



STUDENT TRAVEL INSURANCE

TERMS AND CONDITIONS - INFORMATION NOTICE



MONDIAL CARE
WORLDWIDE TRAVEL INSURANCE

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TERMS AND CONDITIONS - INFORMATION NOTICE

POLICY GSL No. ADP20192395 REF. GSL-AGISETUDIANTS0819

Coverage under your policy are governed by the Insurance Code. The insurance policy wording in French remains the only legal reference in the event of a dispute between the parties

Your policy includes these **terms and conditions**, and your certificate of Insurance. Its guarantees apply to all private or professional trips completed during the validity of your temporary visa (with a maximum of twelve months renewable). Coverage is valid for the duration of the policy referred to in the Insurance Certificate.

*Please read carefully your **terms and conditions**.
They detail our respective rights and obligations and
answer the questions you may have.*

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1. DEFINITIONS

1.1. DEFINITION OF THE STAKEHOLDERS UNDER THE POLICY

THE INSURED The natural person referred to in the insurance certificate, under the age of 35 on purchasing this policy or designated group, whose home is located in the European Economic Area, Switzerland, Andorra, Monaco, in the DROM and in the COM.

THE INSURER: Groupe Special Lines on behalf of Groupama Rhône-Alpes Auvergne. Caisse régionale d'Assurances Mutuelles Agricoles de Rhône-Alpes Auvergne 50 rue de Saint-Cyr - 69251 Lyon cedex 09 - N° de SIRET 779 838 366 000 28 Company governed under the Insurance Code and supervised by the Prudential and Resolution Supervision Authority, 4 Place de Budapest - CS 92459 - 75436 Paris Cedex 09

ASSISTANCE SERVICE PROVIDER: Mutuaide Assistance – 8-14 Avenue des Frères Lumière 94368 BRY-SUR MARNE cedex. – S.A. au capital de €9,590.040 fully distributed – Company governed by the Insurance Code and registered in the Trade and Commerce Registry Ref. RCS 383 974 086 Créteil under the Authority of the Prudential Supervisory and Resolution, 4 Place de Budapest - CS 92459 - 75436 Paris Cedex 09.

POLICYHOLDER Agis SAS owns Mondial Care brand and www.mondialcare.eu website, operates as a Broker-Designer, distributor and manager of this Travel Insurance Program. Agis SAS on behalf of the insured/beneficiary named in the Insurance certificate and agrees to transfer to the Insurer, the premium paid to him by the Insured/beneficiary. Agis SAS on behalf of the insurer, processes and settles claims which are not under the assistance coverage directly by Groupama Assistance. Agis SAS - Allsure Global Insurance Solutions SAS - International Insurance and Reinsurance Brokerage Company RCS Paris B 524 120409 Registration No. 10057380 in the register of Insurance Intermediaries - Orias - 1 rue Jules Lefèvre - 75311 Paris Cedex 9 - Activity under the supervision of ACPR - Banque de France Prudential Supervisory and Resolution Authority, 4 Budapest Square CS 92459, 75436 Paris.

1.2. DEFINITION OF ASSISTANCE WORDING

ACCIDENT: Any bodily injury unintentionally caused by the Insured, arising from the sudden action of an external cause.

As an extension to this definition, pathological events that would be the direct consequence of this bodily injury, are covered.

Accidents include:

- ✗ injuries caused by fire, steam jets, acids and corrosive substances, lightning and electric current;
- ✗ suffocation by immersion and suffocation by sudden ingestion of gases or fumes;
- ✗ the consequences of poisoning and injuries caused by unintentional ingestion of toxic or corrosive substances;
- ✓ sunstroke, congestion and freezing due to sinking, forced landing, collapses, avalanche, flood or any other accidental events;

- ✓ the direct consequences of animal bites or insect stings, any diseases excluded (such as malaria and sleeping sickness), whose original cause can be linked to such bites or stings.
- ✓ any injury sustained during scuba diving, including those caused by hydro-shock or by decompression;
- ✓ any bodily injury resulting from an assault or attacks sustained by the Insured, unless specifically proven that the Insured would have been actively involved as the perpetrator or the initiator of these events;
- ✓ the physiological consequences of surgical procedures provided that they have been necessitated by an accident under this coder.
- ✓ Accidental fall that doesn't result from a health condition.
- ✓ aneurysm, myocardial infarction, cerebral embolism, epileptic seizures, subarachnoid hemorrhage.

BENEFICIARIES: The individual or individuals receiving the amounts due under a claim. In the event of the Insured's death, unless another individual has been designated by the Insured, the expected amount will be paid to:

- ✓ If the INSURED is married: his/her spouse, not living separate for fault, nor divorced, or otherwise his/her children born or unborn, living or represented, or otherwise, his/her heirs,
- ✓ If the INSURED entered into a civil partnership, or otherwise, his/her heirs,
- ✓ If the INSURED is a widow/widower or divorced : his/her children or otherwise, his/her heirs,
- ✓ If the INSURED is single: his/her heirs.

In all other cases the other amounts will be paid to the insured who suffered the accident.

Individuals who voluntarily caused the accident or the loss are excluded from any insurance benefit.

SPOUSE:

- ✓ Spouse: the person who entered into a marriage with the Insured and not legally separated.
- ✓ Partner: the person in a de facto relationship with the Insured, for a minimum of one year and in the same community of interest as a married couple.
- ✓ The cosignatory of a Civil partnership with the Insured.

CONSOLIDATION: The date from which the condition of the injured insured is considered to be medically stabilized while there are permanent health conditions

FORFEITURE: Deprivation of the right to any amounts or services provided under the policy as a result of the insured failing to comply with certain obligations under the current Laws and Regulations.

TRIP COVERED: All travel abroad of up to 12 months. The policy may only be renewed once for a period of 12 months.

HOME - COUNTRY OF USUAL RESIDENCE: The usual home country or the country of origin of the Insured before his departure - that referred to in the Insurance Certificate.

For this policy, the second home is not considered home when provided for leisure purposes.

PERSONAL INJURY: Any physical injury suffered by any individual.

CONSEQUENTIAL LOSS: Any financial loss resulting from the deprivation of enjoyment of a right, the interruption of a service provided by a person or by a property or asset or the loss of a profit and directly resulting in a bodily injury or property damage covered.

PROPERTY DAMAGE: Any alteration, deterioration, loss and destruction of a thing or substance including any physical harm to animals.

DEPENDENT CHILDREN: Children are seen as dependent in the following cases only:

- ✓ If they are under 21,
- ✓ if they are over 21 and under 25 and still study. Any annual Income or remuneration they received shall be under the minimum amount taxable under the I.R.P.P
- ✓ if they are disable (not able to support themselves, regardless of their age)
- ✓ if they were born alive within three hundred days from the day of the accident that resulted in the death of the INSURED.

DAMAGING EVENT: The event causing liability being the generating cause of the loss. A series of events causing liability with the same technical cause is considered one single event causing liability.

DEDUCTIBLE: The amount set and to be paid by the Policyholder or the Insured in case of compensation. The deductible can also be mentioned in day or as a percentage.

CIVIL WAR: Civil war means two opposing factions of one same nation who oppose or part of the population opposing the established order. These forces control part of the territory and have regular military forces.

FOREIGN WAR: Foreign war means a state of armed conflict between two or more states with or without a declaration of war.

PERMANENT DISABILITY: This is a presumed definitive impairment of the physical abilities of the Insured. Its extent is calculated based on a rate determined by reference to the schedule set out in the Table of Benefits.

ILLNESS: Any deterioration of health, as established by a qualified medical authority, provided that it first occurs during the mission.

- **Chronic illness:** illness that progresses slowly.
- **Serious illness:** life-threatening illness.

FAMILY MEMBERS: A family member is any spouse or de facto spouse, living under the same roof, any child, brother or sister, father, mother, step-parents, grandparents, grandchildren, brothers-in-law and sisters-in-law.

POPULAR MOVEMENT: An internal unrest characterized by disorder and illegal acts not necessarily with a rebellion against the established order.

FOREIGN COUNTRIES: Any country other than the home country or usual residence referred to in the Insurance Certificate. By convention, the DOM-ROM (Overseas Departments and Overseas Regions), PTOM (Overseas Territories and Territories) and COM (Overseas Communities) are assimilated to foreign country for the performance of the Medical Expense cover.

POLLUTION INCIDENT: The emission, dispersion, disposal or deposition of any solid, liquid or gaseous substance, released by the atmosphere, soil or water, resulting from a sudden and unforeseeable event and not occurring in a slowly, gradual or continuous manner.

CIVIL LIABILITY: Legal obligation imposed on any person to compensate the damage they caused to others.

CLAIM: Any claim for an amicable or litigious compensation brought by the individual who suffered a damage or his beneficiaries and sent to the Insured or to the Insurer.

Under the Liability Cover: Any loss or damage caused to third parties the Insured is held responsible for, resulting from a damaging event which gave rise to one or more claims. The damaging event being the event that is the generating cause of the damage. A series of events causing liability with the same technical cause is considered one single event causing liability.

LIMITATIONS: a period after which a claim is no longer admissible.

CLAIM: all the damaging consequences of an event resulting in any of the covers taken out to be claimed. All damage resulting from the same original cause shall constitute one single claim.

THIRD PARTY: any natural or legal person, excluding:

- ✗ The insured individual and his/her family members,
- ✗ Individuals accompanying him/her
- ✗ His/her employees, whether on wages or not, in the performance of their duties.

LAND MOTOR VEHICLE: Machine that moves on the ground (i.e., other than air or naval), not on a railway, self-propelled (powered by its own driving force) used to transport people (even if it is only the driver) or goods.

2. PURPOSE OF THE INSURANCE

The purpose of the policy is to cover the payment of the following benefits, the amount of which is set in the Table of Benefits in the event of an unexpected illness, injury or death resulting from a sudden illness or accident during a trip covered.

Pre-existing illnesses are not covered.

