

COVERAGE SUMMARY

My Safe Travel + 2205

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Trip Cancellation Coverage	<i>You have to cancel your trip before your departure.</i> 25.000 RON / trip price Deductible: 10 %	<<25.000 RON>>
Trip Interruption Coverage	<i>Your travel plans are interrupted while you are on your trip.</i> Additional transportation expenses for early return <i>trip</i> – 250 RON Additional transportation expenses for continuing the <i>trip</i> - 250 RON	<<250 RON >>
Travel Delay Coverage	<i>Your travel plans are delayed while you are on your trip.</i> Maximum reimbursement per 24-hour period of delay: With Receipts Daily Limit – 20 RON Daily Limit Minimum Required Delay - 8 hours	<<100 RON>>
Emergency Medical/Dental Coverage	<i>You have to pay for emergency medical or dental treatment while on your trip.</i> Sublimit for <i>epidemic</i> or <i>pandemic</i> illness – 75.000 RON Dental Care maximum sublimit – 2.500 RON	<<150.000 RON>>
Emergency Transportation Coverage	<i>Transportation is needed following a medical emergency while on your trip.</i> Sublimit for hospital transportation costs, search and rescue costs – 20.000 RON Organizing and paying the costs for a close person, at the place of hospitalization – 1.000 RON Organizing and paying transportation costs to return at home minors and dependents - 1.000 RON Organizing and paying funeral cost - 100.000 RON	<<250.000 RON>>

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.

Coverage area (depending on the insurance premium paid)

- Europe: Europe in a geographical sense, including the states around the Mediterranean, the Islands Canary Islands, Madeira, Azores, Russian Federation;
- Worldwide exclusively USA and Canada (all countries in the world without USA, Canada and North Korea);
- Worldwide including the USA and Canada (all countries in the world without North Korea).

Insured persons / Policyholder

Insured persons are all persons specified in the insurance *policy*, that have primary or secondary residence in Romania, Switzerland, Liechtenstein, United Kingdom or in all other EU country for at least six months before the date of termination of the insurance *policy*.

Residence in Romania is a mandatory condition in case of concluding an insurance *policy* whose period of validity is longer than 4 months.

The Policy holder is the person who concludes the insurance contract. The Policy holder must be at least 18 years old.

Important Notices:

- *Your policy does not cover pre-existing medical conditions or predictable events..*
- Emergency Medical/Dental Coverage is secondary. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide coverage in the geographical area where *your* medical emergency is treated, please submit *your* claim directly to *us*. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.
- If not otherwise specified, the benefit limits shown person / family according to the chosen tariff.
- If *your policy* was purchased with a one-way booking, *your* Departure Date will be the departure date for *your trip* as shown on *your* travel documents, and *your* Coverage End Date and Return Date will be the return date for *your trip* as shown on *your* travel documents (not exceeding 90 days from the Departure Date). Please contact us if *you* need to make any changes to *your* dates.
- In case of Trip Cancellation Cover, insurance cover will begin upon conclusion of the insurance contract and will end upon commencement of the *trip*.
- Insurance purchase and payment of the premium for insurance packages with cancellation cover

The departure is in more than 31 days:

- The insurance contract and the payment of the premium for insurance packages with cancellation protection must be made at least 31 days before the start of the *trip*.

Departure on the trip is in less than 30 days:

- From a period of less than 30 days before the start of the *trip*, insurance conclusion and the payment of the premium for insurance packages with cancellation protection are only possible at the same time as booking the *trip*, whereby insurance conclusion up to 3 calendar days after booking the *trip* is considered "at the same time".
- The date of the travel booking is considered to be the date of the first written booking or the date of the first registration in an electronic system confirming the booking of *your* tourist services. *Your* booking can be made with a *travel service provider* (accommodation / transport facilities / event organization etc.) or in online booking systems if *you* are issued with booking documents that include the names of the persons for whom the services are booked and the penalty conditions in case of cancellation of the *trip*.
- *Your policy* does not cover extreme sports and winter sports (skiing, snowboarding, etc.).

