advises *you* or a *traveling companion* to cancel *your trip* before *you* cancel it.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease).

The following condition applies:

The *illness*, *injury*, or medical condition must be considered life threatening by a *doctor*, or require hospitalization.

3. *You*, a *traveling companion*, *family member*, or *your service animal* dies on or after *your policy's* Coverage Effective Date and before *your trip*.
4. *You* or a *traveling companion* is *quarantined* before *your trip* due to having been exposed to:
A contagious disease other than an *epidemic* or *pandemic*; or

An *epidemic* or *pandemic*, but only when the following condition is met:

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

***Quarantines* that apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling are excluded. This exclusion applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.**

5. *You* or a *traveling companion* is in a *traffic accident* on the *departure date*.

One of the following conditions must apply:

***You* or a *traveling companion* need medical attention; or**

***Your* or a *traveling companion's* vehicle needs to be repaired because it is not safe to operate.**

6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

The attendance is not in the course of *your* occupation.

7. *Your primary residence* becomes *uninhabitable*.
8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
A *natural disaster*; or

Severe weather.

However, if *you* can get to *your* original destination another way, we will reimburse *you* for the following, up to *your policy's* trip cancellation coverage maximum benefit:

The reasonable cost of the alternative transportation, less available *refunds*; and

The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

The following conditions apply:

Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.

Alternate transportation must take place within the initial *trip* dates.

This coverage only applies for the transportation to reach *your* destination.

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

9. *You* or a *traveling companion* is terminated or laid off by a current employer after *your policy's* purchase date.

There is no coverage for:

- a. The termination or layoff that is *your* or *your traveling companion's* fault;
- b. The termination or layoff from the employment that was a short-term contract;
- c. The termination or layoff from the employment that lasted less than at least 12 continuous months.

10. *You* or a *traveling companion* secures permanent, paid employment, after *your policy's* purchase date, that requires presence at work during the originally scheduled *trip* dates.
11. *You* or a *traveling companion's primary residence* is permanently relocated by at least 150 kilometers due to a transfer by *your* or a *traveling companion's* current employer. This coverage includes relocation due to transfer by *your* spouse's current employer.
12. *You* or a *travelling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
13. *You* or a *traveling companion* receive a legal notice to attend an *adoption proceeding* during *your trip*.
14. *You*, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, **except because of war or disciplinary action**.
15. *You* or a *traveling companion* is medically unable to receive an immunization required for entry into a destination.
16. *Your* or *travel companion's* travel documents required for the *trip* are stolen.

The following condition applies:

You must provide evidence of *your* efforts to obtain replacement documents that would allow *you* to keep the originally scheduled *trip* dates.

IMPORTANT : In addition to the exclusions set out in this coverage as well as any exclusions listed in the Definitions section, the General Exclusions apply.

B. TRIP INTERRUPTION COVERAGE

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, we will reimburse *you*, less *deductible* and available *refunds*, up to the maximum benefit for *trip* interruption coverage listed in *your* Coverage Summary, for:

- i. The prorated portion of *your* insured unused non-refundable *trip* payments and deposits.
- ii. Additional *accommodation* fees *you* are required to pay, if *you* prepaid for shared *accommodations* and *your traveling companion* has to interrupt their *trip*.
- iii. Necessary transportation expenses *you* incur to continue *your trip* or return to *your primary residence*.
 - We will reimburse *you* either for the new return *travel carrier* ticket to *your primary residence* or for the *non-refundable* portion of *your* original return ticket, **but not both**.
- iv. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location where the *covered reason* occurs) longer than originally planned. **There is a maximum of 100€ per person and per day for 5 days.**

IMPORTANT: *You* must notify all of *your travel suppliers* within 48 hours of discovering that *you* will need to interrupt *your trip* (including in the event of *illness*, *injury* or medical condition certified by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference.

Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease).

The following conditions apply:

A *doctor* must either examine or consult with *you* or the *traveling companion* before *you* make a decision to interrupt the *trip*.

You must not have travelled against *your* home country's government advice or against local authority advice at *your trip* destination.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease).

The following condition applies:

The *illness, injury, or medical condition* must be considered life threatening by a *doctor* or require hospitalization.

3. You, a *traveling companion, family member, or your service animal* dies during *your trip*.
4. You or a *traveling companion* is *quarantined* during *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic or pandemic*; or
 - b. An *epidemic or pandemic*, **but only when the following condition is met:**

The *quarantine* is specific to *you or a traveling companion*, meaning that *you or a traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic or pandemic*.
The *quarantines* that apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling are excluded.
This exclusion applies even if the *quarantine* order or directive specifically designates *you or a traveling companion* by name to be *quarantined*.
5. You or a *traveling companion* is in a *traffic accident*.

One of the following conditions must apply:

- a. You or a *traveling companion* needs medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.

6. You are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

The attendance is not in the course of your occupation.

7. Your *primary residence* becomes *uninhabitable*.
8. Your *travel carrier* cannot get you to your original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
 - a. A *natural disaster*; or
 - b. *Severe weather*.

However, if you can get to your original destination another way, we will reimburse you for the following, up to your policy's trip cancellation coverage maximum benefit:

- i. The reasonable cost of the alternative transportation, less available *refunds*; and
- ii. The cost of any lost prepaid *accommodations* caused by your delayed arrival, less available *refunds*.

The following conditions apply:

- a. Alternate transportation arrangements must be in a similar or lower class of service as you were originally booked with your *travel carrier*.
- b. Coverage for a strike does not apply when the striking workers are employed by the travel carrier, or an affiliate of the travel carrier, from which you purchased your policy.

9. You or a *traveling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
10. You or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.
11. You, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, **except because of war or disciplinary action.**
12. You miss at least 50% of the length of *your trip* due to one of the following:
 - A. A *travel carrier* delay (this does not include a travel carrier's cancellation prior to your *departure date*);
 - B. A strike, **unless threatened or announced prior to the purchase of your policy**;
 - C. A *natural disaster*;
 - D. Roads are closed or impassable due to *severe weather*;
 - E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
 - F. Civil disorder.

