



# **Group+ Business Travel Accident**

## General Conditions





## Group + Business Travel Accident

GENERAL CONDITIONS

[contact.be@aig.com](mailto:contact.be@aig.com) Tel: + 32 2 739 96 20

This POLICY is a contract between the POLICYHOLDER and the COMPANY, AIG Europe S.A..

The COMPANY agrees to give the insurance cover set out in this POLICY under the sections (and subsections) of cover that are shown as being included on the Schedule of Invalidity. These general conditions, the POLICY SCHEDULE and all attached endorsements (called POLICY) detail the entire cover provided and the terms and conditions applying to it.

The COMPANY will only provide cover for those people who are shown as being insured on the POLICY SCHEDULE and/or any attached endorsements for the PERIOD OF INSURANCE as long as the required premium has been paid.

The POLICYHOLDER should read this POLICY to make sure that they understand the cover provided and the limitations applying. If any elements of the cover require clarification or do not meet the needs of the POLICYHOLDER, the POLICYHOLDER should in the first instance raise these with their insurance intermediary, where applicable.

This insurance is underwritten by AIG Europe S.A., an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35D Avenue John F. Kennedy, L-1855, Luxembourg, <http://www.aig.lu/>. AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances 7, boulevard Joseph II, L-1840 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, [caa@caa.lu](mailto:caa@caa.lu), <http://www.caa.lu/>.

AIG Europe S.A., Belgium branch is located Pleinlaan 11, 1050 Brussels, Belgium. RPM/RPR Brussels - VAT number: BE 0692816659. AIG Europe S.A. Belgium branch is registered with the National Bank of Belgium (NBB) under the number 3084. The NBB is located at de Berlaimontlaan 14, 1000 Brussels, [www.nbb.be](http://www.nbb.be).

If a solvency and financial condition report of AIG Europe S.A. is available, it can be found at <http://www.aig.lu/>.

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## General Policy Conditions



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## Assistance Services

The network of the Assistance Center offices are available 24 hours a day, 365 days in the year.

**If assistance is required at any time please call the telephone helpline on:**

**+32 (0)2 739 9991 (24 Hour)**

When the Assistance Center is contacted for assistance, the following information should be provided:

- 1) the INSURED PERSON's name and the Policy number;
- 2) the telephone number on which the INSURED PERSON can be reached;
- 3) the nature of the assistance;
- 4) the location (city/country) of the INSURED PERSON;
- 5) the name of the INSURED PERSON's employer, company or organisation.

Assistance is available for medical emergencies or requests as well as travel advice before, during and after BUSINESS TRIPS while on a BUSINESS TRIP. The valuable services, the COMPANY can provide include the following:

| Modules | Medical assistance services | Description   |
|---------|-----------------------------|---|
| Core    | 24-Hour phone assistance    | Access to Assistance 24 hours a day, 365 days a year by multi-lingual assistance coordinators, experienced in the procedures of HOSPITALS and clinics worldwide.  |
| Core    | Medical expertise           | On hand at any time to ensure that the most appropriate medical treatment is provided, or give medical advice.  |
| Core    | Local HOSPITAL payment      | Arranging for HOSPITALS or clinics to bill the COMPANY directly where available and appropriate.  |
| Core    | Repatriation                | Arrangement of Emergency repatriation including use of air ambulance or scheduled airline depending on the circumstances of the case and if necessary, with a fully equipped medical team in attendance. On return, suitable transportation will be provided to bring an INSURED PERSON to a HOSPITAL or home address in his/her PERMANENT COUNTRY OF RESIDENCE whenever necessary. |
| Modules | Other assistance services   | Description   |
| Core    | Medical referral            | To a suitable HOSPITAL, clinic or dentist for treatment.  |
| Core    | Legal referral              | To an embassy, consulate or other source if legal consultation is needed, including an English speaking lawyer.   |
| Core    | Emergency medical supplies  | To help locate and send drugs, blood or medical equipment necessary for treatment if unavailable locally. If required the Assistance Center will help locate and dispatch a prosthesis, contact lenses and/or glasses if unavailable locally. The COMPANY shall only pay for the forwarding charges.  |
| Core    | Emergency message relay     | To pass on messages to family and business associates in an emergency.  |