OUR PROMISE TO YOU

Withdrawal from the contract

You may withdraw from this contract within 14 days of receipt of the insurance *policy* without giving any reason. The withdrawal must be in written form (letter, fax, e-mail). If the insurance contract was concluded by means of distance selling, the aforementioned right of withdrawal only applies to contracts with a term of more than one month. The withdrawal period begins with the notification of the conclusion of the insurance contract (= sending of the *policy* or insurance certificate), but not before *you* have received the *policy*/Insurance Conditions including the provisions on the determination or amendment of the premium and this instruction on the right of withdrawal.

Please send the notice of withdrawal to:

AWP P&C S.A., Branch Office for Austria
Attn: Service Centre
Hietzinger Kai 101 - 105
1130 Vienna
Fax: +43 1 525 03 885
Email: service.ro@mondial-assistance.at

In order to comply with the withdrawal period, it is sufficient that *you* send the declaration of withdrawal before the expiry of the withdrawal period. The declaration can also be submitted via *your* insurance agent.

With the withdrawal, any insurance cover already granted and future obligations arising from the insurance contract end. If *we* have already granted cover, *we* shall be entitled to a premium corresponding to the period of cover. If *you* have already paid premiums to us in excess of this premium, *we* will repay this excess to *you* without deductions.

Complaints

Our aim is to provide first-class services. It is equally important to us to respond to *your* concerns. If *you* are not satisfied with our products or service, *you* can contact *us* at any time:
quality.at@mondial-assistance.at.

You can also report complaints to the National Consumer Protection Agency (ANPC) at the following address:

Bucharest, 72 Aviatorilor Boulevard, sector 1, postal code 011865
tel. + 40 21/9551;
<http://reclamatii.anpc.ro>

or to:

The Financial Supervisory Authority (ASF) at the following:

Address: Splaiul Independenței nr. 15, sector 5, 050092, București
Tel: 0800.825.627/ 004 021.668.1208
Email : office@asfromania.ro

For customer service, please:

call: +40 312 22 36 (9:00 - 18:00 CET, Mon - Fri)
e-mail: service.ro@mondial-assistance.at
Online: www.mondial-assistance.ro

For emergency assistance during your trip, please:

Call: +40 312 22 37

To file a claim, please visit:

<https://my-assistance.com>

GENERAL CONDITIONS

WHO WE ARE

AWP P&C S.A.

Niederlassung für Österreich (Sucursala pentru Austria)

Hietzinger Kai 101-105

A-1130 Viena, Austria

Phone: + 43 1 525 03-7, Fax: +43 1 525 03-999

Bank details: UNICREDIT TIRIAC BANK, SWIFT CODE — BACXROBU

Bank account: R055 BACX 00000005 0977 4000 — RON

Vienna Commercial Court Commercial register FN 100329 v, Data processing register no. 0465798

Company identification no. ATU 15366609

AWP P&C S.A. Subsidiary for Austria is a branch of AWP P&C S.A., with registered office in France, 93400 Saint-Ouen, Rue Dora Maar 7., Company Code 519490080 R.C.S. Paris

For AWP P&C S.A. with registered office at 7 rue Dora Maar, Saint-Ouen, France Competent supervisory authority: L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09

Mailing address Romania

AWP P&C St. Ouen Branch Bucharest

2-4 George Constantinescu Street, Globalworth Campus , Building C, 11th floor, Sector 2

Bucharest, Romania

www.mondial-assistance.ro

ORC registration number J40/20898/2017, CUI 38632969

ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, *we* are available during *our* working hours listed in the Coverage Summary. Just visit *us* online or give *us* a call using the contact information listed in the Coverage Summary. And, if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are italicized. These words are defined in the "Definitions" section. Words that are capitalized refer to the document and coverage names found in this *policy*. Headings are provided for convenience only and do not affect *your* coverage in any way.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

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

Your policy consists of three parts:

1. Insurance Policy
2. General Conditions
3. Privacy Policy

NOTE:

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

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DEFINITIONS

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

Accident	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
Accommodation	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
Adoption proceeding	A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.
Climbing sports	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
Cohabitant	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
Computer System	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
Covered reasons	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
Cyber risk	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> 1. Any unauthorized, malicious, or 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>; or 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
Departure date	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and in <i>your Insurance Policy</i> .
Doctor	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , or the sick or <i>injured</i> person's <i>family member</i> .
Epidemic	A contagious disease recognized or referred to as an <i>epidemic</i> 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, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i>; 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. Aunts, uncles, nieces, and nephews; 9. Legal guardians and wards; 10. Paid, live-in caregivers.
First responder	Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an <i>accident</i> or emergency to provide aid and relief.
High-altitude activity	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
Hospital	An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i> . It must: <ol style="list-style-type: none"> 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. Have organized departments of medicine and major surgery; and 3. Be licensed where required.
Illegal act	An act that violates law where it is committed.
Injury	Physical bodily harm.
Local public transportation	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometers.
Mechanical breakdown	A mechanical issue, which prevents the vehicle from being driven normally, including running out of fluids (except fuel).
Medical escort	A professional person contracted by <i>our</i> medical team to accompany a seriously ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
Medically necessary	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.

Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
Pandemic	An <i>epidemic</i> that is recognized or referred to as a <i>pandemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
Policy	The travel insurance coverage purchased. The <i>policy</i> includes Insurance Policy, General Conditions, Privacy Policy.
Political risk	Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: <ul style="list-style-type: none"> · Nationalization; · Confiscation; · Expropriation (including Selective Discrimination and Forced Abandonment); · Deprivation; · Requisition; · Revolution; · Rebellion; · Insurrection; · Civil commotion assuming to proportion of or amounting to an uprising; · Military and usurped power.
Pre-existing medical condition	An <i>injury</i> , illness, disease, disability or the consequences thereof, and any pathological or medical condition resulting from an illness or <i>accident</i> - which has been treated within 120 days prior to the date of issue of the <i>policy</i> for heart disease, stroke, cancer, diabetes (type 1 + 2), migraine, epilepsy, multiple sclerosis - 24 months - that: <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; or 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
Primary residence	<i>Your</i> permanent, fixed home address for legal and tax purposes.
Quarantine	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.
Reasonable and customary costs	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
Refund	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
Service animal	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered <i>service animals</i> . The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
Severe weather	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
Terrorist event	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of your country of residence, and is committed for political, religious, ethnic, ideological or similar purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include general civil disorder or unrest, protest, rioting, <i>political risk</i> , or acts of war.
Traffic accident	An unexpected and unintended traffic-related event, other than <i>mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; or 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or 4. <i>Local public transportation</i>.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.

Traveling companion	A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
Trip	<i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> . It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work, and it cannot last longer than 90 days.
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 reasonable person find their home or destination inaccessible or unfit for use.
We, Us, or Our	AWP P&C S.A. - Branch for Austria under the trade name Mondial Assistance.
You or Your	All persons listed as insureds in <i>your</i> Insurance Policy.

WHEN YOUR COVERAGE BEGINS AND ENDS

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

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

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

Your policy ends on the coverage end date listed in your Specific Conditions. 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 90 days from the departure date shown on your travel documents).

Additionally, your policy will end on the earliest of:

1. At 23:59 on the day you cancel your policy; or
2. At 23:59 on the day you file a trip cancellation claim with us;
3. At 23:59 on the day you end your trip, if you end your trip early;
4. 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
5. At 23:59 on the 90th 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.

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

DESCRIPTION OF COVERAGES

In this section, we will describe the many different types of insurance coverages, which are included in your policy. We explain each type of coverage and the specific conditions that must be met for the coverage to apply. **Please note that exclusions may apply.**

A. TRIP 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, and change fees costs to rebook your transportation (less available refunds), up to the maximum benefit for Trip Cancellation Coverage listed in your Coverage Summary. Please note that this coverage only applies before you have left for your trip.