The following condition applies:

You must provide evidence of your efforts to obtain replacement documents.

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

IMPORTANT : In addition to the exclusions under this coverage and those listed in the Definitions section, the General Exclusions apply.

C. TRAVEL DELAY COVERAGE

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

- i. Your lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation* communication, and local transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary ;
- ii. If the delay causes *you* to miss the departure of *your* cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.
- iii. If the delay causes *you* to miss the departure of *your* flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

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

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

1. A *travel carrier* delay;
2. A strike, **unless threatened or announced prior to the purchase of *your* policy** ;
3. *Quarantine* during *your* trip due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic* ; or
 - b. An *epidemic* or *pandemic* , **but only when the following condition is met:**
 The *quarantine* is specific to *you* or a *traveling companion* , meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*.
 The *quarantines* that apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling are excluded. This exclusion applies even if the *quarantine* order or directives specifically designates *you* or a *traveling companion* by name to be *quarantined*.
4. A *natural disaster* ;
5. Lost or stolen travel documents;
6. Hijacking, **unless it is a terrorist event** ;
7. Civil disorder, **unless it rises to the level of political risk** ;
8. A *traffic accident*; or
9. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease). **This does not include *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.**

IMPORTANT : In addition to the exclusions under this coverage and those listed in the Definitions section, the General Exclusions apply.

D. BAGGAGE COVERAGE

If *your* *baggage* is lost, damaged, or stolen while *you* are on *your* *trip*, including during transport by *your* *travel carrier*, we will pay *you*, less *deductible* and available *refunds*, the lowest of the following, up to the maximum benefit listed for *baggage* loss in *your* Coverage Summary:

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

IMPORTANT : For items without an original receipt or a proof of purchase, we will cover up to 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item.

The following conditions apply:

- a. *You* have taken necessary steps to keep *your* *baggage* safe and intact and to recover it;
- b. *You* have filed and retained a copy of a report giving a description of the property and its value, with the appropriate local authorities or *travel carrier* or hotel or tour operator within 24 hours of discovery of the loss;
- c. *You* must file and retain a copy of a police report in case of theft of *your* *baggages* and *high-value items* ;
- d. *You* must provide original receipts or another proof of purchase for the lost, damaged, or stolen items.
- e. *You* must report theft or loss of a cellular device to *your* network provider and request to block the device.

In addition to the General Exclusions, as well as the possible exclusions listed in the Definitions section, the following items are not covered:

1. Animals, including remains of animals ;
2. Cars, motorcycles, motors, aircraft, watercraft, and related accessories and equipment;
3. Bicycles, skis, and snowboards (except while they are checked with a travel carrier);
4. Hearing aids, prescription eyewear, and contact lenses;
5. Artificial teeth, prosthetics, and orthopedic devices;
6. Wheelchairs and other mobility devices;
7. Consumables, medicines, medical equipment/supplies, and perishables;
8. Tickets, passports, deeds, blueprints, stamps, and other documents;
9. Money, currency, credit cards, promissory notes, bills of exchange, cheques, travel cheques, securities, bullion, and keys;
10. Rugs and carpets;
11. Antiques and art objects;
12. Fragile and brittle items;
13. Firearms and other weapons, including ammunition;

14. Intangible property ;
15. Property for business or trade;
16. Property *you* do not own;
17. *High value items* stolen from a car, locked or unlocked; and
18. *Baggage* while it is :
 - a. Shipped, unless with *your travel carrier* ;
 - b. In a car trailer;
 - c. Unattended in an unlocked motor vehicle; or
 - d. Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;
19. *Baggage* that is misplaced, forgotten, or lost while in *your* possession.

E. BAGGAGE DELAY COVERAGE

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

The following condition applies :

Your baggage must be delayed for at least the Minimum Required Delay listed under *baggage* delay in *your* Coverage Summary.

IMPORTANT : In addition to the exclusions under this coverage and those listed in the Definitions section, the General Exclusions apply.

F. EMERGENCY MEDICAL EXPENSES COVERAGE ABROAD

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

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

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

IMPORTANT: Please note that we only reimburse the emergency *medical expenses* that remain *your* responsibility after the reimbursements are issued by *your* basic social organization, *your* mutual insurance company and any insurance or provident organization. To benefit from this reimbursement, *you* must be covered by one of the mandatory health insurance plans covering *you* for *medical expenses* occurring *abroad*, for the entire duration of *your policy*.

You must be able to provide us with original refund slips or rejection letters from the organizations *you* rely on.

The following condition applies:

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

In addition to the General Exclusions, as well as any exclusions listed in the Definitions section, are also excluded :

- a. Any care provided after *your* coverage ends.
- b. Any care for any *illness*, *injury*, or medical condition that did not originate during *your trip abroad* ;
- c. Non-emergency care or services defined as such by our services in general and the following care and services in particular:
 1. Cosmetic surgery or care;
 2. Usual follow-up medical exams;
 3. Long-term care;
 4. Allergy treatments (unless life threatening);
 5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
 6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*);
 7. Experimental treatment;
 8. Any other non-emergency medical or dental care;
- d. Travel against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip* is not covered.

G. MEDICAL ASSISTANCE

IMPORTANT:

- If *your* emergency is immediate and life threatening, seek local emergency care at once.
- We are not, and shall not be deemed to be, a provider of medical or emergency services.
- We act in compliance with all national and international laws and regulation, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.
- We cannot be held liable for delays or impediments in the performance of the agreed assistance services as a result of force majeure or events such as strikes, civil disorder, restrictions on the free movement of goods and persons, sabotage, terrorism, civil or foreign war, notorious political instability, reprisals, embargoes, economic sanctions (summary of restrictive measures by country available on the website of the Ministry of the Economy and Finance: https://www.tresor.economie.gouv.fr/Resources/international-financial_sanctions), consequences of the effects of a source of radioactivity, *natural disaster* or any other fortuitous event. Information for each country is also available in the Travel Advice section of the Department of Foreign Affairs and International Development website <http://www.diplomatie.gouv.fr/fr/conseils-aux-voyageurs/conseils-par-pays/>.