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|                |  |  |
|----------------|--|--|
| Core           | Emergency travel service   | Provides a complete emergency travel service in liaison with an INSURED PERSON'S MEDICAL PRACTITIONER, HOSPITAL or RELATIVES to make all arrangements for those RELATIVES to visit an INSURED PERSON who is hospitalised or ill ABROAD, if the medical condition of the INSURED PERSON does not allow repatriation, including any receipted travel, accommodation, guide, interpreter, taxi, telephone and childcare expenses incurred on the recommendation of the Assistance Center medical officers and within the constraints of the POLICY. Anyone who is required to travel ABROAD to visit an ill or hospitalised INSURED PERSON will be insured under section 2.A. - MEDICAL EXPENSES. |
| Core           | FUNERAL arrangements   | Organising the repatriation of human remains and arranging the necessary import/export documents.  |
| Plus           | Emergency cash advance   | To help with replacement of cash that has been lost or stolen overseas and advice on cancellation of lost or stolen financial cards or traveller's cheques. Any cash amount which is replaced will be deducted from any subsequent VALID CLAIM made under Plus Module - section 9 – Personal Monetary Loss Benefit or must otherwise be reimbursed to the COMPANY.   |
| Plus           | Port/Airport assistance  | To liaise with carrier and advise if an INSURED PERSON has been delayed on the way to DEPARTURE point and if necessary make onward travel arrangements.  |
| Plus           | Replacement travel documents   | Assistance in arranging replacement passports and, visas, and other travel documents if lost or stolen whilst on a BUSINESS TRIP plus travel and accommodation alterations in connection with a claim under Plus Module - section 8 - BAGGAGE.   |
| Plus           | Lost keys  | Assistance in sourcing tradesman in connection with a claim under Plus Module - section 8 - BAGGAGE, however the COMPANY will not arrange for the work to be carried out.  |
| Core           | Counselling  | Help in finding a suitable counselling provider in connection with a claim under the Core Module – Section 1 - Psychological Treatment and Psychological Therapy Benefits.   |
| <b>Modules</b> | <b>Travel advice services via App and website <a href="http://www.aig.be/travelguard">www.aig.be/travelguard</a></b> | <b>Description</b>   |
| Core           | Pre-Travel advice  | Helpful and relevant information to the traveller providing valuable help in preparation for the journey, including currency and banking regulations, visa details, health requirements and reciprocal agreements.   |
| Core           | E-Mail travel alerts   | Regular alerts sent directly to INSURED PERSONS' mobile phones or by email enabling them to stay ahead of changing political situations or severe weather conditions which might otherwise disrupt important travel.   |

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|      |                             |  |
|------|-----------------------------|--|
| Core | Security awareness training | Access to an e-learning security and situation awareness program that can help the POLICYHOLDER to comply with their duty of care to INSURED PERSONS who travel on business. It provides practical advice about personal security, preparation and arrival, travel health risks, getting around, street crime, robbery, kidnapping, terrorism and unrest and provides a verifiable audit trail that allows the POLICYHOLDER to benchmark awareness levels. |
|------|-----------------------------|--|

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## Claims Procedure

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### ***How to react in each situation***

#### **1. In the following cases, the INSURED PERSON has to contact Assistance Center:**

- Assistance services
- MEDICAL EXPENSES
- Repatriation and other Emergency Travel expenses
- LEGAL EXPENSES

#### **How to contact Assistance Center?**

The INSURED PERSON can contact the Assistance Center 24/24 hrs:

- English: + 32 2 739 9991
- Dutch: + 32 2 739 9992
- French: +32 2 739 9990

When the INSURED PERSON contact the Assistance Center, he has to provide the following informations:

- his/her name ;
- his/her location ;
- his/her condition, symptoms or query ;
- a telephone number where the Assistance Center can contact the INSURED PERSON ;
- his/her policy number.

#### **2. In the following cases, the Insured person has to contact the Crisis Hotline:**

- Kidnap, Ransom and EXTORTION
- Crisis Containment Management

#### **How to contact the Crisis Hotline?**

The INSURED PERSON can contact the Hotline 24/24 hrs:

+1-817-826-7244

#### **3. In all other cases,** the INSURED PERSON just have to notify the claim upon his/her return. It will then be treated in accordance with the guarantees taken out.