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. If a serious illness, injury, or medical condition prevents you from being able to notify your travel suppliers within that 48-hour period, you must notify them as soon as you are able.

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 such as COVID-19).

The following conditions apply:

- a. 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 such as COVID-19).

The following condition applies:

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

3. You, a traveling companion, family member, or your service animal dies 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. A contagious disease other than an epidemic or pandemic; or

- b. An epidemic or pandemic (such as COVID-19), but only when the following conditions are met:

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

- ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
5. *You or a traveling companion is in a traffic accident on the departure date.*

One of the following conditions must apply:
 - a. *You or a traveling companion need medical attention; or*
 - b. *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:
 - a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).
 7. *Your primary residence becomes uninhabitable.*
 8. *You or a traveling companion is terminated or laid off by a current employer after your policy's purchase date.*

The following conditions apply:
 - a. The termination or layoff is not *you* or *your* traveling companion's fault;
 - b. The employment must have been permanent (not temporary or contract); and
 - c. The employment must have been for at least 12 continuous months.
 9. *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.*
 10. *Your 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.*
 11. *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.*
 12. *You or a traveling companion receive a legal notice to attend an adoption proceeding during your trip.*
 13. *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.*
 14. *You or a traveling companion is medically unable to receive an immunization required for entry into a destination.*
 15. *Your or travel companion's travel documents required for the trip are stolen.*

The following condition applies:
 - a. *You must provide evidence of your efforts to obtain replacement documents that would allow you to keep the originally scheduled trip dates.*

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 available *refunds*, up to the maximum benefit for Trip Interruption Coverage listed in *your* Coverage Summary, for:

- i. The prorated portion of *your* 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 of the interruption) longer than originally planned. **There is a per policy maximum of RON 5.000.**

IMPORTANT: *You* must notify all of *your travel suppliers* within 24 hours of discovering that *you* will need to interrupt *your trip* (this includes being advised to interrupt *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. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 24-hour period, *you* must notify them as soon as *you* are able.

Covered reasons:

1. *You or a traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following conditions apply:

- a. A *doctor* must either examine or consult with *you* or the *traveling companion* before *you* make a decision to interrupt the *trip*.
 - b. *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 such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.
3. *You*, a *traveling companion*, *family member*, or *your service animal* dies during *your trip*.
4. *You* or a *traveling companion* is *quarantined* during *your trip* due to having been exposed to:
- a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
5. *You* or a *traveling companion* is in a *traffic accident* (not including a *mechanical breakdown*.)

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:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).
7. *Your primary residence* becomes *uninhabitable*.
8. *You* or a *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*.
9. *You* or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.
10. *You*, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.
11. *You* miss at least 50% of the length of *your trip* due to one of the following:
- A. A *travel carrier* delay, not including a *travel carrier* cancellation without rebooking;
 - B. A strike, unless threatened or announced prior to the purchase of *your policy*;
 - C. A *natural disaster*;
 - D. Roads are closed or impassable due to *severe weather*;
 - E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
 - i. *You* must provide evidence of *your* efforts to obtain replacement documents.
 - F. Civil disorder.
12. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

C. TRAVEL DELAY COVERAGE

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

- i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and local transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary:
 - If *you* provide receipts, the With Receipts Daily Limit applies; or
 - If *you* do not provide receipts, the No Receipts Daily Limit applies.
- ii. If the delay causes *you* to miss the departure of *your* cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.

- iii. If the delay causes *you* to miss the departure of *your* flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

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

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

1. A *travel carrier* delay;
2. A strike, unless threatened or announced prior to the purchase of *your* policy;
3. *Quarantine* during *your* trip due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
4. A *natural disaster*;
5. Lost or stolen travel documents;
6. Hijacking, 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 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.

D. EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD

If *you* receive emergency medical or dental care while *you* are on *your* trip abroad for one of the following *covered reasons*, we will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for Emergency Medical/Dental Coverage in *your* Coverage Summary (dental care is subject to the maximum sublimit listed for dental care):

1. While on *your* trip abroad, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated before *your* return home (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
2. While on *your* trip abroad, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

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

IMPORTANT: Please note that this is secondary coverage. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide coverage in the geographical area where *your* medical emergency is treated, please submit *your* claim directly to us. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.

The following conditions and exclusions apply:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.
- b. This coverage will not pay for any care provided after *your* coverage ends.
- d. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your* trip abroad;
- e. This coverage will not pay for non-emergency care or services in general and the following care and services in particular:
 1. Elective cosmetic surgery or care;
 2. Annual or routine exams;
 3. Long-term care;
 4. Allergy treatments (unless 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; and
 8. Any other non-emergency medical or dental care.
- 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.

E. EMERGENCY TRANSPORTATION COVERAGE

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.

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

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip*, we will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If we determine that the local medical facilities are unable to provide appropriate medical treatment:

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

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

- a. *You* or someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;
- c. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and we reserve the right to not provide coverage;
- d. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility;
- e. *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*.

Medical Repatriation (Getting *you* home after *you* receive care)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, we will:

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

The following conditions apply:

- a. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel);
- b. *You* or someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
- d. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and we reserve the right to not provide coverage;
- e. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to *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*.

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:

- a. *You* or someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange.

Return of Dependents (Getting minors and dependents home)

If you die or are told by the treating *doctor* 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 traveling 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. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

- a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *traveling companions* under the age of 18 or dependents;
- b. *You* or someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange.

Repatriation of Remains (Getting your remains home)

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

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

The following conditions apply:

- a. Someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange; and
- b. The death must occur while on *your trip*.

If a *family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your* death, we will reimburse the necessary expenses up to the amount it would have cost *us* to transport *your* remains to a funeral home near *your primary residence*.

Search and Rescue

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

F. TRAVEL SERVICES DURING YOUR TRIP

If *you* need travel assistance services during *your trip*, we are available 24 hours a day. With *our* global reach and multi-lingual staff, we are here to help *you*.

Finding a Doctor or Medical Facility

If *you* need care from a *doctor* or medical facility while *you* are traveling, we can assist *you* in finding one.

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.

Lost Travel Documents Assistance

If *your* passport or other travel documents are lost or stolen, we can assist *you* in getting *your* documents replaced and can help *you* change *your* travel arrangements as required.

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.

Legal Referrals

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

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*. An “exclusion” is something that is not covered by this insurance *policy*, and therefore no payment or service would be available.