3. SCOPE OF COVER

Coverage under this Policy applies worldwide, exclusively for travels of the Insured abroad and under 365 days

Coverage will be effective from when the Insured leaves his/her home or place of work and will end upon his/her return to the first of workplace or home. Coverage applies 24 hours a day for this whole period.

(*) Travel covered:

Trip made by the Insured, outside the country of origin, for a maximum of 12 months and intended for:

- ✓ an internship in a company paid or not, and subject to an internship agreement (including for apprentices),
- ✓ a study trip with a university, a school or language organization abroad,
- ✓ a continuing vocational training,
- ✓ Advanced learning of a foreign language in working "au pair" in a family abroad,
- ✓ A trip as part of the WORKING HOLIDAY PROGRAM
- ✓ Volunteering trip for International Solidarity (VSI).

Generally speaking, countries in a state of civil or foreign war, common political instability, subject to popular movements, riots, acts of terrorism, reprisals, restrictions on the free movement of people and goods (regardless of the reason, including health, safety, weather, etc..)

The purpose of the policy is to cover the payment of the following benefits, the amount of which is set in the Table of Benefits in the event of an unexpected illness, injury or death resulting from a sudden illness or accident during a trip covered.

4. COMMON EXCLUSIONS TO ALL COVERAGE

- × **ACCIDENTS INTENTIONALLY CAUSED BY THE INSURED, THE CONSEQUENCES OF HIS SUICIDE OR ATTEMPTED SUICIDE, AS WELL AS ACCIDENTS CAUSED BY THE USE OF DRUGS OR NARCOTICS NOT MEDICALLY PRESCRIBED.**
- × **ACCIDENTS OCCURRING WHEN THE INSURED IS THE DRIVER OF A VEHICLE AND HIS/HER BLOOD ALCOHOL LEVEL EXCEEDS THAT LEGALLY ALLOWED IN THE COUNTRY WHERE THE ACCIDENT OCCURED.**
- × **ACCIDENTS RESULTING FROM THE INSURED BEING INVOLVED IN A BRAWL (EXCEPT IN CASES OF SELF-DEFENCE OR TO HELP A PERSON IN DANGER), A DUEL, AN OFFENCE OR A CRIMINAL ACT.**
- × **ACCIDENTS OCCURRING WHEN FLYING AN AIRCRAFT AS A PILOT OR A CREW MEMBER OR WHEN PRACTICING SPORTS WITH OF FROM THIS AIR CRAFT.**
- × **ACCIDENTS RESULTING FROM YOUR PARTICIPATION, EVEN AS AN AMATEUR IN THE FOLLOWING SPORTS: MOTOR SPORTS (REGARDLESS OF THE MOTOR VEHICLE USED), AIR SPORTS (EXCLUDING HANG GLIDING, PARAGLIDING, KITE-SURFING), HIGH MOUNTAIN MOUNTAINEERING (ABOVE 3500M), BOBSLEIGH, DANGEROUS ANIMAL HUNTING, ICE HOCKEY, SKELETON, COMBAT SPORTS, CAVING ABOVE 100M DEEP, SNOW SPORTS WITH AN INTERNATIONAL, NATIONAL OR REGIONAL RANKING AS WELL AS ACCIDENTS RESULTING FROM THE PRACTICE OF ANY SPORTS IN A PROFESSIONAL CAPACITY.**
- × **THE PRACTICE OF SNOW SPORTS OFF THE SKI RUNS IF THESE PRACTICES HAVE BEEN BANNED BY MUNICIPAL OR PREFECTURAL DECREE.**
- × **ACCIDENTS CAUSED BY WAR, CIVIL OR FOREIGN, DECLARED OR NOT IN ONE OF THE FOLLOWING COUNTRIES: HOWEVER, THE RISKS OF WAR MAY BE COVERED BY SURCHARGE AND UPON PRIOR REQUEST.**
- × **ACCIDENTS CAUSED DURING SPORTS PRACTICE WHETHER OR NOT AT PROFESSIONAL LEVEL, OF ANY SPORTS REQUIRING THE USE OF MOTORISED MECHANICAL GEAR AS A PILOT OR A PASSENGER. SPORTS PRACTICING MEANS TRAINING, TRIALS, PARTICIPATION IN SPORTS EVENTS OR COMPETITIONS,**

- × ACCIDENTS CAUSED BY WAR, CIVIL OR FOREIGN, DECLARED OR NOT IN ONE OF THE FOLLOWING COUNTRIES: HOWEVER, THE RISKS OF WAR CAN BE COVERED BY SURCHARGE AND UPON PRIOR REQUEST.

- × THE USE OF WAR DEVICES, EXPLOSIVES OR FIREARMS

- × THE CONSEQUENCES OF IONISING RADIATION EMITTED BY NUCLEAR FUELS OR RADIOACTIVE WASTE PRODUCTS OR CAUSED BY WEAPONS OR DEVICES INTENDED FOR EXPLOSION THROUGH MODIFICATION OF THE STRUCTURE OF THE NUCLEUS OF THE ATOM.



5. OTHER ASSISTANCE BENEFITS

Benefits and services apply both abroad and in the country of residence of the insured

IMPLEMENTATION OF BENEFITS

Under penalty of inadmissibility, requests for assistance should be made directly by the INSURED (or any person acting on his/her behalf) by any of the following means:

➤ • **by phone:**

For assistance GROUPAMA Assistance	For Insurance Mondial Care by AGIS
From France: 01.45.16.43.31 From overseas: (+33) 1. 45.16.43.31	From France: 01.82.83.56.26 From overseas: (+33) 1.82.83.56.26

➤ **On the Website**

By logging into your Customer Space created at the time of purchase of your insurance, you can **lodge a claim** and attach your supporting documents healthcare coverage forms, plane tickets, boarding passes, etc.). Our team will contact you to complete the information necessary for the reimbursement and review your claim.

BENEFITS PROVIDED

Benefits provided under this policy may only be triggered with the prior agreement of GROUPAMA ASSISTANCE.

As a result, no expenses arbitrarily incurred by the Beneficiaries/Insured will be reimbursed by GROUPAMA ASSISTANCE.

For the assistance cover to apply, the Insured shall imperatively contact the Assistance Service Centre on the contact number shown on the personal identification card.

IMPORTANT

- GROUPAMA ASSISTANCE may not, under any circumstances, replace any local emergency response authorities.
- In any event, the decision to provide assistance is solely that of the GROUPAMA ASSISTANCE doctor, after contacting the doctor on site and any family of the Insured.
- Medical authorities have the exclusive power to decide on repatriation, the choice of means of transport and the place of hospitalization.
- Bookings are made by GROUPAMA ASSISTANCE. We will decide and choose repatriation, as well as the most appropriate means.

5.1. REPATRIATION OR MEDICAL EVACUATION

If the condition of the Insured requires medical care or particular medical checks that cannot be performed on site, GROUPAMA ASSISTANCE will arrange and pay for

- ✓ - transportation to a regional hospital centre or in a country likely to provide care;
- ✓ - repatriation to the place of residence of the Insured if there is no closer suitable medical centre.

Depending on the severity of the case, repatriation or transport shall be carried out under medical supervision if necessary and by the following most appropriate means: air ambulance, regular airline aircraft, train, sleeper, boat, ambulance.

Where hospitalization on arrival is not necessary, transportation shall be provided up to the place of residence of the INSURED.

If hospitalization was not possible in a medical care facility nearby the place of residence, GROUPAMA ASSISTANCE will arrange and pay, health condition permitting, for transportation from the hospital to the place of residence.

5.2. REIMBURSEMENT OF MEDICAL, SURGICAL, PHARMACEUTICAL, HOSPITAL EXPENSES INCURRED ABROAD.

This cover applies exclusively outside the country of residence of the INSURED.

Reimbursement covers the costs as set below, provided they are related to the medical care received outside the country of residence of the INSURED, following an unpredictable illness, or an accident suffered abroad.

GROUPAMA ASSISTANCE shall reimburse the amount of medical expenses abroad and payable by the INSURED, after reimbursement by the social security or any other insurance or pension fund he is a member of, up to the amount specified in the table of benefits, for the duration of the Policy.

If there is a deductible, it will be applied in all cases.

The INSURED or his successors, undertake(s) to take all steps necessary to recover these costs from the relevant agencies and to provide the following documents:

- ✓ - original statements from social and/or pension agencies substantiating the payments received;
- ✓ - photocopies of medical bills establishing the expenses incurred.

Nature of medical expenses eligible for additional reimbursement

- ✓ Medical fees.
- ✓ Costs of medication prescribed by a doctor or a surgeon.
- ✓ Cost of ambulance or taxi ordered by a doctor for a local drive.
- ✓ Costs of hospitalization by medical decision.
- ✓ Dental emergency within the limit of the amount specified in the table of benefits.

5.3. MEDICAL TREATMENT EXPENSES AFTER HOSPITALIZATION ABROAD

This cover applies exclusively outside the country of residence of the INSURED.

A compensation paid to the Insured for medical, surgical, pharmaceutical and public or private hospital expenses and transportation with an ambulance or any other vehicle in the event of emergency, incurred following an accident covered under this Policy **when this costs have been incurred in the home country within the month after hospitalization abroad.**

If the insured person is covered by Social Security, any other insurance scheme covering the same risks, the Insurance Company will pay, in addition to the amounts paid under these benefits, the benefits the Company is liable for, however, the total amount to be paid to the Insured shall not exceed the actual expenses incurred

5.4. ACCOMPANIMENT ON REPATRIATION OR MEDICAL TRANSPORT

If the INSURED is transported under the conditions set out in section 1 "Repatriation or Medical transport" and is not accompanied by a doctor or a nurse, GROUPAMA ASSISTANCE will arrange and pay for a person on site to travel and accompany the INSURED.

5.5. RETURN OF SPOUSE AND DEPENDENT CHILDREN IN THE EVENT OF REPATRIATION OF THE INSURED

We will arrange and cover the return of an accompanying person or spouse and accompanying Children in the event of the repatriation of the insured to his home, where the means originally provided for their return may no longer be used as a result of the repatriation. We will decide and chose repatriation, as well as the most appropriate means.