In all cases, we become the owner of the tickets you have not used. It is your responsibility to return the tickets to us or to pay us back the refund obtained from the organisation that issued these tickets.

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

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

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

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

- a. You or someone on your behalf must contact us, and we must make all transportation arrangements in advance. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- b. You must comply with the decisions made by our assistance and medical teams. If you do not comply, you effectively relieve us from any responsibility and liability for the consequences of your decisions, and we reserve the right to not provide coverage;

Travel against the orders or advice of any government or other public authority at any location to, from, or through which you are traveling on your trip is not covered.

IMPORTANT : Please note that all decisions regarding your transport must be made by health professionals licensed to practice medicine in the country in which they practice.

Medical Repatriation (Getting you to your country of residence after you receive care)

If you become seriously ill or injured or develop a medical condition (including being diagnosed with an epidemic or pandemic disease) while on your trip and our medical team confirms with the treating doctor that you are medically stable to travel, we will:

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

The following conditions apply:

- a. Special accommodations must be medically necessary for your transportation (for example, if more than one seat is medically necessary for you to travel);
- b. You or someone on your behalf must contact us, and we must make all transportation arrangements in advance. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- c. You must comply with the decisions made by our assistance and medical teams. If you do not comply, you effectively relieve us from any responsibility and liability for the consequences of your decisions, and we reserve the right to not provide coverage;
- d. You must comply with the decisions made by our assistance and medical teams. This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.
- e. One or more emergency transportation providers must be willing and able to transport you from your current location to your chosen destination.
- f. You must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which you are traveling on your trip.

IMPORTANT : Please note that all decisions about your repatriation must be made by medical professionals licensed in the countries where they practice.

Transport to Bedside (Bringing a friend or family member to you)

If you are told by the treating doctor that you will be hospitalized for more than 72 hours or that your condition is life-threatening during your trip, we will arrange and pay for round-trip transportation in economy class on a travel carrier for one friend or family member to stay with you.

The following condition applies:

You or someone on your behalf must contact us, and we must make all transportation arrangements in advance.

IMPORTANT : Please note that we cannot be held responsible for transportation that we have not authorized or organized.

Return of Dependents (Getting minors and dependents home)

In the event of your death, or if you are told by the treating doctor that you will be hospitalized for more than 24 hours during your trip, we will arrange and pay to transport your traveling companions who are under the age of 18, or dependents requiring your full-time supervision and care to one of the following:

1. Your primary residence ; or
2. A location of your choice, in your country of residence.

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

Transportation will be on a *travel carrier* in the same class of service that was originally booked.

The following conditions apply:

- a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *travelling companions* under the age of 18 or dependents;
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance.

IMPORTANT : Please note that *we* cannot be held responsible for transportation that *we* have not authorized or organized.

Repatriation of Remains (Getting *your* remains home)

We will arrange and pay for the necessary services, supplies, and *funeral expenses* to transport *your* remains to one of the following:

1. A funeral home near *your primary residence*; or
2. A funeral home located in *your* country of residence

The following conditions apply:

- a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance;
- b. The death must occur while on *your trip*.

IMPORTANT : Please note that *we* cannot be held responsible for transportation that *we* have not authorized or organized.

Search and Rescue

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

IMPORTANT : In addition to the exclusions set out in this benefit as well as any exclusions listed in the Definitions section, the General Exclusions apply.

H. PERSONAL LIABILITY COVERAGE

IMPORTANT:

If *you* are hiring or using a motorised or mechanical vehicle or machinery while on *your trip*, *you* must make sure that *you* get the necessary insurance from the hire company or owner. *We* do not cover this under *our conditions for beneficiaries*.

If *you* are legally liable for something *you* do that results in one of the following, *we* will pay up to the amount shown in the Benefits Summary, plus any other costs *we* agree to in writing:

1. Bodily *injury* to any person, except *you*, a *family member* or a *travelling companion*.
2. Loss of or damage to property which *you* do not own and which *you* or a *family member* have not hired, loaned or borrowed.
3. Loss of or damage to the accommodation *you* are using on *your trip* that does not belong to *you* or a *family member*.

The following cover exclusions apply:

1. Any liability for something which:
 - a. is suffered by anyone employed by *you* or a *family member* and is caused by the work they are employed to do;
 - b. is caused by something *you* deliberately did;
 - c. is caused by something *you* deliberately did not do, but should have;
 - d. is caused by *your* employment (while *you* are working or not) or the employment of a *family member*;
 - e. is caused by *you* using any firearm or weapon;
 - f. is caused by any animal *you* own, look after or control; or
 - g. *you* agree to take responsibility for, if *you* would not have otherwise been held responsible for it.
2. Any contractual liabilities.
3. Any liability for bodily injury suffered by *you*, a *family member* or a *travelling companion*.
4. Compensation or other costs caused by accidents arising from *you* owning, hiring or using:
 - a. any land or building (except for *you* staying in the *accommodation* *you* are using on *your trip*);
 - b. motorised or mechanical vehicles and any trailers attached to them; or
 - c. aircraft, motorised watercraft or sailing vessels.

The following conditions apply:

1. *You* must give *us* a detailed account of the circumstances surrounding the claim, including photographs and video evidence (if appropriate).
2. *You* must give *us* any writ, summons or other correspondence *you* receive from a third party. (Please note that *you* should not admit liability, offer to make any payment or correspond with any third party without our permission in writing.)
3. *You* must give *us* full details of any witnesses and any written statements, if possible.

I. INDIVIDUAL ACCIDENT COVERAGE

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

1. Your death within one year of the accident; or
2. Your *permanent disability* within one year after the accident

IMPORTANT:

- a. Compensation under this cover will not be paid to beneficiaries who either caused the *accident* or are convicted in court for *your* murder or for causing your permanent disability.