This *policy* does not provide coverage for any loss that results directly or indirectly from any of the following General Exclusions if they affect *you*, a *traveling companion*, or a *family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Pre-existing medical conditions*;
3. *Your intentional self-harm or if you attempt or commit suicide*;
4. Normal, complication-free pregnancy or childbirth, except when normal, complication-free pregnancy or childbirth is expressly referenced in and covered under *Trip Cancellation Coverage* or *Trip Interruption Coverage*;
5. Fertility treatments or elective abortion;
6. A mental or nervous health disorder, such as Alzheimer’s disease, anxiety, dementia, depression, neurosis, psychosis, or their related physical symptoms. This exclusion applies only to *Trip Cancellation Coverage* and *Trip Interruption Coverage*;
7. 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;
8. Acts committed with the intent to cause loss;
9. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
10. Participating in or training for any professional or semi-professional sporting competition;
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
 - a. Skydiving, BASE jumping, hang gliding, or parachuting;
 - b. Bungee jumping;
 - c. Caving, rappelling, or spelunking;
 - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
 - e. *Climbing sports* or free climbing;
 - f. *Any high-altitude activity*;
 - g. Personal combat or fighting sports;
 - h. Racing or practicing to race any motorized vehicle or watercraft;
 - i. Free diving; or
 - j. Scuba diving at a depth greater than 20 meters or without a dive master.
12. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
13. An *epidemic* or *pandemic*, except when an *epidemic* or *pandemic* is expressly referenced in and covered under *Trip Cancellation Coverage*, *Trip Interruption Coverage* or *Emergency Medical/dental Coverage*;
14. *Natural disaster*, except as expressly covered under *Trip Cancellation Coverage*, or *Trip Interruption Coverage*, or *Travel Delay Coverage*;
15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
16. Nuclear reaction, radiation, or radioactive contamination;
17. War (declared or undeclared) or acts of war;
18. Military duty, except as expressly covered under *Trip Cancellation Coverage* or *Trip Interruption Coverage*;
19. Civil disorder or unrest, except when civil disorder or unrest is expressly referenced in and covered under *Trip Interruption Coverage* or *Travel Delay Coverage*;
20. *Terrorist events*, except when *terrorist events* are expressly referenced in and covered under *Trip Cancellation Coverage*, *Trip Interruption Coverage*, or *Travel Delay Coverage*. This exclusion does not apply to *Emergency Medical* or *Emergency Transportation Coverage*;
21. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except as expressly covered under *Trip Cancellation Coverage* or *Trip Interruption Coverage*;
22. *Political risk*;
23. *Cyber risk*;
24. Any *travel supplier’s* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
25. *Travel supplier* restrictions on any *baggage*, including medical supplies and equipment;
26. Ordinary wear and tear or defective materials or workmanship;
27. An act of gross negligence by *you* or a *traveling companion*;
28. *Your intent to receive health care or medical treatment of any kind while on your trip*; or
29. Travel against the orders or advice of any government or other public authority.

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); or
2. The travel dates in *your Insurance Policy* do not represent *your actual travel dates* (does not apply to insurance purchased with a one-way booking).

Reporting a claim

Before reporting a claim, please check *your* Insurance *Policy* and Summary of Cover. Please note that not every claim is covered, even if it arises suddenly and unexpectedly.

1. Go to **www.my-assistance.com**;
2. Enter *your* Insurance *Policy* number;
3. Check which forms and documents are required and upload them;
4. If *you* submit *your* claim via www.my-assistance.com, *you* can check the processing status of *your* file at any time.

To submit *your* application by phone or email:

E-mail: daune@mondial-assistance.at
 Phone: 0040 31 229 50 38

What do *you* do if *you* want to submit a Claim for Reimbursement?

You are obliged to keep claim as low as possible, avoid unnecessary expenses and provide proof of the event. Therefore, please always obtain appropriate supporting documents regarding the occurrence of the claim (e.g. claims confirmation, Medical Certificate, Police Report, Travel Guide Statement) and the scope of the claim (e.g. invoices, receipts). Please send *us your* claim report immediately with relevant supporting documents.

The following documents are required for all submissions:

1. The original confirmation of the *trip* booking which must contain details of the service booked, travel participants, dates and price of *trip*, including the penalty *policy* applied in the event of cancellation of *trip*;
2. Invoices, receipts and confirmations of payment for all costs incurred;
3. Information on the possession of other travel insurances, such as those included in a credit card or car driver's club card, private health insurance, etc.;
4. All other relevant and useful documents confirming the application;
5. Bank details - full name, account number (IBAN), account currency, SWIFT code and payee's home address.

When submitting documents via the online portal, the exact supporting documents required for *your* application, specific to *your* event, can be found in the "Documents required" section.

To make things easier, *you* will find here an overview of the necessary documents.

For the analysis of the claims in case of cancellation or interruption of *trip*, we need the following documents:

For all events covered:

1. The initial confirmation of the travel booking, stating the service booked, the travel participants, the dates and price of the *trip*, the penalty *policy* applied in case of cancellation/interruption of the *trip*;
2. Cancellation invoice(s) confirming the cancellation costs incurred, including an overview of the cancellation penalties of the tour provider(s);
3. Full details of the event that caused *you* to cancel, interrupt or abandon *your trip* altogether;
4. Confirmation of payment(s) of all expenses claimed;
5. Information and supporting documents for any reimbursement.