5.6. Person at the Insured's bedside in hospital

We will arrange and pay **up to a maximum of the amount stated in the Table of Benefits** for the hotel accommodation of a person at the Insured's bedside in hospital, whose condition does not justify or hold back immediate repatriation.

GROUPAMA ASSISTANCE will also pay for the return ticket to metropolitan France of this person (or to his/her country of residence) if this person is unable to use the means initially planned.

If the hospitalization exceeds ten days, and if no one stays with the insured, we will cover the costs of transport from metropolitan France or the insured's home (by train 1st class or by air, in economy) of a person designated by the insured, we will also arrange the hotel stay for that person **up to the amount stated in the Table Of Benefits.**

The cost of catering remains the responsibility of this person.

5.7. RETURN TO THE PLACE OF STAY

After evacuation and if the INSURED health condition permitting, the INSURED will travel on his/her own under normal conditions of transport, in full agreement with the doctors and GROUPAMA Assistance team, the Assistance Company shall arrange and pay for the return to the place of assignment, by train in 1st class or economy class air ticket.

Return shall be completed within two months from the repatriation

5.8. TRANSPORTATION OF BODY IN THE EVENT OF DEATH

GROUPAMA ASSISTANCE will arrange and pay for the transportation of the corpse of the INSURED from the place the body was laid in the coffin to the place of burial in metropolitan France or to the Insured's place of residence.

GROUPAMA ASSISTANCE will pay for additional expenses required for the transportation of the body, including the cost of a coffin, up to €2,000 including tax.

Incidental, service, burial or cremation expenses in metropolitan France shall be borne by the families.

In the event of a temporary burial, GROUPAMA ASSISTANCE will arrange and pay for the costs of transportation of the body of the Insured to the place of final burial in metropolitan France or to the insured's place of residence, at the expiry of the exhumation legally required period.

ASSISTANCE BENEFITS

5.9. EARLY RETURN

If the INSURED has to curtail his/her trip:

- ✓ - to attend the funeral of a family member (spouse or de facto spouse, direct ascendant or descendant, brother, sister), GROUPAMA ASSISTANCE will arrange and pay for the transport (1st class train or economy class air) of the INSURED from the place of residence to the place of burial in metropolitan France or in another country of residence of the INSURED.
- ✓ - in the event of an accident or an unpredictable and serious illness affecting a member of the family (spouse or de facto spouse, direct ascendant or descendant), GROUPAMA ASSISTANCE will arrange and pay for, upon approval of GROUPAMA ASSISTANCE doctor, the transport (1st class train or economy class air) of the INSURED to come to the bedside of the relative, in metropolitan France or to the country of residence of the INSURED.

Following the early return of the INSURED, GROUPAMA ASSISTANCE will arrange and pay for the return (1st class train or economy class air ticket) of the INSURED to his place of stay to get his vehicle or that of other insured persons, using the means initially planned.

5.10. ADVANCE ON BAIL COSTS

This cover applies exclusively outside the country of residence of the INSURED.

If, in the event of unintentional breach of the law of the country visited by the INSURED, the INSURED is required to pay a bail, GROUPAMA ASSISTANCE shall advance this bail up to the amount set in the table of benefits.

GROUPAMA ASSISTANCE will pay the legal fees of legal representatives used by the INSURED up to the **amount set in the table of benefits.**

You agree to repay the advance made for the bail costs within thirty days from the refund of the bail by the authorities.

This benefit shall not cover any legal action initiated in the country of origin of the INSURED as a result of events that occurred abroad.

Intentional offences are not eligible for the “Advance of bail costs” and “Payment of legal fees” benefits

5.11. ASSISTANCE IN THE EVENT OF THEFT, LOSS OR DESTRUCTION OF DOCUMENTS OR MEANS OF PAYMENT

This cover applies exclusively outside the country of residence of the INSURED.

In the event of loss or theft of documents, GROUPAMA ASSISTANCE will give advice on procedures to complete (complaint filing, document renewal, etc...).

In the event of theft or loss of the means of payment (credit card, cheque book), GROUPAMA ASSISTANCE will, against payment of the corresponding amount by a third party and after prior approval of the financial agency issuing the payment order, grant a cash advance which the maximum amount is specified in the table of benefits for basic necessities expenses.

5.12. DAILY LIFE ADVICE

When called between Monday and Friday, from 9:00 to 21:00 (except public holidays), GROUPAMA ASSISTANCE will provide the INSURED with the necessary information in the following areas:

- | | |
|---|---------------------------------|
| ✓ Airports | ✓ Visas |
| ✓ Airlines | ✓ Police/Customs Formalities |
| ✓ World Trains | ✓ Time difference |
| ✓ Economic data from on the visited country | ✓ Phone |
| ✓ International press | ✓ Restaurants |
| ✓ Currency | ✓ Car rental |
| ✓ Currency exchange | ✓ International driving license |
| ✓ Embassy Administrative information | ✓ Climate, weather |
| ✓ Embassies | ✓ Health, hygiene |
| | ✓ Immunization |

Limitations of GROUPAMA Assistance

ARE EXCLUDED:

- × Any personalized legal consultation or any assessment of a specific case,
- × Any assistance in drafting legal documents,
- × Any handling of litigation case,
- × Any payment of fees, remuneration for services,
- × Any cash advance,
- × Any medical advice or diagnosis.

With regard to the particular area of financial information, GROUPAMA ASSISTANCE will not conduct any comparative survey on the quality of policies, services, rates charged by financial institutions, and excludes any introduction or presentation of a particular product.

In any case, GROUPAMA ASSISTANCE will not, when responding to a question involving the law and practice, give any personal opinion or advice based on legal rules that would allow the person receiving this information to make a decision.

Answers will not be confirmed in writing and no related documents will be sent.

5.13. SEARCH AND RESCUE COSTS

Insurance applies, up to the amount set out in the Table of Benefits, to pay for the search and rescue costs that may be incurred by the Insured if the insured is reported missing or at risk, provided that:

- ✓ Search and rescue operations are carried out by public or private rescue agencies or isolated rescuers to assist the Insured;
- ✓ Search and rescue operations are carried out as a result of an accident included in the guarantee of this policy.

However, in the event that the Insured was not injured, but would nevertheless have been reported missing or at risk in such circumstances that search and rescue costs would have been covered had he sustained an accident, these costs will be reimbursed up to half of the amount set out in the Table of Benefits

The search and rescue costs resulting from non-compliance with the safety rules issued by the operators of the site and/or the regulatory provisions governing the activity practiced by the Insured.

EXCLUSIONS TO ASSISTANCE SERVICES PROVIDED

ARE EXCLUDED:

- × **MEDICAL CARE NOT MEDICALLY PRESCRIBED, NOT CARRIED OUT BY A COMPETENT MEDICAL AUTHORITY, INAPPROPRIATE FOR PATHOLOGY, UNPAID, FOR A REASONABLE COST AND CARRIED OUT FOR THE TREATMENT OR THAT WOULD HAVE BEEN CARRIED OUT FREE OF CHARGE IN THE ABSENCE OF THIS POLICY, WHICH IS NOT CARRIED OUT BY A HEALTH PROFESSIONAL, OR WHEN THE INSURED HAS REFUSED TO SUBMIT TO THE MEDICAL CARE REQUIRED BY HIS CONDITION;**

- × CONVALESCENCE AND AILMENTS (ILLNESS, ACCIDENT) CURRENTLY TREATED BUT NOT YET CONSOLIDATED.
- × PRE-EXISTING ILLNESSES DIAGNOSED AND/OR TREATED, RESULTING IN HOSPITALISATION WITHIN THE SIX MONTHS PRIOR TO THE REQUEST FOR ASSISTANCE.
- × TRAVEL FOR THE PURPOSE OF DIAGNOSIS AND/OR TREATMENT.
- × pregnancy conditions, unless unforeseeable complication, and in any case, from week 36 of pregnancy.
- × Requests for assistance relating to medically assisted reproduction.
- × CONDITIONS RESULTING FROM THE USE OF DRUGS, NARCOTICS AND RELATED PRODUCTS NOT MEDICALLY PRESCRIBED, ALCOHOL CONSUMPTION.
- × THE CONSEQUENCES OF A SUICIDE ATTEMPT.
- × DAMAGE INTENTIONALLY CAUSED BY AN INSURED OR THAT RESULTING FROM HIS INVOLVEMENT IN A CRIME, AN OFFENCE OR A BRAWL, EXCEPT IN CASE OF SELF-DEFENCE.
- × EVENTS OCCURED WHILE PRACTISING DANGEROUS SPORTS (RAIDS, TREKKING, ROCK CLIMBING...) OR PARTICIPATION OF THE INSURED AS A COMPETITOR IN SPORTS COMPETITIONS, BETS, MATCHES, RALLIES OR TRIAL RUNS, AS WELL AS THE ORGANISATION AND PAYMENT OF ALL SEARCH AND RESCUE COSTS.
- × THE CONSEQUENCES OF AN INTENTIONAL BREACH OF THE REGULATION OF THE VISITED COUNTRIES OR PRACTICES NOT AUTHORISED BY THE LOCAL AUTHORITIES.
- × THE CONSEQUENCES OF IONISING RADIATION EMITTED BY NUCLEAR FUELS OR RADIOACTIVE WASTE PRODUCTS OR CAUSED BY WEAPONS OR DEVICES INTENDED FOR EXPLOSION THROUGH MODIFICATION OF THE STRUCTURE OF THE NUCLEUS OF THE ATOM.
- × THE CONSEQUENCES OF CIVIL OR FOREIGN WAR, OFFICIAL BANS, SEIZURES OR CONSTRAINTS BY THE SECURITY FORCES.
- × THE CONSEQUENCES OF RIOTS, STRIKES, PIRACY, WHEN THE INSURED IS ACTIVELY INVOLVED.
- × THE CONSEQUENCES OF WEATHER OBSTACLES SUCH AS STORMS AND HURRICANES.
- × epidemics, pollution and natural disasters.