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

1. Operating motorcycles with 125 cm³ or bigger engine displacement;
2. Performing manual labour as a part of *your* occupation; or
3. Participation in military exercises.
4. Accidents suffered by you while practicing a mechanical sport (practiced with any motorized land vehicle), or following the use of motorcycles with a cubic capacity exceeding 49 cm³ ;
5. Driving of motorized land vehicles for which a driving license higher than category B is required, and driving of motorboats on a professional basis;
6. Bodily injury not resulting from an accident;
7. Any incident of air transport operated by a company on the black list established by the European Commission, regardless of its origin and destination.
8. Payment of the death benefit to the beneficiary who is the legal heir when the latter has been convicted and sentenced by the competent courts for causing your death.

J. COLLISION DAMAGE WAIVER (CDW)

IMPORTANT: This insurance does not replace the legally required motor vehicle liability insurance for personal *injury* and property damage. There is no insurance coverage for liability damage with this insurance. Furthermore, damage which is not covered by the existing (primary) collision damage insurance of the rental car company is not insured.

If your rental car is stolen or damaged during the scheduled rental period and while on your trip, we will pay you up to the maximum benefit listed for the Collision Damage Waiver (CDW) in your Coverage Summary:

- i. The specified excess, deductible or damage liability fee you are liable to pay under your rental car agreement. This does not include VAT, provided that the rental car company is entitled to deduct input tax.

The following conditions (obligations) apply:

- a. If the rental car is damaged while being operated, the driver at the time the damage occurs must be listed on the rental car agreement.
- b. You must file a report with the rental car company, either within 24 hours of the loss or damage or when you return the rental car (whichever comes first).
- c. If the rental car is stolen, you must promptly notify the police.

The consequences of a breach of obligation can be found in the General Provisions section.

Rental cars do not include:

1. Vehicles used for peer-to-peer car sharing
2. Trucks or moving vans
3. Campers, trailers, or recreational vehicles
4. Motorcycles, motorbikes, snowmobiles, kit-cars
5. Vehicles when driving on roads that are not allowed to be driven on according to the vehicle rental agreement or the respective applicable road traffic regulations
6. Vehicles that are more than ten years old
7. Vehicles that seat more than nine persons, including the driver
8. Vehicles that do not have to be licensed or are not legal where used
9. Vehicles that are rented for commercial or for-hire purposes, including limousines
10. Vehicles that have a manufacturer's suggested retail price of more than 75,000 €

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

1. Any obligation you assume under any agreement, (e. g. you pay for the rental car company's supplemental insurance), except a collision or comprehensive deductible for your primary insurance
2. Violating the rental car agreement
3. Leases or rentals for more than 90 consecutive days
4. Rental car's loss of value
5. Mechanical breakdown or ordinary wear and tear

K. TRAVEL SERVICES DURING YOUR TRIP

If *you* need travel services during *your trip*, we are available 24 hours a day.

Finding a *hospital* nearby

If *you* need care from a *doctor* or medical facility while *you* are traveling, we can indicate the *hospital* referred by us, the closest to *your* place of stay and/or the most suitable for *your* medical condition.

Monitoring Your Care

If you are hospitalized, our medical staff will stay in contact with you and the doctor caring for you. We can also notify your family and your doctor back home of your illness or injury and update them on your status.

Emergency Language Translation

We can assist you with translation services in the event you need help in a foreign country.

Emergency Cash Assistance

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

Lost Travel Documents Assistance

If *your* ID documents or other travel documents are lost, stolen, or damaged, *we* can inform *you* of the administrative procedures to follow in order to assist *you* in getting *your* documents replaced.

Legal Referrals

We can help *you* find local legal advice if *you* need it while *you* are traveling. *We* will inform *you* about the nearest consulate (address and telephone availability).

Emergency Message Delivery

We can assist *you* in getting an urgent message to someone back home.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your policy* in addition to the specific exclusions outlined for each coverage, including any exclusions outlined in the Definitions section.

We will not be held liable for any loss that results directly or indirectly from any of the following circumstances and events and their consequences, if they affect *you*, a *traveling companion*, or a *family member* :

1. Any event that was known when *your policy* was purchased;
2. *Illness or injury* that required medical examination, diagnosis, care, or treatment (or change in treatment) by a doctor during the 6 months preceding the booking of the *trip*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Fertility treatments or elective abortion;
5. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
6. Acts committed with the intent to cause loss;
7. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
8. Participating in or training for any professional or semi-professional sporting competition;
9. Participating in the following activities :
 - a. Skydiving, BASE jumping, hang gliding, or parachuting;
 - b. Bungee jumping;
 - c. Caving, rappelling, or spelunking;
 - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
 - e. Activities utilizing harnesses, ropes, belays, crampons, or ice axes. This does not include supervised climbing on artificial surfaces intended for recreational climbing;
 - f. Free climbing;
 - g. Any activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
 - h. Combat sports;
 - i. Racing or practicing to race any motorized vehicle or watercraft;
 - j. Free diving;
 - k. Scuba diving at a depth greater than 20 meters or without a dive master.
10. An act that violates law where it is committed, resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
11. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced and covered ;
12. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced and covered ;
13. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
14. Nuclear reaction, radiation, or radioactive contamination;
15. Civil or foreign war or acts of war;
16. Military duty, except when and to the extent that military duty is expressly referenced and covered;
17. *Political risk*;
18. *Cyber risk*;
19. Civil disorder or unrest, except when and to the extent that civil disorder or unrest is expressly referenced and covered ;
20. *Terrorist events*, except when and to the extent that *terrorist events* are expressly referenced and covered. ; **This exclusion does not apply to Medical Assistance.**
21. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered;
22. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
23. *Travel supplier* restrictions on any *baggage*, including medical supplies and equipment;
24. Ordinary wear and tear or defective materials or workmanship;
25. An act of gross negligence by *you* or a *traveling companion*;
26. Travel against the orders or advice of any government or other public authority;
27. Any activity that would violate any applicable law or regulation, including any economic/trade sanction or embargo;
28. Travels for health care or medical treatment of any kind while on your trip.