#### **How to pay expenses in case of claim?**

Two main situations can occur:

- In case of recurring medical treatment, HOSPITAL admittance, overnight HOSPITAL stay:  
The INSURED PERSON has to contact Assistance Center as soon as possible, once the guarantee is recognized, the expenses can be directly taken up by Assistance Center and/or directly managed between Assistance Center and the medical providers.

- In other cases:

The COMPANY advise the INSURED PERSON to pay the expenses and request reimbursement upon return. The assistance card is not a credit card. Payment of the bill with the card is not possible.

#### **How to choose a medical provider?**

The INSURED PERSON has free choice of medical provider or HOSPITAL. There are no "agreed" medical providers.

#### **How to notify a claim?**

The INSURED PERSON needs to complete the claim notification form which can be obtained by contacting [claims.be@aig.com](mailto:claims.be@aig.com) and then send it back to the COMPANY with the necessary documents so as specified on the claim notification form according to the case.

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## Operative Times of cover

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An INSURED PERSON is only covered for the period of time shown on the POLICY SCHEDULE. The Operative Time of Cover as shown on the POLICY SCHEDULE is as described below.

### ***OT1 - Business Travel (excluding domestic Business Trips)***

While an INSURED PERSON is on a Business Trip outside their PERMANENT COUNTRY OF RESIDENCE, cover starting from the time of leaving their regular place of residence or regular place of work, whichever occurs last, until return to their place of residence or place of work, whichever occurs first.

### ***OT2 - Business Travel (including domestic Business Trips)***

While an INSURED PERSON is on a BUSINESS TRIP, cover starting from the time of leaving their regular place of residence or regular place of work, whichever occurs last, until return to their place of residence or place of work, whichever occurs first. Domestic or in-country BUSINESS TRIPS are included as long as one of the following conditions is fulfilled:

- a) At least one overnight stay in a hotel; or
- b) Travel is by scheduled flight; or
- c) Travel is by high speed train; or
- d) Travel is more than 150 kilometers from the regular place of work or from the regular place of residence.

The following covers are not acquired for BUSINESS TRIPS within the PERMANENT COUNTRY OF RESIDENCE: MEDICAL EXPENSES, SPECIFIED INFECTIOUS DISEASE, Emergency Travel Expenses, cost for after-care in the PERMANENT COUNTRY OF RESIDENCE, FUNERAL EXPENSES, LEGAL EXPENSES, Personal Liability and Political Risk and Natural Disaster Evacuation.

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## Core Module

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This module of the general conditions forms the core of the Group+ Business Travel Accident Policy, and details the coverage for:

- Section 1. Personal Accident
- Section 2.A. Medical Expenses
- Section 2.B. Specified Infectious Disease
- Section 3. Repatriation and other Emergency Travel Expenses
- Section 4. Personal Liability
- Section 5. Trip Cancellation
- Section 6. Travel Curtailment or Rearrangement

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## Section 1. Personal Accident

### 1.1. Death and Permanent Disablement caused by an accident

#### **Description of coverage**

If, during the PERIOD OF INSURANCE and the Operative Time as shown on the POLICY SCHEDULE, the INSURED PERSON sustains BODILY INJURY which within two years of the date of the ACCIDENT solely and independently of any other causes results in death or DISABLEMENT as listed in the Schedule of Invalidity shown below, the COMPANY will pay the applicable percentage of the SUM INSURED as shown on the POLICY SCHEDULE.

Coverage under this section is included for the items specified in the Schedule of Invalidity. The amount payable for each BODILY INJURY is payable as a percentage of the SUM INSURED shown on the POLICY SCHEDULE.

#### **Exposure**

If an INSURED PERSON suffers BODILY INJURY as a direct result of exposure to the elements, the COMPANY will pay the applicable percentage of the SUM INSURED shown in the Schedule of Invalidity.

#### **Disappearance**

If an INSURED PERSON disappears and after 12 consecutive months it is reasonable for the COMPANY to believe they have died due to a BODILY INJURY, the COMPANY will pay the amount shown on the POLICY SCHEDULE for Item 1.0 - Accidental Death specified in the Schedule of Invalidity. If it is found after this payment that the INSURED PERSON is still alive, then all amounts paid by the COMPANY for settlement of the aforementioned claim shall be refunded to the COMPANY by the POLICYHOLDER and/or the INSURED PERSON and/or the beneficiary/beneficiaries.