IN ADDITION TO THE ABOVE EXCLUSIONS AND WITH REGARD TO THE MEDICAL, SURGICAL, PHARMACEUTICAL OR HOSPITAL COST COVER ABROAD, THE FOLLOWING ARE NOT COVERED:

- × EXPENSES INCURRED AFTER AN ACCIDENT OR AN ILLNESS MEDICALLY ASCERTAINED PRIOR TO THE INSURANCE PURCHASE.
- × EXPENSES INCURRED FOR THE TREATMENT OF A PATHOLOGICAL, PHYSIOLOGICAL CONDITION OR PHYSICAL MEDICALLY ESTABLISHED PRIOR TO THE COVER EFFECTIVE DATE UNLESS A CLEAR AND UNFORESEEABLE COMPLICATION OCCURS.
- × MEDICAL OR HOSPITAL COSTS RESULTING FROM BACK PAIN, LOWER BACK PAIN, LOMBOSCIATICS, HERNIATED DISC, PARIETAL HERNIA, INTERVERTEBRAL, CRURAL, SCROTAL, WHITE-LINE AND UMBILICAL INGUINAL HERNIA;
- × COSMETIC OR RECONSTRUCTIVE SURGERY COSTS AND COMFORT TREATMENTS SUCH AS ACNE, ALLERGIES INCLUDING ALLERGY TESTS, FIRST CONSULTATION AND/OR EMERGENCY TREATMENT EXCLUDING;
- × COSMETIC SURGERY OF ANY KIND, NOT RESULTING FROM AN ACCIDENT COVERED;
- × HORMONAL TREATMENTS, CONTRACEPTIVES, TREATMENT OF INCONTINENCE, TREATMENTS FOR WARTS AND CYSTS EXCEPT IN CASE OF EMERGENCY, TREATMENTS FOR OVERWEIGHT, WEIGHT LOSS TREATMENTS, PRE-NUPTIAL EXAMINATIONS, NON-CONSECUTIVE PREVENTION TREATMENTS OR IMMUNIZATION THAT ARE NOT CONSEQUENTIAL TO A COVERED EVENT, TREATMENTS FOR INSOMNIA, VASECTOMY, ACUPUNCTURE OR OSTEOPATHY, AS WELL AS ANY MEDICAL ACTS AND TREATMENT

WITHIN THE FIELD OF RESEARCH OR EXPERIMENTATION, OR GENERALLY NOT RECOGNIZED AS REGULAR MEDICAL PRACTICES;

- × **GLASSES, CONTACT LENSES;**
- × **EXPENSES FOR INTERNAL, DENTAL, OPTICAL, HEARING AID, FUNCTIONAL, AESTHETIC OR OTHER PROSTHESES, EXPENSES INCURRED IN METROPOLITAN FRANCE AND IN THE OVERSEAS DEPARTMENTS OR IN THE HOME COUNTRY OF THE INSURED, WHETHER OR NOT RESULTING FROM AN ACCIDENT OR ILLNESS OCCURRED IN FRANCE OR IN ANY OTHER COUNTRY.**
- × **THE CONSEQUENCES OF PSYCHIATRIC, NEUROPSYCHIATRIC OR PSYCHOLOGICAL CONDITIONS, OF ANY EVENT JUSTIFYING A TREATMENT AIMED AT NEUROPSYCHIATRIC, AND IN PARTICULAR, NERVOUS BREAKDOWN, ANXIETY, PERSONALITY AND/OR BEHAVIOR DISORDERS, FIBROMYALGIA, EATING DISORDERS, CHRONIC FATIGUE,**
- × **EXPENSES FOR SPA THERAPY, SEA AND SUN THERAPY, STAY IN A NURSING HOME, REHABILITATION EXPENSES.**

ASSISTANCE - GENERAL TERMS OF INTERVENTION

GROUPAMA ASSISTANCE FINANCIAL LIABILITIES

Any of the above mentioned assistance benefits arranged by the INSURED or his relatives will only be reimbursed provided that they have been first approved by GROUPAMA ASSISTANCE

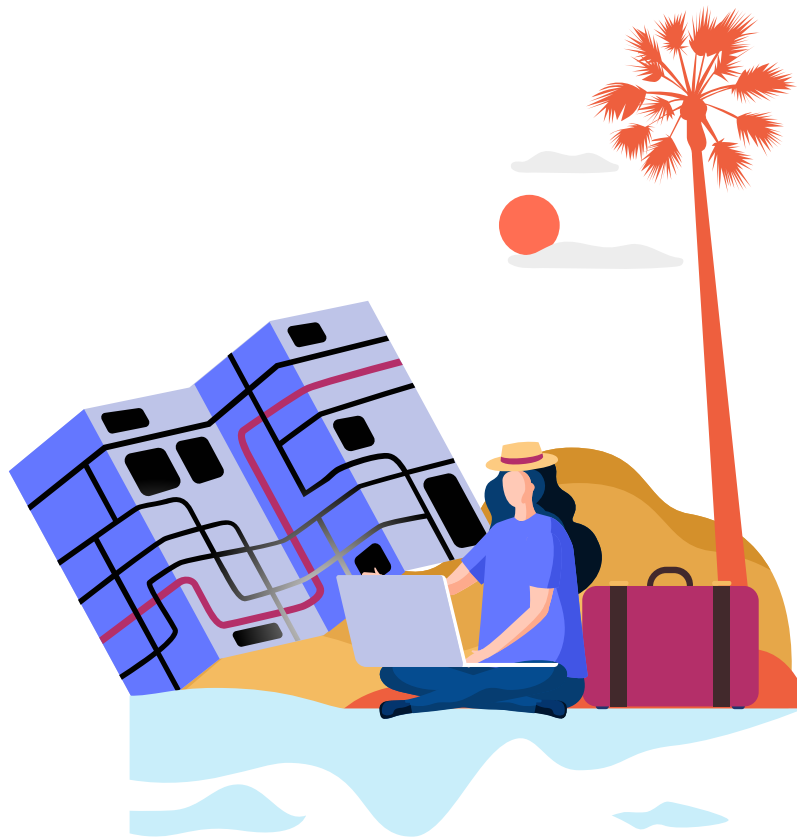
Expenses incurred will be reimbursed on provision of supporting documents, within the limits of those that GROUPAMA ASSISTANCE would have incurred to arrange the service. Where GROUPAMA ASSISTANCE is to arrange the early return of the INSURED to metropolitan France (or to his country of Residence), the INSURED may be requested to use his travel ticket.

Where GROUPAMA ASSISTANCE has paid for the return of the INSURED, the INSURED is required to take the necessary steps to reimburse his unused tickets and to refund the amount received to GROUPAMA ASSISTANCE within three months from the date of return.

Only additional costs to those the INSURED would have normally incurred for his return to his place of residence, will be paid by GROUPAMA ASSISTANCE.

Where GROUPAMA ASSISTANCE has approved the change of a contractually set destination, its financial liability shall not exceed the amount that would have been incurred, had the original destination been kept.

Where hotel accommodation expenses are covered, GROUPAMA ASSISTANCE shall only pay for the costs of the room actually incurred, up the above limits and those mentioned in the table of benefits, all other costs excluded.



6. BAGGAGE, ITEMS AND PERSONAL EFFECTS COVER

The Insurer guarantees the consequences of theft, loss or destruction of their luggage, personal items and personal belongings, professional equipment in the following circumstances:

- ✓ Theft or loss during transit when under the care of a shipping company;
- ✓ Theft during a stay, after the break-in of the premises or the vehicle they were in or following an assault on the person transporting them;
- ✓ Total or partial destruction caused by fire, explosion, water damage or natural phenomenon.
- ✓ Loss caused by a natural event (storm, whirlwind, hurricane, cyclone)

The amount of cover is set in the Table of Benefits.

Thefts must be reported to a competent authority (police, gendarmerie, transport company, purser).

6.1. BAGGAGE AND VALUABLES COVERED

❖ Insured Items

Suitcases, trunks, hand baggage and their content provided they contain clothes, personal effects, valuable items taken or bought by the Insured during the insured trip, sports equipment included.

❖ Valuables

Jewelry, items made with precious materials, precious stones, pearls, watches, furs, film, photographic, computer equipment.

❖ Limits of Cover

- ✓ The theft of any sound and/or image reproduction device and their accessories is guaranteed ONLY when placed in a safety safe or when worn by the Insured at the time of the event.
- ✓ If a private car is used, thefts will only be covered if the luggage and personal items have been placed in the locked boot of the vehicle and are out of sight. When the vehicle is parked on a public road, cover shall apply between 07:00 am and 10:00 pm only

6.2. SPECIAL EXCLUSIONS TO THE BAGGAGE COVER

- × **DAMAGE RESULTING FROM THE DECISION OF A PUBLIC AUTHORITY OR A GOVERNMENT AGENCY.**
- × **DAMAGE RESULTING FROM INHERENT VICE OF THE INSURED PROPERTY, FROM REGULAR WEAR OR TEAR OR DEPRECIATION, FROM LEAKING LIQUIDS, FAT, COLOURING OR CORROSIVE MATTERS WHICH ARE PART OF THE COVERED LUGGAGE.**
- × **CASH, CHEQUE BOOKS, MAGNETIC OR CREDIT CARDS, TICKETS, INVESTMENTS SECURITIES, DOCUMENTS SAVED ON TAPES OR FILMS, ANY KIND OF PAPER DOCUMENTS, KEYS.**
- × **MUSIC INSTRUMENTS, WORKS OF ART, ANTIQUES, COLLECTIONS AND GOODS.**
- × **CAR ACCESSORIES, BICYCLES, WINDSURFING BOARDS AND GENERALLY, MEANS OF TRANSPORT AND ANY KIND OF SPORTS EQUIPMENT.**
- × **GLASSES, CONTACT LENSES, PROSTHESES AND PROSTHETIC DEVICES OF ANY KIND.**
- × **THEFT OF LUGGAGE, ITEMS AND PERSONAL EFFECTS LEFT UNATTENDED IN A PUBLIC PLACE OR STORED IN A ROOM WITH COMMON ACCESS TO PEOPLE.**
- × **THEFT COMMITTED BY EMPLOYEES IN THE PERFORMANCE OF THEIR DUTIES.**
- × **THEFT OF JEWELRY WHEN THEY HAVE NOT BEEN PLACED IN A LOCKED SAFE WHEN NOT WORN.**
- × **The consequences of the willful misconduct of individuals with the status of Insured.**
- × **DAMAGE OR LOSS CAUSED BY CIVIL OR FOREIGN WAR, WHETHER OR NOT DECLARED (SECTION L. 121-8 OF THE CODE), UNLESS THE RESPONSIBILITY OF THE INSURED DURING THESE EVENTS HAS BEEN ESTABLISHED.**
- × **DAMAGE OR LOSS CAUSED BY EARTHQUAKES, STORM, AND TIDAL WAVE, VOLCANIC ERUPTIONS OR OTHER CATAclysms.**