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

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

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

CLAIMS INFORMATION

To make a claim, please visit the website at www.allianz-protection.com. This will lead you to our online claims notification service where you can fill in an online claim form.

You can also get a claim form by:

- phoning +331 70 36 33 33
- sending an email to claims.awpeurope@allianz.com;

You should fill in the claim form and send it to us as soon as possible with all the information and documents we ask for. You must give us as much detail as possible so we can handle your claim quickly. Please keep copies of all the information you send us.

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

For all claims

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

Trip Cancellation

- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating doctor. A certified copy of the death certificate is required in the event of death.
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

Trip Interruption

Your original booking invoice(s) showing your revised time and date of departure and detailing whether any refunds can be provided.

- For claims relating to illness or injury a medical certificate will need to be completed by the treating doctor. A copy of the death certificate is required in the event of death.
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

Travel Delay

Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.

- Detailed account of the circumstances causing you to miss your departure together with supporting evidence from the public transport provider or accident / breakdown authority attending the private vehicle you were travelling in.
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage

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

Baggage Delay

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

Emergency Medical/Dental Coverage abroad and Transportation Coverage

- Always contact our 24-hour emergency medical service when you are hospitalised, require repatriation or where medical fees are likely to exceed €500.
- Medical evidence from the treating doctor to confirm the illness or injury and treatment given, including hospital admission and discharge dates, if this applies.

Personal Liability

- A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).

- Any writ, summons or other correspondence received from any third party. Please note that *you* should not admit liability, offer to make any payment or correspond with any third party without *our* written consent.
- Full details of any witnesses, providing written statements where available.

Travel Accident

- A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).
- Medical certificate initially indicating the nature and probable consequences of the injuries,
- take all measures to limit the consequences of the accident.

Collision Damage Waiver (CDW)

- Please check the *rental car* for any pre-existing damage and make sure that it is adequately documented. Please report theft and other criminal offences as well as accidents on the road immediately to the rental car company and the nearest police station.
- Get a copy of the police report, including the police accident report, if applicable, or at least a confirmation that *you* have raised a claim. In case of damage, please send *us* the following documents:
 - the complete *rental car agreement* and / or booking confirmation
 - The rental car company's settlement statement for the deductible, including evidence of the amount of the loss (cost estimate / repair bill)
 - Your* own description of the damage and / or the certificate of reporting to the police, if available
 - Records of hand-over and return

1. Applicable legislation and location of the policies

- This *policy* is governed by the French Insurance Code (**with the exception of the assistance cover**), the General terms and conditions and the *Special conditions*.
- The General terms and conditions are written in French.
- When the transaction is carried out on a website hosted in *France*, the virtual space made up of its web pages is deemed to be located in French territory and policies taken out on it are therefore located in France, without prejudice to the protection given to the consumer by the law of the country in which they normally reside.

2. Territorial validity

The types of cover apply in the country or countries of stay, mentioned in the *Special conditions*, **with the exception of the countries listed on our website: <https://paysexclus.votreassistance.fr>**

3. Cancellation option

You may have a cancellation option after taking out an insurance policy.

a. Cancellation option

· **Multi-insurance**

· Under the provisions of Article L 112-10 of the French Insurance Code, in case of taking out, for non-professional purposes, an insurance *policy* constituting a supplement to an item or service sold by an intermediary, if *you* provide proof of prior cover for one of the risks covered by this *policy*, *you* may cancel the *policy*, at no cost or penalty, as long as it has not been implemented and *you* have not made any *claims*. This cancellation must occur within fourteen (14) calendar days from the date on which this *policy* is taken out.

· **Remote sales**

· Under Article L 112-2-1 of the French Insurance Code, a right of cancellation applies to insurance policies taken out remotely, in particular sold online, without the simultaneous physical presence of the parties to the *policy*, during cold calling or outside the seller's usual place of business.

· This cancellation right does not apply to travel or baggage insurance policies or to similar short-term insurance policies with a duration of less than one (1) month. The term of the insurance *policy* runs between the date on which it was taken out and the date on which all types of cover end.

b. Procedure for exercising the cancellation option

If the insurance *policy* is eligible for the cancellation option under the conditions set out above, *you* may exercise this option by sending a registered letter with acknowledgement of receipt, duly dated and signed, within fourteen (14) calendar days from the date of taking out this *policy*, to the following address:

contract.awpeurope@allianz.com

You may, if *you* so wish, use the template cancellation letter below:

If, the undersigned, surname, first name, date and place of birth, would like to cancel insurance policy *I*, the undersigned, surname, first name, date and place of birth, would like to cancel insurance policy no. ... which I took out with AWP P&C on ... (Date).

Signed in ... (Place). On ... (Date) and Signature: ...'

· When cancelling on the grounds of multi-insurance, *you* must enclose, along with *your* request, supporting documents proving the existence of a current insurance policy covering risk similar to this *policy*.

· If *you* exercise this option, the *policy* will be terminated on the date that it takes effect. *You* will be reimbursed the corresponding premium within thirty (30) days of the date on which *your* cancellation request was received.

· The cancellation option may not be exercised if *you* have implemented the cover in this insurance *policy* as part of a *claim* submitted within fourteen (14) calendar days; as a result, no premium will be reimbursed in this case.

4. Penalties applicable in case of misrepresentation

a. Penalties applicable in case of misrepresentation

- Any non-disclosure or deliberate misrepresentation by *you* in the statement of risk is punished by the *policy* being rendered null and void under the conditions set out in Articles L 113-8 and L 113-9 of the French Insurance code.

- Any omission or inaccurate statement by *you* where bad faith has not been proven is punished pursuant to Article L 113-9 of the French Insurance Code:

- if it is established before any *claim*:

We are entitled:

· either to continue the *policy* by increasing the premium;

· or to terminate the *policy* within ten (10) days by registered letter, reimbursing the overpaid share of the premium.