#### **Schedule of Invalidity**

| Item | Invalidity caused by an ACCIDENT  | Percentage payable per claim |
|------|---|------------------------------|
| 1.0  | Death   | 100%                         |
| 1.1  | PERMANENT TOTAL DISABLEMENT   | 100%                         |
| 1.2  | PERMANENT TOTAL DISABLEMENT due to PARAPLEGIA or QUADRIPLÉGIA (% with cap)  | 100%                         |
| 1.3  | PERMANENT TOTAL DISABLEMENT due to HEMIPLEGIA or TRIPLEGIA  | 100%                         |
| 1.4  | Permanent Total LOSS OF SIGHT of both eyes  | 100%                         |
| 1.5  | Permanent Total LOSS OF SIGHT of one eye  | 100%                         |
| 1.6  | Permanent Total LOSS OF two LIMBS   | 100%                         |
| 1.7  | Permanent Total Loss of use of two limbs  | 100%                         |
| 1.8  | Permanent Total LOSS OF one LIMB  | 100%                         |
| 1.9  | Permanent Total Loss of the use of one limb   | 100%                         |
| 1.10 | Permanent Total Loss of the lenses of both eyes   | 100%                         |
| 1.11 | Permanent Total Loss of the lens of one eye   | 50%                          |
| 1.12 | Permanent Total LOSS OF HEARING in both ears  | 75%                          |
| 1.13 | Permanent Total LOSS OF HEARING in one ear  | 15%                          |
| 1.14 | THIRD DEGREE BURNS and/or resultant disfigurement which extend to cover more than 40% of the entire external body | 50%                          |

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|      |  |   |
|------|--|---|
| 1.15 | Permanent Total Loss of use of four fingers and thumb of either hand   | 70%   |
| 1.16 | Permanent Total Loss of use of four fingers of either hand   | 40%   |
| 1.17 | Permanent Total Loss of use of one thumb of either hand – both joints  | 30%   |
| 1.18 | Permanent Total Loss of use of one thumb of either hand – one joint  | 15%   |
| 1.19 | Permanent Total Loss of use of fingers of either hand – three joints   | 10%   |
| 1.20 | Permanent Total Loss of use of fingers of either hand – two joints   | 7%  |
| 1.21 | Permanent Total Loss of use of fingers of either hand – one joint  | 5%  |
| 1.22 | Permanent Total Loss of use of toes of either foot – all toes  | 15%   |
| 1.23 | Permanent Total Loss of use of toes of either foot – both joints of big toe  | 5%  |
| 1.24 | Permanent Total Loss of use of toes of either foot – one joint of big toe  | 3%  |
| 1.25 | Permanent Total Loss of use of toes of either foot – any toes other than big toe   | 1%  |
| 1.26 | Loss of at least 50% of sound and natural teeth and capped or crowned teeth but excluding first teeth and dentures (percentage shown is per tooth) | 1% to a total sum insured of € 10.000 for all lost teeth  |
| 1.27 | Shortening of the leg by at least 5 cm   | 10%   |
| 1.28 | PERMANENT PARTIAL DISABLEMENT not otherwise provided for under Items 1.9 to 1.27 inclusive   | Such percentage of the SUM INSURED which corresponds to the percentage reduction in whole bodily function. The maximum SUM INSURED for Item 1.28 will be 75% of the SUM INSURED shown on the POLICY SCHEDULE. |