HOWEVER, THE FOLLOWING SHALL BE COVERED:

- ✓ **The results of natural disasters in accordance with article L.125 - 1 to L.125 - 6 of the code;**
- ✓ **The effects of the wind caused by storms, hurricanes and cyclones, in accordance with article L.122 - 7 of the code.**
- ✓ **Damage or aggravation of damage, for the following causes:**
 - **BY WEAPONS OR DEVICES INTENDED FOR EXPLOSION THROUGH THE MODIFICATION OF STRUCTURE OF THE NUCLEUS OF THE ATOM.**
 - **BY ANY NUCLEAR FUEL, PRODUCT OR RADIOACTIVE WASTE.**
- ✓ **BY ANY SOURCE OF IONISING RADIATION (IN PARTICULAR ANY RADIO-ISOTOPE).**
- ✓ **ANY ORIGINATING EVENTS, DAMAGE OR LOSSES THE INSURED IS AWARE OF AT THE TIME OF INSURANCE PURCHASE, WHICH ARE LIKELY TO GIVE RISE TO CLAIM.**

❖ **In the event of an accident**

In the event of a disaster, it is important to let us know swiftly and accurately of the circumstances the disaster occurred and its potential consequences.

❖ **Form and necessary information**

The Insured or his successors, yourself if applicable, or any authorized representative acting on their behalf are required to lodge a claim in writing or orally report with receipt, with our head office or our representative referred to in the Policy, within 15 days from the date they were made aware of it.

If claim has not been lodged within the above provided period, unless for force majeure or fortuitous event, we may oppose the cancellation of cover if we can establish that the late claim has adversely affected us (article L.113 - 2 of the Insurance Code).

In addition to this statement, they will also be required to provide us with any information about the seriousness, causes and circumstances of the accident and, if possible, the names and addresses of the responsible witnesses and people.

❖ **Supporting documents to be provided**

- ✓ **The insured must lodge a claim for loss, damage, theft or destruction of luggage, keys, papers, and bank card with the relevant local authorities within Twenty Four Hours of the date of the disaster.**
- ✓ **The original claim receipt and a detailed declaration must be submitted to the Insurer within a maximum of Ten Days.**
- ✓ **The Insured must file a claim for loss, deterioration, theft or destruction of luggage with the carrier within Twenty Four Hours of the date of the accident.**
- ✓ **The reservation slips from the carrier when the baggage or items have been lost during the time they were under his legal care;**
- ✓ **In the event of the theft of luggage from the trunk of his vehicle, the insured is required to provide proof of the break-in (picture of the damage, lock repair bill).**

The Insured is required to provide the Insurer with all documentation to verify or estimate the damage (picture of the damaged baggage, invoice) as well as any documents that the Insurer reserves the right to claim.

- ✓ In any case, a letter attesting to the date, the place of purchase as well as the original invoice or pro-forma of the invoice.

With regard to valuables and jewelry, the Insured must provide the Insurer with the original invoices, the original certificate of guarantee, and the deed if the possession of these objects are the result of an estate, the estimate if these objects have been appraised for lack of invoice.

The Insured or his successors, yourself if applicable, or any authorized representative acting on their behalf are required to lodge a claim in writing or orally report with receipt, with our head office or our representative referred to in the Policy, within 15 days from the date they were made aware of it.

❖ Compensation mode

Compensation to the Insured is subject to the provision of supporting documents and is based on the replacement value with equivalent items and of the same nature, less wear and tear.

The first year of purchase, reimbursement will be calculated up to 75% of the purchase price. From the second year of purchase, reimbursement will be reduced by 10% per year.

❖ Recovery of baggage, personal items or effects

As soon as he is informed, the Insured shall notify the Insurer by registered letter.

If compensation has not yet been paid, the Insured must regain possession of said luggage, items or personal effects; the Insurer is then required to pay for the damage or any missing items.

If compensation has already been paid, the Insured may choose, within fifteen days:

- - to relinquish the said luggage, items or personal effects to the benefit of the insurer;
- - to recover the said luggage, items or personal effects against the refund of the compensation received by the Insured, less, if applicable, the part of this compensation for damage or missing items.

If the Insured has not informed the Insurer on his option, within fifteen days, the Insurer will assume the Insured has opted for forfeiture

7. PERSONAL LIABILITY INSURANCE COVER

7.1. SCOPE OF COVER

The Insurer shall cover the Insured for financial consequences of liability he may be held for as a result of physical injury, material loss and consequential loss caused to third parties in his/her personal life.

Personal Life means any non-professional activity

THE FOLLOWING IS EXCLUDED:

- × THE CONSEQUENCES OF THE WILFUL MISCONDUCT OF THE ASSURED.
- × DAMAGE CAUSED BY CIVIL OR FOREIGN WAR DECLARED OR NOT, RIOTS AND PUBLIC DISORDER, TERRORISM, ATTACKS OR SABOTAGE.
- × DAMAGE CAUSED BY VOLCANIC ERUPTIONS, EARTHQUAKES, STORMS, HURRICANES, CYCLONES, AND FLOODS, TIDAL WAVE AND OTHER DISASTERS.
- × INEVITABLE DAMAGE RESULTING FROM A DELIBERATE ACTION OF THE INSURED AND CAUSING THE INSURANCE POLICY TO LOSE ITS RANDOM POLICY NATURE COVERING UNCERTAIN EVENTS (ARTICLE 1964 OF THE CIVIL CODE).
- × ANY FINE AND ANY OTHER CRIMINAL PENALTY PERSONALLY IMPOSED ON THE INSURED.
- × DAMAGE OR AGGRAVATION OF THE DAMAGE CAUSED:
 - × BY WEAPONS OR DEVICES INTENDED FOR EXPLOSION THROUGH THE MODIFICATION OF STRUCTURE OF THE NUCLEUS OF THE ATOM.
 - × BY ANY NUCLEAR FUEL, PRODUCT OR RADIOACTIVE WASTE.
 - × BY ANY SOURCE OF IONISING RADIATION (IN PARTICULAR ANY RADIO-ISOTOPE).
- × THE CONSEQUENCES OF THE PRESENCE OF ASBESTOS OR LEAD IN BUILDINGS OR STRUCTURES OWNED OR IN THE CARE OF THE INSURED, SEARCH, DESTRUCTION OR NEUTRALISATION OF ASBESTOS OR LEAD, OR THE USE OF PRODUCTS CONTAINING ASBESTOS OR LEAD.
- × THE CONSEQUENCES OF CONTRACTUAL LIABILITIES AGREED BY THE INSURED WHICH RESULT IN INCREASING LIABILITY HE WOULD HAVE INCURRED IN THE ABSENCE OF SUCH LIABILITIES.
- × IN THE UNITED STATES OF AMERICA AND CANADA:
 - × PUNITIVE DAMAGES OR EXEMPLARY DAMAGES.
 - × DAMAGE FROM POLLUTION.
- × DAMAGE OF THE NATURE OF THOSE REFERRED TO ARTICLE L. 211-1 OF THE CODE OF INSURANCE ON COMPULSORY AUTOMOBILE INSURANCE AND CAUSED BY LAND MOTOR VEHICLES, THEIR TRAILERS OR SEMI-TRAILERS OWNED BY, IN THE CARE OF, OR USE BY THE INSURED (INCLUDING FROM THE FALL OF ACCESSORIES AND PRODUCTS USED TO USE THE VEHICLE, AND OBJECTS AND SUBSTANCES TRANSPORTED BY THE VEHICLE).
- × DAMAGE AND CONSEQUENTIAL LOSS CAUSED BY A FIRE, EXPLOSION OR WATER DAMAGE THAT ORIGINATED IN THE BUILDINGS OWNED, TENANTED OR OCCUPIED BY THE INSURED.
- × THEFTS COMMITTED WITHIN THE BUILDINGS MENTIONED IN THE ABOVE EXCLUSION.
- × DAMAGE (OTHER THAN THOSE REFERRED TO IN THE ABOVE TWO EXCLUSIONS) AND CONSEQUENTIAL LOSS CAUSED TO THE PROPERTY UNDER THE CARE OF, USED BY OR STORED AT THE RESPONSIBLE INSURED.
- × THE CONSEQUENCES OF AIR, SEA, RIVER OR LAKE NAVIGATION WITH CRAFTS OWNED, USED BY OR ENTRUSTED TO THE INSURED.
- × DAMAGE CAUSED BY WEAPONS AND THEIR AMMUNITION WHOSE DETENTION PROHIBITED POSSESSED OR IS HELD BY THE INSURED WITH NO PREFECTORAL AUTHORISATION.
- × DAMAGE SUBJECT TO A LEGAL OBLIGATION OF INSURANCE AND RESULTING FROM THE PRACTICE OF HUNTING.
- × DAMAGE CAUSED BY ANIMALS OTHER THAN DOMESTIC ANIMALS.
- × DAMAGE CAUSED BY DOGS OF FIRST CATEGORY (ATTACK DOGS) AND SECOND CATEGORY (GUARD AND DEFENCE DOGS), AS DEFINED IN ARTICLE 211-1 OF THE RURAL CODE, AND BY WILD ANIMALS TAME OR HELD IN CAPTIVITY, MENTIONED IN ARTICLE 212-1 OF THE RURAL CODE, WHETHER OR NOT STRAY ANIMALS OWNED OR UNDER THE CARE OF THE INSURED (ARTICLE NO. 99-5 OF 6 JANUARY 1999 ON DANGEROUS AND STRAY ANIMALS AND THE PROTECTION OF ANIMALS).