- if it is only established after the *claim*: *we* may reduce the compensation in proportion to the amount of the premium paid compared to the amount of the premium that would have been due if the risk had been declared fully and accurately.

b. In case of deliberate misrepresentation on the date of the claim

Any fraud, non-disclosure or deliberate misrepresentation by *you* about the circumstances or consequences of a claim will result in the loss of all entitlement to benefits or compensation for this *claim*.

5. Damage assessment

The causes and consequences of the *claim* are assessed by mutual agreement or, failing this, by a jointly agreed third-party expert assessment, subject to the respective rights of the two (2) parties. The fees for this expert assessment will be shared between the parties.

If the parties are unable to agree on the selection of the third-party expert, one will be appointed by the president of the Court.

This appointment is made on simple request, which *we* sign or which only one (1) of the parties signs, the other having been summoned by registered letter.

6. Cumulative insurance

If *you* are covered for the same risks by other insurance companies, *you* must inform *us* of this and provide *us* with their contact details and the scope of their cover, in accordance with Article L 121-4 of the French Insurance Code.

You can obtain compensation for damage by contacting the insurance company of *your* choice.

These provisions do not apply to assistance services or the Individual Accident Coverage.

7. Subrogation in *your* rights and actions

In exchange for the payment of compensation and up to the maximum amount thereof, *we* become the beneficiary of the rights and actions that *you* had against anyone liable for the *claim*, in accordance with Article L 121-12 of the French Insurance Code.

If, by *your* own doing, *we* are no longer able to perform this action, *we* may be released from all or part of our obligations towards *you*.

These provisions do not apply to assistance services.

8. Limitation period

The provisions relating to the limitation period concerning actions arising from this insurance *policy* are set out in Articles L 114-1 to L 114-3 of the French Insurance Code, reproduced below:

- Article L 114-1 of the French Insurance Code

Any legal action arising from an insurance *policy* is subject to a limitation period of two years from the event giving rise to it.

However, this period runs:

- 1) Should there be non-disclosure, omission or misrepresentation, only from the date on which the insurer became aware of it;
- 2) Should there be a *claim*, only from the date on which the interested parties became aware of it, if they prove that they were unaware of it until then.

When the action by the insured person against the insurer is due to a third-party *claim*, the limitation period runs only from the date on which the third party filed legal proceedings against, or was paid compensation by, the insured person.

The limitation period is increased to ten years for life insurance policies when the beneficiary is a person other than the *policy* holder and, in personal accident insurance policies, when the beneficiaries are the legal successors of the deceased insured person.

For life insurance policies, notwithstanding the provisions of section 2, action by the beneficiary is subject to a limitation period of no more than thirty years as from the death of the insured person'.

- Article L 114-2 of the French Insurance Code

The limitation period is curtailed by one of the ordinary causes of curtailment of the limitation period and by the appointment of experts as a result of a *claim*. Curtailment of the limitation period for the action may, furthermore, result from the sending of a registered letter or registered email, with acknowledgement of receipt, by the insurer to the insured person relating to action for payment of the premium and by the insured person to the insurer in respect of payment of compensation'.

- Article L 114-3 of the French Insurance Code

Notwithstanding Article 2254 of the French Civil Code, the parties to the insurance *policy* may not, even by mutual agreement, either amend the duration of the limitation period or add to the causes for suspension or curtailment thereof'.

Additional information

The ordinary grounds for curtailment of the limitation period are set out in Articles 2240 et seq. of the French Civil Code, including: recognition by the debtor of the right of the person against whom they are seeking application of the limitation period, legal action, including in summary proceedings, and the act of compulsory enforcement.

For a full list of ordinary grounds for curtailment of the limitation period, please refer to the aforementioned articles of the French Civil Code.

With regard to the Third-Party Liability Cover, the time period runs only from the date when a third party advised *you* of their intention to obtain compensation from *you*, provided that this action is not subject to a limitation period, pursuant to Article 2226 of the French Civil Code.

For the Personal Accident Coverage, the limitation period will be extended to ten (10) years when the action is brought by *your* beneficiaries.

9. Complaints handling procedure

If *you* are dissatisfied with the processing of *your* request, *your* first step should be to inform *your* usual contact so that the nature of *your* dissatisfaction can be understood and solutions sought.

Should there be a dispute about the solutions put forward, *you* may send a complaint to the following address:

claims.awpeurope@allianz.com or call +33170363333

You will receive an acknowledgement of receipt within ten (10) working days (excluding Sundays and public holidays) from the date on which the complaint is received, unless a response to *your* complaint is sent to *you* from the date on which the complaint is received, unless a response to *your* complaint is sent to *you* within this period.

A response will be provided to *you* no later than two (2) months following the date of receipt of *your claim*, unless special circumstances arise; in this case, *we* will keep *you* informed.

If *you* are still not satisfied with the handling of *your* complaint, *you* can then refer the matter to the independent mediator, whose contact details are as follows:

<http://www.mediation-assurance.org>

La Médiation de l'Assurance

TSA 50110

75441 Paris Cedex 09

Your request to Médiation de l'Assurance must, if necessary, be made within one (1) year of *your* written complaint to AWP P&C.

AWP P&C, a member of the LMA, has established a system enabling insured persons and third parties to benefit from a mediation procedure for the settlement of their disputes. This system is governed by the Insurance Mediation Charter.

You may still take any other legal action.

If *you* take out the insurance *policy* online, as a consumer, *you* can use the European Commission's Online Dispute Resolution (ODR) platform at the following link: <http://ec.europa.eu/consumers/odr>

10. Legal jurisdiction

Any disputes raised against AWP P&C concerning this *policy* must be submitted exclusively to the competent French courts and all notices should be sent by registered letter requiring acknowledgement of receipt to the address shown below.

11. Personal data protection

Processing of personal data is governed by the amended French 'Data Protection' Act of 6 January 1978 and Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

AWP P&C is the data controller for the personal data collected for the purposes of taking out, managing and performing the *policy*.