### Conditions

1. The SUM INSURED in the case of death or permanent disablement of the PARTNER of an INSURED PERSON shall be limited to € 50.000.
2. The SUM INSURED in the case of death or permanent disablement of the DEPENDENT CHILD of an INSURED PERSON shall be limited to € 15.000. For children under 5 years of age, in case of accidental death the COMPANY should only intervene for the FUNERAL EXPENSES and in case of permanent disablement the SUM INSURED will be increased by a benefit of € 5.000.
3. If an INSURED PERSON has an existing physical impairment or existing medical condition prior to the date of the ACCIDENT the calculation of the benefit payable for Items 1.1-1.28 of the Schedule of Invalidity will be based on the difference between the INSURED PERSON'S physical impairment or medical condition before and after the covered ACCIDENT.
4. Assessment will be made by the INSURED PERSON'S MEDICAL PRACTITIONER or MEDICAL CONSULTANT or an Independent MEDICAL CONSULTANT as determined and appointed by the COMPANY who will determine the percentage to be applied to the SUM INSURED shown on the POLICY SCHEDULE.
5. Limitation on multiple benefits. If an INSURED PERSON suffers one or more Bodily Injuries from the same ACCIDENT for which amounts are payable under more than one of the benefits as listed on the Schedule of Invalidity, the maximum amount payable under all of the benefits combined will not exceed 100% of the SUM INSURED as shown on the POLICY SCHEDULE.
6. If a claim or series of claims from one EVENT exceeds the SCHEDULED AIRCRAFT ACCUMULATION LIMIT, the NON-SCHEDULED AIRCRAFT ACCUMULATION LIMIT or the ANY ONE ACCIDENT LIMIT shown on the POLICY SCHEDULE, the COMPANY will pay the limit shown on the POLICY SCHEDULE or reduce each payable claim proportionately until the combined total does not exceed the applicable limit shown on the POLICY SCHEDULE.

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7. The degree of disability under section 1.28 of the Schedule of Invalidity shall be as certified by two (2) legally qualified MEDICAL PRACTITIONERS, one of whom shall be the INSURED PERSON'S treating doctor and the other is an independent MEDICAL PRACTITIONERS as nominated and selected by the COMPANY. In the event of a disagreement between them the percentage awarded shall be the certification performed by the COMPANY'S independent MEDICAL PRACTITIONER.

## 1.2. Additional Benefits & Extensions

### 1.2.1. Accident Survivor Living Benefits

#### 1.2.1.1. Cosmetic Surgery, prosthesis, Psychological Treatment and wheelchair Benefits

In the event of BODILY INJURY sustained by an INSURED PERSON results in a VALID CLAIM under the Schedule of Invalidity and treatment includes any of the following as prescribed by a MEDICAL PRACTITIONER, the COMPANY will pay an additional benefit as follows:

| Benefit                 | Description of Benefit   | Maximum Amount Payable per Person per ACCIDENT |
|-------------------------|--|--|
| Cosmetic Surgery        | Costs for cosmetic reconstructive treatment incurred within 730 days of an ACCIDENT (other than for BODILY INJURY as the result of a surgical procedure) for VALID CLAIMS under Items 1.1 to 1.6 and/or 1.8 in the Schedule of Invalidity.   | Up to € 10.000                                 |
| Prosthesis              | Costs for providing a prosthesis incurred within 730 days of an ACCIDENT for VALID CLAIMS of lost limbs under Items 1.6 or 1.8 in the Schedule of Invalidity.  | Up to € 10.000                                 |
| Psychological Treatment | Cost of Professional Psychological Counselling treatment incurred within 365 days of an ACCIDENT for VALID CLAIMS where the benefit payable is more than 50% of the SUM INSURED shown on the POLICY SCHEDULE.  | Up to € 10.000                                 |
| Wheelchair Benefit      | Reimbursement of costs for a wheelchair incurred within 12 months of an ACCIDENT for VALID CLAIMS under Items 1.1 to 1.3 or Items 1.6 or 1.7 in the Schedule of Invalidity. Loss of mobility must be solely and directly caused by an ACCIDENT and wheelchair Benefit is not payable if the INSURED PERSON required usage of a wheelchair prior to ACCIDENT. | Up to € 1.500                                  |

#### 1.2.1.2. Domestic Help and Home and Car Alteration Benefits

In the event BODILY INJURY sustained by an INSURED PERSON results in a VALID CLAIM under the Schedule of Invalidity, the COMPANY will pay an additional benefit as follows:

| Benefit               | Description of Benefit   | Maximum Amount Payable per Person per ACCIDENT                     |
|-----------------------|--|--|
| Domestic Help Benefit | Cost of the reasonable and necessary expense of an outside service for in-home domestic services while recovery is in progress for VALID CLAIMS under Items 1.1- 1.28 of the Schedule of Invalidity and/or the reasonable and necessary expense of a chauffeur service to and from the INSURED | 5% of the SUM INSURED up to a maximum of € 10.000 for all expenses |