- × **THE ORGANISATION OF SPORTS COMPETITIONS.**
 - × **OF THE PRACTICE OF SPORTS AS A LICENSEE OF A SPORTS FEDERATION;**
 - × **OF THE PRACTICE OF AIR OR WATER SPORTS.**

7.2. PERIOD OF COVER

Under this policy, cover will be triggered by the damaging event and cover the Insured for financial consequences of an accident, when the damaging event occurs between the initial effective date of the cover and the date of termination or expiry, regardless of the date of the other elements of the loss event (article L. 124-5 of the Code of insurance).

7.3. AMOUNT OF COVER

The amounts of cover per claim are the limit of the Insurer's liability for all claims related to the same damaging event. The date of the loss event is that of the damaging fact. Conditions and amounts of cover are those in effect at that date.

7.4. SPECIAL PROVISIONS ON THIS PART OF THE COVER

❖ Leading the lawsuit

For damages under "Civil Personal Liability" cover and within its limits, the Insurer shall exclusively lead of the lawsuit brought against the Insured and shall freely exercise the rights to appeal.

The Insurer shall pay for the costs and fees of investigation, expertise, legal and proceedings fees. These fees shall be deducted from the applicable amount of cover.

Taking up the defense of the insured does not constitute a waiver for the insurer to claim any exception to cover he was not aware of at the time he took up their defense. In the event of a criminal trial where civil interests are or will be sought as part of this case or any further proceedings, the Insured agrees to involve the Insurer with his defense and this agreement will not change the scope of cover under this policy.

Under penalty of forfeiture, the Insured must not interfere in the leading of the lawsuit when the purpose thereof falls within the "Personal Liability" cover.

❖ Negotiation

The insurer may solely compromise with the affected parties or their beneficiaries within the limit of their cover.

Negotiation or acknowledgment of liability not made by the Insurer may not be binding on him.

However, admitting a material fact, or the mere fact of providing the victim with urgent assistance where the act is an act of assistance that every person has a moral duty to perform, shall not be considered an acknowledgment of liability.

8. OPTION: PERSONAL ACCIDENT COVERAGE

These benefits are acquired if referred to in the certificate given at the time of the policy's purchase.

Death and disability benefits may not be cumulated when they are the result from one same accident.

8.1. ACCIDENTAL DEATH

(if purchased)

When an insured suffered accident and dies as a result within twenty-four months of its occurrence, the Insurer shall pay the Beneficiary the amounts listed in the Table of Benefits.

The officially recognized missing body of the Insured at the time of the disaster, the missing or destruction of the means of transport he/she was travelling on, will result in the presumption of death at the expiry of a one year period from the day of the accident. Cover is granted upon presentation of a death certificate.

However, if at any time after the payment of compensation in respect of the death of the Insured, it was found that he/she is still alive, the amounts unduly paid as such, will have to be reimbursed in full.

8.2. ACCIDENTAL PERMANENT DISABILITY

(if purchased)

When the accident results in a permanent disability, we will pay compensation to the Insured. This amount is calculated based on amount stated in the Table of Benefits time the disability rate in the Workplace Accidents schedule set by the Social Security

❖ Special Case of multiple disabilities

When one same accident causes several distinct disabilities, the main disability is first assessed as provided above, other disabilities will then be assessed successively, in proportion to the remaining capacity after adding these disabilities, however, the overall rate shall not exceed 100%.

The absolute functional impairment of a limb or an organ is considered a loss of this limb or organ. The loss of impaired limbs or organs prior to the accident shall not give rise to any compensation. If the accident affects a previously impaired limb or organ, compensation will be determined as the difference between the condition prior and after the accident. In any case, the assessment of injuries resulting from the accident may not be increased by the disability condition of the limb or organs not affected by the accident.

Nervous disorders and nerve damage may be taken into account, provided that they would be the consequence of an accident covered, and only if during the assessment, they result in clearly established clinical signs.

8.3. DAILY BENEFIT IN THE EVENT OF A HOSPITALIZATION

(if purchased)

After an accident requiring the insured to be hospitalized for more than 4 consecutive days, the Insurer will pay a flat daily allowance within the limit of the amount set in the Table of Benefits, when:

- ✓ the insured must completely interrupt his professional activity, or, if he does not work, he is hospitalized or required to stay at home on medical prescription.

The payment shall occur from the expiry of the deductible referred to in the Table of Benefits and for a maximum of 30 days.

The payment of daily allowances will automatically be stopped:

- ✓ as soon as the Insured is able to resume his professional activity fully, or, if he does not work, to resume his usual duties,
- ✓ As soon as the amount covered for Permanent Disability is paid.
- ✓ by the end of the 30-day period.

9. SETTLEMENT OF COMPENSATION

9.1. DETERMINING THE CAUSES AND CONSEQUENCES OF THE ACCIDENT

The causes of the accident and its consequences, the disability rate, the duration of temporary total or partial disability, shall be jointly recognized and agreed by the parties or, failing such agreement, by two doctors, respectively appointed by each party. In the event of any conflict, they will call a third doctor to decide; if they fail to agree on the choice of the latter, or failure of one the parties to appoint their expert, he will be appointed at the request of the most diligent party by the president of the Court of the domicile of the Insured with waiver of oath and any other formalities.

Each party will bear the cost of fees and expenses relating to the intervention of the doctor appointed by them, those required by any intervention of a third doctor will be shared equally between the parties. If additional medical documents or any other supporting documentation is required, the insured or his legal representative will be personally notified by mail.

9.2. AGGRAVATION UNRELATED TO AN UNFORESEEN EVENT

Where the consequences of an accident are aggravated by the victim's condition, by neglect or empirical treatment, by a pre-existing illness or disability and, in particular, diabetic or hematic condition, the compensation due will be determined based on the consequences of the accident in a valid and normal health individual under a rational treatment.

9.3. CHECK

The Insured is required to undergo a medical examination delegated by us, our agents will have free access to him whenever we deem it necessary, **under penalty of forfeiture of the rights of the insured or any beneficiary in the event where, with no reasonable grounds, they deny our delegates to carry out a check or would hinder this check, if, after a 48 hour-notice given by registered post, we are still denied to perform this check.**

Any fraud, non-disclosure or misrepresentation on your part or that of the beneficiary of the compensation, intended to mislead us about the circumstances or consequences of a claim, shall result in the loss of any right to compensation for the related loss event

9.4. PAYMENT

Benefits covered will be due:

- ✓ In the event of death and permanent disability, within one month of provision of the proof of the accidental death of the Insured and as a beneficiary, or the agreement of the parties on the disability rate.
- ✓ If cover processing and search and rescue costs applies, within one month of provision of the supporting documents for the amount of expenses incurred to be repaid by us.
- ✓ In the absence of the agreement of the parties, benefits will be settled within fifteen days from the court decision that became binding.

DOCUMENTATION REQUIRED FOR REIMBURSEMENT IN THE EVENT OF A DISASTER

In the event of a disaster, it is important to let us know swiftly and accurately of the circumstances the disaster occurred and its potential consequences.

❖ Form and necessary information

The Insured or his successors, yourself if applicable, or any authorized representative acting on their behalf are required to lodge a claim in writing or orally report with receipt, with our head office or our representative referred to in the Policy, within 15 days from the date they were made aware of it.

If claim has not been lodged within the above provided period, unless for force majeure or fortuitous event, we may oppose the cancellation of cover if we can establish that the late claim has adversely affected us (article L.113 - 2 of the Insurance Code).

In addition to this statement, they will also be required to provide us with any information about the seriousness, causes and circumstances of the accident and, if possible, the names and addresses of the responsible witnesses and people.

❖ For all coverage

- ✓ **The Policy Number**
- ✓ **The Insurance Certificate**

❖ For MEDICAL EXPENSES

➤ Medical expenses in case of hospitalization abroad outside the home country

In the event of an accident or illness requiring hospitalization on site, the GROUPAMA ASSISTANCE card holder shall show this card at the hospital admission desk.

The admission desk will have the validity of the card confirmed with GROUPAMA ASSISTANCE whose contact details are shown on the card (by phone or fax).

Fees will be paid directly to the hospital by GROUPAMA ASSISTANCE unless the Insured is required to make an advance payment.

The Policyholder Company, the Insured or his beneficiaries agree to take all necessary steps to obtain reimbursement of these costs (in full or in part) from the Social Security and/or other any complementary agencies the Insured is a member of and to immediately repay

Important: This guarantee is granted upon approval from GROUPAMA ASSISTANCE, and within the limit of the **amount set in the Special Provisions**

➤ Medical expenses excluding hospital expenses abroad outside the home country

The reimbursement of medical expenses excluding hospital expenses shall be made upon return of the insured to his country of origin. He shall produce any necessary receipts.

The Policyholder Company, the Insured or his beneficiaries agree to take all necessary steps to obtain reimbursement of these costs (in full or in part) from the Social Security and/or other any complementary agencies the Insured is a member of.

The Insurer shall pay for the gap of the medical expenses reimbursed by social security and/or any other complementary organizations the Insured of, or his beneficiaries. Payment for this gap is limited to **the amount set in the Special Provisions.**

➤ Medical expenses in metropolitan France

The reimbursement of medical expenses in Metropolitan France is made upon provision by the Policyholder or the Insured, of the medical certificate, the Health care forms, hospital bills and those of the doctor's fees, social security statements and/or those of any other complementary agencies as well as any reimbursement statements the Insured received as a beneficiary.