This data will be kept for the period necessary for the performance of the *policy* and in accordance with the provisions relating to the limitation period. Its use will be restricted to managers of assistance services and/or insurance cover and it may be disclosed to data processors, located inside or outside the European Union.

In accordance with applicable data protection laws and regulations, *you* can exercise *your* right to access *your* data and have it corrected by contacting *us* by email at the following address:

informations-personnelles@votreassistance.fr

(or by sending a letter to AWP France SAS, Département Protection des Données Personnelles, 7 rue Dora Maar, 93488 Saint-Ouen Cedex).

You are informed of the existence of the 'Bloctel' list of people who object to cold calling, to which *you* can sign up: <https://conso.bloctel.fr/>

For more information, please see the Privacy Statement explaining, among other things, how and why personal data are collected. The most recent version is provided to *you* when *you* take out this *policy*.

12. Regulatory authority

The body responsible for the regulation of AWP P&C is the Autorité de Contrôle Prudentiel et de Résolution, 4 Place de Budapest, CS 92 459, 75436 Paris Cedex 09 - www.acpr.banque-france.fr

13. Legal notices

The cover is provided by AWP P&C, an SA [public limited company] with a share capital of €17,287,285.00, registered in the Bobigny RCS [Trade and Companies Register] under no. 519 490 080, and with its registered office at: 7 rue Dora Maar, 93400 Saint-Ouen - Private company governed by the French Insurance Code.

It is implemented by AWP FRANCE SAS - SAS [simplified joint-stock company] with a share capital of €7,584,076.86, registered in the Bobigny RCS under no. 490 381 753, and with its registered office at: 7 rue Dora Maar, 93400 Saint-Ouen, Insurance brokerage company, ORIAS [French register of insurance intermediaries] no. 07 026 669 – <http://www.orias.fr/>

We care about your personal data

AWP P&C S.A. Dutch branch trading as Allianz Global Assistance Europe ("we, "us" "our"), a part of Allianz Partners Group, is the **Dutch** authorised branch of **AWP P&C SA**, an insurance company authorized under *French law* , providing insurance products and services [on a cross-border basis]. Protecting *your* privacy is a top priority for *us*. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

1. Who is the data controller?

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

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

2. What personal data will be collected?

We will collect and process various types of personal data about *you* as follows:

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

Personal Information of the policyholder:

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

Personal details of the Insured Persons:


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

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

- Details of the claim (e.g. travel booking details or references, details of expenses, visa details, etc)
- Phone number and contact details if not provided previously
- Details of a third person to contact with in case of emergency
- Nationality
- Occupation
- Previous and/or current employment or business activities
- Location data
- Signature
- Voice
- Family details (e.g. marital status, dependants, spouse, partner, relatives,...)
- IP address of the claimant if the claim is submitted by our available portals

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

- Medical conditions (physical or psychological)
- Medical history and reports
- Medical claims history
- Documentation justifying sick leaves and duration
- Death certificates
- Criminal convictions and offences (e.g.in case of requiring legal assistance)
- Results of Criminal checks relating to prevention of fraud and/or Terrorist Activities
- Bank account details
- Tax code

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

3. How will we obtain and use your personal data?

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

Purpose	Is your express consent required?
<ul style="list-style-type: none"> Insurance contract quotation and underwriting 	<ul style="list-style-type: none"> No, to the extent these processing activities are necessary to perform the insurance contract to which <i>you</i> are party and to take the necessary steps previous to enter in this contract
<ul style="list-style-type: none"> Insurance contract administration (e.g., claims handling, handling of complaints, necessary investigations and assessments in order to determine the existence of the covered event and the amount of the compensations to be paid, or the kind of assistance to be provided, etc) 	<ul style="list-style-type: none"> We will request your express consent on the occasion of claims requiring necessarily the processing of the following categories of data: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences <p>However, <i>we</i> will be entitled to process these data without consent if (1) there is a vital interest of the owner of the data or any other natural person, and (2) if the owner of the data is not physically or legally capable to give the consent (e.g emergency situations)</p> <ul style="list-style-type: none"> If the handling of the claim does not require the processing of those categories of data, <i>we</i> will not be required to collect <i>your</i> consent, to the extent that they are necessary to comply the obligations <i>We</i> undertake in the insurance contract.
<ul style="list-style-type: none"> To conduct quality surveys about the services provided, with the purpose to assess <i>your</i> level of satisfaction and to improve them. 	<ul style="list-style-type: none"> <i>We</i> have a legitimate interest to contact <i>you</i> after handling a claim or after providing assistance to ensure <i>we</i> have complied <i>our</i> obligations under the contract in a satisfying way for <i>you</i>. However, <i>you</i> have the right to object by contacting <i>us</i> as explained in section 9 below.
<ul style="list-style-type: none"> To meet any legal obligations (e.g. those arisen from Laws on insurance contracts and insurance business activities regulations on tax, accounting and administrative obligations) 	<ul style="list-style-type: none"> No, to the extent these processing activities are expressly and legally authorized.
<ul style="list-style-type: none"> Fraud prevention and detection, including, when appropriate, for example, comparison of your information with previous claims, or checking of common insurance claims filing systems. 	<p>No, it is understood that the detection and prevention of fraud is a legitimate interest of the Controller, therefore <i>We</i> are entitled to process <i>your</i> data for this purpose without collecting <i>your</i> consent.</p>
<ul style="list-style-type: none"> Audit purposes, to comply with legal obligations or internal policies 	<ul style="list-style-type: none"> <i>We</i> can process <i>your</i> data in the framework of internal or external audits either required by law, or by internal policies. <i>We</i> won't request <i>your</i> consent for these processing to the extent that they are legitimated by the applicable regulations or our legitimate interest. However, <i>we</i> will ensure that only the strictly necessary personal data are used, and treated with absolute confidentiality. <p>Internal Audits are usually conducted by <i>our</i> holding company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen, France)</p>
<ul style="list-style-type: none"> To perform statistical and quality analysis on the basis of aggregated data, as well as claims rate 	<ul style="list-style-type: none"> If <i>we</i> carry out any of these processing activities, <i>we</i> will do in by aggregating and anonymizing data. After this process, the data are not considered "personal" data anymore and <i>your</i> consent is not required
<ul style="list-style-type: none"> To administer debt recoveries (e.g. to claim the payment of the premium, to claim third parties liabilities, to distribute the compensation amount between different insurance companies covering the same risk) 	<ul style="list-style-type: none"> No when the processing of <i>your</i> data, even special categories of personal information (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) may be necessary for the establishment, exercise or defence of legal claims, which is also <i>our</i> legitimate interest.
<ul style="list-style-type: none"> To inform <i>you</i>, or permit Allianz Group companies and selected third parties to inform <i>you</i>, about products and services we feel may interest <i>you</i> in accordance with <i>your</i> marketing preferences, <p><i>You</i> can change these at any time by the links <i>we</i> will make available in every communication to unsubscribe, by mean of the options in <i>your</i> client portal, where available, or by contacting <i>us</i> as specified in section 9 below.</p>	<ul style="list-style-type: none"> <i>We</i> will process <i>your</i> personal information for these purposes only if authorized by law (and within the limitations and by complying the requirements of those legal authorizations) or by collecting <i>your</i> express consent after providing you information about criteria <i>we</i> use to make the profiles and the impact/consequence and benefits of such profiling for <i>you</i>.
<ul style="list-style-type: none"> To personalize <i>your</i> experience on <i>our</i> websites and portals (by presenting products, services, marketing messages, offers, and content tailored to you) or by using computerised technology to assess which products might be most suitable for <i>you</i>. <p><i>You</i> will be able to modify these processing activities by using the options available in your browser (e.g. in the case of use of cookies and similar devices) or by contacting us as specified in section 9 below.</p>	<ul style="list-style-type: none"> <i>We</i> will ask for <i>your</i> consent