Medical causes:

1. Detailed medical documentation, including medical history of illness; (e.g. patient file, treatment documentation, discharge report, findings);
2. Confirmation of sick leave issued by an accredited Health Insurance *doctor*, if applicable;
3. Certified/certified copy of the death certificate, if applicable;
4. Documents proving the degree of kinship (Birth Certificate, Marriage Certificate);
5. Registration form as proof of cohabitation (in case of an incident not involving relatives).

Quarantine:

1. Isolation notice issued by the competent authority issued on behalf of *you* or *your traveling companion* that includes information about the *quarantine* period;
2. Isolation notification issued by the competent authority on behalf of *you* or *your traveling companion* including information about the *quarantine* period.

Traffic accident:

1. Police report describing and confirming the road *accident*;
2. *Accident* report from the motor third party liability insurer.

Adoption proceedings:

Official summons to court proceedings.

If *your* residence has become uninhabitable:

Confirmation from the competent authority of the circumstances under which *your* home has become *uninhabitable*.

Terrorist Event:

Information about the terrorist act that caused the cancellation or interruption of *your trip* or activity.

Unexpected dismissal or termination:

Employment contract, notice of termination, social security cancellation statement.

Other events not listed here:

Relevant confirmations from offices, authorities, institutions - to be able to verify the event that prompted the claim.

In order to settle reimbursements for medical/dental services *abroad* we need the following documents:

1. *Doctor's* report (must include patient's name, diagnosis, data on prescribed treatment);
2. *Doctor* or *hospital* bill that shows payments made by statutory or private health insurance.
3. Other invoices or receipts for confirmation of payment from the issuer for which reimbursement is requested.

For the settlement of reimbursements in case of delays, we need:

1. A description of the causes of the delay;
2. Confirmation from the airline or carrier of the delay, including a description of the cause;
3. Original flight ticket(s), train ticket(s), ticket(s);
4. Receipts, invoices for additional transport and/or *accommodation* costs.

For the settlement of *refunds* in case of lost/damaged/stolen *baggage* we need:

1. A police report filed with the responsible security service;
2. A written confirmation from the travel service provider or *accommodation* provider;
3. A report from the airline or carrier on damage to property (PIR) in case of claim or loss of *baggage*;
4. Original invoices, receipts or other appropriate proof of ownership of the items claimed;
5. Repair invoice or cost estimate.

For the settlement of *refunds* in case of claim to delayed *baggage*, we need:

1. A written confirmation of the so-called Property Irregularity Report (PIR) from the airline or carrier of the temporary loss of *baggage*, including a description of when *you* received *your baggage* back;
2. Invoices for new purchases for items not purchased until *your baggage* is delivered.

GENERAL PROVISIONS AND CONDITIONS**Applicable law**

Romanian law applies, jurisdiction is Bucharest.

Loss of entitlement to compensation

We are exempt from enforcement if, on the occasion of the insured event, in particular in the notice of reimbursement, *you* deliberately provide untrue information, conceal circumstances essential to the event of the loss or falsify evidence, even if this causes *us* no disadvantage.

When do we pay the reimbursement?

Our cash benefits are due upon completion of the analysis necessary to determine the insured event and scope of coverage. The due date occurs regardless if, two months after *you* claim a cash benefit, *you* ask *us* for an explanation as to why *your* claim has not been settled and the one month analysis completion time from notification of the insured event has not been met.

If the completion of the analysis of *your* Claim for Reimbursement has not been completed within one month of notification of the insured event, depending on the situation, *you* may request advance payments of the amount *we* are due to pay.

Final agreements

No Intermediary is authorized to promise, in writing or verbally, any insurance protection which is an exception to the General Conditions or to undertake any assessment of a state of facts which is binding on *us*. Additional conditions, respectively exceptions or any other derogations are only valid if they are set out in writing and if they are drafted by *us*.