❖ For Travel Incidents

In order for any reimbursements to be made, the Insured must provide the Insurer with the originals of all the receipts for expenses incurred as a result of those incidents.

❖ **Loss, damage, theft, or destruction of personal baggage:**

- ✓ The insured must file a complaint for loss, damage, theft or destruction of luggage with the relevant local authorities within **Twenty Four Hours** from the date of the incident.
- ✓ The original claim receipt and a detailed declaration must be submitted to the Insurer within a maximum of Ten Days.
- ✓ The Insured must file a claim for loss, deterioration, theft or destruction of luggage with the carrier within **Twenty Four Hours** of the date of the accident.
- ✓ The reservation slips from the carrier when the baggage or items have been lost during the time they were under his legal care;
- ✓ In the event of the theft of luggage from the trunk of his vehicle, the insured is required to provide proof of the break-in (picture of the damage, lock repair bill).
- ✓ The Insured is required to provide the Insurer with all documentation to verify or estimate the damage (picture of the damaged baggage, invoice) as well as any documents that the Insurer reserves the right to claim.
- ✓ In all cases, a letter certifying the date, place of purchase and the original invoice or pro-format of the invoice.
- ✓ With regard to valuables and jewelry, the Insured must provide the Insurer with the original invoices, the original certificate of guarantee, and the deed if the possession of these objects are the result of an estate, the estimate if these objects have been appraised for lack of invoice.

❖ **SEARCH AND RESCUE COSTS**

In order for the reimbursements to be made, the insured must provide the Insurer with the original detailed request for the reimbursement of search and rescue costs from the local authorities.

❖ **For Individual Liability**

As soon as the Insured becomes aware of a fact likely for the cover under this policy to apply, and within **five days**, the Insured shall, subject to forfeiture, unless exceptional circumstances or force majeure), notify the Insurer in writing or verbally against acknowledgment of receipt.

The Insured shall also:

- ✓ Let the Insurer know within the shortest possible time, about the circumstances of the loss, its known or presumed causes, the nature and the approximate amount of damages.
- ✓ Take all necessary measures to limit the extent of the already known damage and prevent any further damage to be sustained,
- ✓ Forward to the Insurer, within the shortest possible time, all notices, convocations, summons, extrajudicial documents and procedural documents that would have been sent to him, delivered or served.

Failure by the Insured to comply with the obligations listed in the previous three sections, the Insurer will be entitled to compensation proportionate to the damage they may have incurred as a result of this breach.

❖ For LOCAL SERVICES & PERSONAL CARE

For the assistance cover to apply, the Insured shall imperatively contact GROUPAMA ASSISTANCE on the contact number shown on the personal identification card.

❖ For death and permanent disability after an accident

- ✓ The claim in writing must give all details on the circumstances of the accident, the names of the witnesses and, if any, the identity of the authority in charge of the report where a report is made as well as the submission number.
- ✓ The certificate of the doctor, surgeon or hospital that was called to give first aid and describing the injuries.
- ✓ The birth certificates of the children as well as the copy of the tax return proving that they are in the care of the insured.
- ✓ The death certificate.
- ✓ The documents establishing the status of the Beneficiary in the event of death, the name and address of the notary in charge of the estate.
- ✓ The notification of Permanent Disability issued by the Social Security
- ✓ A medical certificate for Consolidation.

10. ADMINISTRATIVE PROVISIONS

10.1. CONDITIONS OF CHANGE OR CANCELLATION OF THE POLICY

Any claim for reimbursement caused by a change in the dates regarding the period of your travel insurance policy will only be taken into account if the amount to be reimbursed is over €25 and if you are able to provide a copy of the ticket substantiating this change.

10.2. EFFECTIVE DATE OF THE POLICY

The policy is effective on the date and for the duration referred to in the Insurance certificate, subject to payment of premium. The policy is entered into for a firm period without tacit renewal and may not be terminated and reimbursed during the period.

10.3. DEADLINES AND TERMS FOR CLAIMS

Either in writing or verbally with acknowledgement of receipt at company headquarters or at the company representative referred to in the terms and conditions from the time you become aware of the loss event.

You must report the claim within 5 business days. If this condition is not met, we may be relieved of any obligation to reimburse.

If the damages cannot be determined between the parties, they will be assessed through amicable and mandatory assessment, subject to our respective rights. Each of us will choose our respective expert. If these experts do not agree with each other, they will call on a third expert, and all three will operate together and by a majority of votes.

Failing for one of us to appoint an expert or if both experts fail to agree on the choice of the third expert, the President of the High Court of the place of residence of the Policyholder will appoint this expert. This appointment shall be made by simple request signed at least by one of us, the one who did not sign will be summoned by registered letter to attend the assessment. Each one shall pay the costs and fees of their expert and, if necessary, half of those for the third one.

10.4. LIMITATION

In accordance with Articles L 114-1 and L 114-2 of the Insurance Code, all actions derived from this Policy are subject to limitation, i.e. they may no longer be brought after **two years** from the event that gave rise to these actions.

HOWEVER, THIS LIMITATION SHALL NOT RUN:

- ✘ **In the event of non-disclosure, omission, inaccurate statement on the risk, from the date the insurer became aware of it;**
- ✘ **In the event of a loss, from the date the interested parties became aware of it, if they can prove they were unaware of it until then.**

The limitation will be extended to **ten years** for accident cover affecting individuals when the Beneficiaries are the assignees of the deceased insured

10.5. SUBROGATION TO YOUR RIGHTS AND ACTIONS

In accordance with the provisions of Article L.121-12 of the Insurance Code, GROUPAMA is subrogated, up to the amount of compensation they pay, to the rights and actions of the Insured with respect to Third Parties.

10.6. SANCTIONS TO APPLY FOR MISREPRESENTATION AT THE TIME OF THE CLAIM

Any non-disclosure or misrepresentation, omission or inaccuracy in the risk statement is sanctioned under the terms by articles L 113-8 and L 113-9 of the Insurance Code:

- ✓ **in case of bad faith on your part: by the policy becoming null and void;**
- ✓ **if your bad faith has not been established: by a lower benefit proportionate to the premium paid against the premium that would have been due had the risk been fully and accurately declared.**

10.7. SANCTIONS TO APPLY FOR MISREPRESENTATION AT THE TIME OF THE CLAIM

Any fraud, non-disclosure or intentional misrepresentation on your part on the circumstances or consequences of a loss shall result in any entitlement to benefit or compensation for that loss to be forfeited.

10.8. FOR ALL REQUEST OF REPATRIATION ASSISTANCE

For all requests for assistance, the Insured (or anyone acting on his behalf) must contact GROUPAMA Assistance by quoting the reference of the GSL policy (see the certificate of insurance given on purchasing the policy):

- ✓ **Phone from France: 01.45.16.43.31**
- ✓ **From overseas: (+33) 1.45.16.43.31**

GROUPAMA Assistance team is available 7 days a week, 24 hours a day.

10.9. FOR ANY OTHER LOSS EVENT

Contact MondialCare by AGIS SAS, in writing:

contact@mondialcare.eu

Or by mail to:

MONDIALCARE / AGIS SAS
33 Avenue Victor Hugo
75116 PARIS FRANCE

By phone:

- ✓ **From France: 01.82.83.56.26**
- ✓ **From overseas: (+33) 1.82.83.56.26**

Agis SAS owns Mondial Care brand and www.mondialcare.eu website, operates as a Broker-Designer, distributor and manager of this Travel Insurance Program. Agis SAS on behalf of the insured/beneficiary named in the Insurance certificate and agrees to transfer to the Insurer, the premium paid to him by the Insured/beneficiary. Agis SAS on behalf of the insurer, processes and settles claims which are not under the assistance coverage directly by Groupama Assistance. Agis SAS - Allsure Global Insurance Solutions SAS - International Insurance and Reinsurance Brokerage Company RCS Paris B 524 120409 Registration No. 10057380 in the register of Insurance Intermediaries - Orias - 1 rue Jules Lefèvre - 75311 Paris Cedex 9 - Activity under the supervision of ACPR - Banque de France Prudential Supervisory and Resolution Authority, 4 Budapest Square CS 92459, 75436 Paris.

10.10. CLAIMS - MEDIATION

The insurance policy wording in French remains the only legal reference in the event of a dispute between the parties. For any issue, the Policyholder will contact the Broker the Insurance policy was entered with

1. If you disagree or not satisfy with the performance of your policy, please inform MUTUAIDE ASSISTANCE by phone on 01.41.77.45.50, or in writing to medical@mutuaide.fr, or by mail to:

**MUTUAIDE ASSISTANCE
SERVICE QUALITÉ CLIENTS
8/14 AVENUE DES FRÈRES LUMIÈRES
94368 BRY-SUR-MARNE CEDEX**

OTHER ASSISTANCE BENEFITS

If their response is not satisfactory, the Policyholder may send his claim to Special Lines Group's "Claims" department:

- By mail:

**GROUPE SPECIAL LINES
SERVICE RÉCLAMATIONS
6-8 RUE JEAN JAURÈS
92800 PUTEAUX**

- By Email: reclamations@groupespeciallines.fr

If the response to the claim remains unsatisfactory, the Policyholder may contact Groupama Rhône-Alpes Auvergne's "Claims" department:

- By mail:

**GROUPAMA RHONE-ALPES-AUVERGNE
SERVICE CONSOMMATEURS
70019 LYON CEDEX 69252**

- By email: service-consommateurs@groupama-ra.com

Finally, if disagreement persists regarding the position or proposed solution, the Policyholder may refer the matter to the Insurance Mediation:

- By mail:

La médiation de l'Assurance
TSA 50110
75441 PARIS CEDEX 09

- On the website: www.mediation-assurance.org

2. If you disagree or are not happy with the performance of your Policy please contact GROUPE SPECIAL LINES in writing to reclamations@groupespeciallines.fr.

reclamations@groupespeciallines.fr

for insurance benefits

If the answer is not satisfactory, you may send a letter to:

GROUPAMA RHONE-ALPES-AUVERGNE
SERVICE CONSOMMATEURS
TSA 70019
69252 LYON CEDEX 09

GROUPAMA undertakes to acknowledge receipt of your mail within 10 business days. It will be processed within 2 months at most. If the disagreement persists, you may use the Insurance Mediation. Contact details above.