Purpose	Is your express consent required?
<ul style="list-style-type: none"> For automated decision making, i.e., to make decisions that (1) are <i>based solely on automated processing</i> and (2) <i>that may have legal or significant effects to you</i>. <p>Examples of automated decisions resulting in legal effects could be the automated cancellation of a contract, or automated denial of a claim, those affecting your rights under the insurance contract, etc</p> <p>Example of automated decisions resulting in similar significant effects are those that affect to your financial circumstances like an automated denial of an insurance policy, or those affecting your access to <i>our</i> health assistance services.</p>	<ul style="list-style-type: none"> We will collect <i>your</i> consent for this processing activities when applicable, in particular if the data concerned are special personal data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) If no special categories of personal data are concerned and these decisions are in order to underwrite your insurance and/or process <i>your</i> claim we will not need to obtain <i>your</i> express consent.
<ul style="list-style-type: none"> To redistribute risks by means of reinsurance and co-insurance 	<ul style="list-style-type: none"> We can process and share <i>your</i> personal information with other insurance or reinsurance companies with whom we have signed or we will sign co-insurance or re- insurance agreements. <p>Co-insurance is the coverage of the risk by several insurance companies by mean of a single insurance contract, assuming each of them a percentage of the risk or distributing the coverages between them.</p> <p>Reinsurance is the "subcontracting" of the coverage of part of the risk in a third reinsurance Company. However, this is an internal agreement between <i>Us</i> and the reinsurer and <i>you</i> don't have a direct contractual relationship with the latter.</p> <p>These distribution of risks are legitimate interest of Insurance Companies, even usually expressly authorized by law (including the sharing of personal data <i>strictly necessary</i> for it)</p>

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

We will need *your* personal data if *you* would like to purchase our products and services. If *you* do not wish to provide this to *us*, *we* may not be able to provide the products and services *you* request, that *you* may be interested in, or to tailor our offerings to your particular requirements.

4. Who will have access to *your* personal data?

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

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

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

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

Other Allianz Partners or Allianz Group companies, or third companies acting as subcontractors of internal activities (e.g. providers of IT support and maintenance, tax management companies, companies providing claims handling services, postal providers, document management providers), technical consultants, surveyors (claims, IT, postal, document management);

Advertisers and advertising networks to send *you* marketing communications, as permitted under local law and in accordance with your communication preferences. *We* do not share *your* personal data with non-affiliated third parties for their own marketing use without your permission.

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

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

5. Where will my personal data be processed?

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

Whenever *we* transfer *your* personal data for processing outside of the EEA by another Allianz Group company, *we* will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here <https://www.allianz-partners.com/allianz-partners---binding-corporate-rules-.html> where Allianz' BCR do not apply, *we* will instead take steps to ensure

that the transfer of *your* personal data outside of the EEA receives an adequate level of protection as it does in the EEA. You can find out what safeguards we rely upon for such transfers (for example, Standard Contractual Clauses) by contacting us as detailed in section 9 below.

6. What are *your* rights in respect of *your* personal data?

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

- Access *your* personal data held about *you* and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- Withdraw *your* consent at any time where *your* personal data is processed with *your* consent;
- Update or correct *your* personal data so that it is always accurate;
- Delete *your* personal data from our records if it is no longer needed for the purposes indicated above;
- Restrict the processing of *your* personal data in certain circumstances, for example where *you* have contested the accuracy of *your* personal data, for the period enabling us to verify its accuracy;
- Obtain *your* personal data in an electronic format for *you* or for your new insurer; and
- File a complaint with us and/or the relevant data protection authority.

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

7. How can *you* object to the processing of *your* personal data?

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

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

8. How long do we keep *your* personal data?

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

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

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

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

9. How can you contact us?

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

AWP P&C S.A. Dutch branch

Data Protection Officer
PO Box 9444
1006 AK Amsterdam
The Netherlands

Email dataprivacy.fos.fr@allianz.com

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

10. How often do we update this privacy notice?

We regularly review this privacy notice and we will tell you directly when there's an important change that may impact you. This privacy notice was last updated on **25th of May 2018**.