The FFSA Ombudsman is not competent to know about policies purchased to cover professional risks.

10.11. PROTECTION OF PERSONAL DATA

Personal data is collected at different stages of our business or insurance activities relating to policyholders or individuals parties or interested in the policies.

This data is processed in accordance with the regulations, including the rights for individuals.

❖ Your rights on personal data:

You have rights to your data that may be easily exercised:

- ✓ the right to review the information we have and to request to complete or correct it
- ✓ (access and rectification rights).
- ✓ the right to request your data to be deleted or limited in use (data deletion or limitation rights).
- ✓ the right to object to the use of your data, particularly regarding business development (right to object).
- ✓ right to recover the data that you have personally provided to us for the performance of your policy or which you have given your consent for (right to data portability).
- ✓ right to set guidelines for the retention, deletion and disclosure of your data after your death.

Any request about your personal data may be sent to our Data Protection Officer - SPECIAL LINES GROUP to: 6/8 rue Jean Jaurès – 92800 PUTEAUX or by email : reclamations@groupepeciallines.fr ; and/or au Délégué à la Protection des Données de GROUPAMA in writing « GROUPAMA SA – Correspondant Informatique et Libertés - 8-10, rue d’Astorg, 75383 Paris » or by email to contactdpo@groupama.com.

You may also file a claim with the National Commission for Information Technology and Freedoms (CNIL) if you believe that we have breached our obligations regarding your data.

PERSONAL DATA PROTECTION AND INSURANCE

Why do we collect personal data?

Data collected by Special Lines Group at various stages of taking out an insurance or in managing insurance policies are required for the following objectives:

❖ **Contracting, managing, performing insurance or assistance policies**

The data about you or the parties, interested or involved in the policy for contracting, managing and performing the policies, are collected for the following purposes:

- ✓ The study of insurance needs in order to offer insurance policies tailored to each situation
- ✓ Review, acceptance, control and monitoring of the risk
- ✓ Policy management (from the pre-contractual stage to the termination of the policy), and the performance of the policy and guarantees,
- ✓ Customer management
- ✓ Recovery and management of claims and litigation
- ✓ The development of statistics and actuarial studies
- ✓ The implementation of preventive measures
- ✓ Compliance with legal or regulatory obligations
- ✓ Conducting research and development activities under the life of the policy

Health data may be processed if it is necessary for contracting, managing or performing the insurance or assistance contracts. This information is processed in accordance with medical confidentiality and with your consent.

If a contract is entered, the data is retained for the duration of the policy or claims, and until the legal statute of limitations expires.

In the absence of a policy (prospect data):

- Health data is stored for up to 5 years for probationary purposes;
- any other data may be stored for up to 3 years.

❖ **Business Development**

Special Lines Group and Groupama Group Companies (Insurance, and Services) have a legitimate interest in conducting prospecting actions towards their customers or prospects, and are implementing processes necessary to:

- ✓ Conducting lead management transactions
- ✓ The acquisition, sale, rental or exchange of customer or prospect data in accordance with the rights of individuals
- ✓ Conducting research and development activities as part of client management and prospecting activities

The use of certain means for carrying out prospecting operations is subject to the consent of the prospects. They involve:

- ✓ Using your email address or phone number for electronic canvassing
- ✓ Using your browsing data to provide you with offers tailored to your needs or interests (see cookie notice for more information);
- ✓ forwarding your data to partners.

Anyone may at any time object to receiving advertisements by mail, email or phone from our services (see your rights above).

❖ **Fighting insurance fraud**

The insurer, which has an obligation to protect the mutuality of insured and avoid unjustified claims, has a legitimate interest in fighting fraud.

Personal data (including health data) may therefore be used to prevent, detect and manage fraud regardless of the originator. These anti-fraud systems may lead to have their name recorded on a register of individuals with a risk of fraud

The Agency for Insurance Counter Fraud (Alfa) may be sent that data for this purpose. Rights on this data may be exercised at any time by mail to ALFA, 1 rue Jules Lefebvre - 75431 Paris Cedex 09.

The data processed for counter fraud is kept for up to 5 years from the fraud file being closed. In the event of a legal proceeding, the data will be retained until the end of the proceeding, and applicable limitations expire.

Those listed as suspected fraudsters will be deregistered, past the 5-year period from record on this list.

❖ **Money Laundering and anti-terrorism financing**

In order to meet their legal obligations, the Insurer shall implement surveillance mechanisms against money laundering, the financing of terrorism and allow financial sanctions to be implemented.

The data used for this purpose is kept for 5 years from the closing of the account or the end of the relationship with the insurer. Those relating to transactions carried out by individuals are kept for 5 years from the day of their performance, including in the event of the closing of the account or the end of the relationship with the insurer. TRACFIN may be sent the data for this purpose.

In accordance with the Monetary and Financial Code, the right to access this data is exercised with the National Commission for Information Technology and Freedoms (see cnil.fr).

Transfers of information outside the European Union:

Personal data is processed within the European Union. However, data may be transferred to countries outside the European Union, in accordance with data protection rules and governed by relevant safeguards (e.g. standard contractual clauses of the European Commission, countries with a level of data protection that is recognized as appropriate...).

These transfers can be made for the performance of these policies, against the fraud, compliance with legal or regulatory obligations, the management of actions or litigation allowing the Insurer to ensure the finding, exercise or defending their rights in court or for the purposes of defending those involved. Some data, strictly necessary for implementing assistance services, may also be transmitted outside the European Union in the interest of the person concerned or safeguarding individual life.

Who is this information provided to?

The personal data processed are intended, **within the limit of their authority.**

- ✓ To the Department of Special Lines Group or Groupama Group companies in charge of commercial relations and contract management, anti-fraud or anti-money laundering and counter-terrorism and terrorist financing, audit and supervision.
- ✓ This information may also be communicated, if necessary, to our reinsurers, intermediaries, partners, and subcontractors, as well as to organizations that may be involved in the insurance business, such as the organizations or professional bodies (including ALFA for anti-fraud purposes and TRACFIN for anti money laundering and ant-terrorist financing).

Information about your health is exclusively intended for the Insurer's medical advisors or other entities of the Group, its medical department or internal or external persons specifically authorized (including our medical experts).

10.12. SUPERVISORY AUTHORITY

In accordance with the Insurance Code (Article L. 112-4) it is noted that the SPECIAL LINES GROUP and GROUPAMA Supervisory authority is ACPR, 4 Budapest Square - CS92459 - 75436 Paris Cedex 09.

10.13. LIMITS IN THE EVENT OF FORCE MAJEURE

GRUPE SPECIAL LINES, GROUPAMA et MUTUAIDE ASSISTANCE shall not be held responsible for failing to provide assistance services, as a result of force majeure or any of the following events: civil or foreign wars, common political turmoil, civil commotions, riots, acts of terrorism reprisals, restrictions to the free movement of people and goods, strikes, explosions, natural disasters, disintegration of the atomic nucleus, or delays in the provision of the services resulting from the same causes.

11. TABLE OF ASSISTANCE BENEFITS

ASSISTANCE BENEFITS	Amounts per person VAT incl. for the duration of the POLICY
ASSISTANCE TO INDIVIDUALS IN THE EVENT OF AN ILLNESS OR AN ACCIDENT	
Repatriation or medical Evacuation	Actual Costs
Reimbursement of medical, surgical, pharmaceutical, hospital expenses, incurred abroad. Repayment of actual costs Advance on hospital expenses (not limited in time) Emergency dental expenses €150	USA, Canada, Argentina, Australia, New Zealand, People's Republic of China, South Korea, Japan, Hong Kong, Singapore, Taiwan: Up to €500,000 Other destinations: Up to €200,000 €300 per tooth and up to €900/claim
Treatment costs in the country of residence: Reimbursement of medical and hospital expenses after an accident. during a trip abroad, upon return of the insured to his country of residence	Up to €20 000 Deductible: €30 per pathology
Accompanying the Repatriated/Transported Insured	Travel Ticket
Return of the Accompanying Spouse in the event of repatriation of the Insured	Actual Costs
Person at the INSURED's bedside in hospital	Travel Ticket + Hotel expenses per night - up to 10 nights
Return to the place of stay	Travel Ticket*
ASSISTANCE IN THE EVENT OF A DEATH	
Repatriation or transportation of the body in the event of death	Actual Costs
Coffin costs	Actual Costs
ASSISTANCE BENEFITS	
Early return ✓ In the event of death or hospitalization of a close relative ✓ In the event of an accident or serious illness of a family member	Return travel Ticket*
Advance on bail costs	€30,000
Legal aid, (legal fees)	€8,000
Theft or loss of means of payment	Assistance and Advice Cash advance up to €800
Advice on day-to-day life	Assistance and Advice
Search and Rescue Costs	Up to €5000 per event

12. TABLE OF BENEFITS FOR CANCELLATION

INSURANCE BENEFITS	Amounts per person VAT incl. for the duration of the POLICY	DEDUCTIBLE
BAGGAGE AND PERSONAL ITEMS		
Loss, damage, theft, or destruction of personal baggage:	Up to €2000 per event	€25 /claim
Including valuables, sports equipment	€1,000 per person	
Including laptops and mobile phones /smartphones	€250 per person	
including inside a van	€500 per person	
INDIVIDUAL LIABILITY		
Personal injury, property damage and consequential loss including	€4,500,000 per claim	€150 per claim
Property damage and consequential loss:	€450,000 per claim	
Material damage caused during the internship	€15,000 per claim	
OPTION : PERSONAL ACCIDENT - FULL BY EVENT: €2,000,000		
Accidental Death	€12,000	
Total or Partial Permanent Disability following an Accident (Work Accidents - no deductible)	€50,000	
Daily benefit in the event of hospitalization	€50 per day / person and up to 30 days.	3 day waiting period