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|                                 |  |   |
|---------------------------------|--|---|
|                                 | PERSON's usual place of work if the INSURED PERSON is medically certified as being unable to drive a vehicle or travel on public transport. Payment will cease when a benefit is paid as per the Schedule of Invalidity.   | incurred  |
| Home and Car Alteration Benefit | Cost of the reasonable expenses incurred to adapt the INSURED PERSON's regular place of residence and/or private car for the physical alterations required for usage due to VALID CLAIMS under 1.1- 1.9 of the Schedule of Invalidity. The COMPANY must provide written approval and consent of reasonable expenses prior these expenses are done. | The reasonable costs incurred up to a maximum of € 10.000 for all expenses incurred |

### 1.2.1.3. Hospitalisation, Hospital Visitor Expense and Coma Benefits

In the event of BODILY INJURY sustained by an INSURED PERSON that results in a VALID CLAIM under the Schedule of Invalidity and the INSURED PERSON being admitted to a HOSPITAL, the COMPANY will pay as follows:

| Benefit                          | Description of Cover  | Maximum Amount Payable  | Maximum Period Payable per Person per ACCIDENT |
|----------------------------------|---|---|--|
| Hospitalisation Benefit          | Benefit payable for each day (or partial day) an INSURED PERSON is admitted to a HOSPITAL as an INPATIENT.  | Flat amount of € 50 per day of Hospitalisation. Not cumulative with the indemnity paid under section 2 -Hospitalisation Benefit | 365 Days                                       |
| HOSPITAL Visitor Expense Benefit | Cost of transportation for the PARTNER and/or Child(ren) of the INSURED PERSON to the HOSPITAL if an INSURED PERSON is admitted as an INPATIENT in a HOSPITAL that is more than 250 kilometres from the INSURED PERSON's place of residence in his/her PERMANENT COUNTRY OF RESIDENCE.                | Real expenses up to € 250 per visit and up to € 2.500 for all visitors for any one HOSPITAL admission                           | N/A  |
| Coma Benefit                     | In the event of BODILY INJURY being sustained by an INSURED PERSON that results in the continuous unconscious state of the INSURED PERSON, the COMPANY will pay the benefit. Any claim the COMPANY pays under this extension is in addition to any amount paid under section 2.A. - MEDICAL EXPENSES. | Flat amount of € 100 per day  | 11 months                                      |

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#### 1.2.1.4. Burns, Facial Scarring and Fracture Benefits

In the event an INSURED PERSON sustains BODILY INJURY resulting in one of the Specific Injuries listed below, as confirmed by a MEDICAL PRACTITIONER, the COMPANY will pay the benefit amount shown for that injury and the extent of such injury:

Schedule of Specific Injuries (Flat Amount Payable per Person per accident)

| <b>THIRD DEGREE BURNS Benefit</b>  |          |
|--|----------|
| THIRD DEGREE BURNS covering more than 27% but less than 40% of the body surface            | € 10.000 |
| THIRD DEGREE BURNS covering between 18% and up to 27% of the body surface                  | € 5.000  |
| THIRD DEGREE BURNS covering between 9% and up to 17% of the body surface                   | € 1.500  |
| <b>Facial Scarring Benefit</b>   |          |
| Facial Scar that is over 5 centimetres in length or square centimetres in area             | € 5.000  |
| Facial Scar that is 2.5 to 5 centimetres in length or square centimetres in area           | € 2.500  |
| <b>FRACTURE Benefit</b>  |          |
| FRACTURE of neck or spine  | € 3.500  |
| FRACTURE of hip or pelvis  | € 1.500  |
| FRACTURE of skull (excluding jaw or nose) or shoulder blade                                | € 650    |
| FRACTURE of collar bone or upper leg   | € 650    |
| FRACTURE of upper arm, kneecap, forearm or elbow   | € 500    |
| FRACTURE of lower leg, jaw, wrist (excluding Colles' fracture), cheek, ankle, hand or foot | € 350    |
| FRACTURE of ribs (per rib)   | € 135    |
| FRACTURE of finger, thumb, toe (per finger, thumb, toe)                                    | € 100    |
| Maximum Compensation for FRACTURE Benefits in any one ACCIDENT                             | € 3.500  |

Additional conditions applicable to the Schedule of Specific Injuries:

- 1) For those INSURED PERSONS who were diagnosed with osteoporosis prior to the date of the ACCIDENT or as the result of the ACCIDENT, the FRACTURE Benefit will only be payable once during the lifetime of this POLICY.
- 2) The maximum amount payable for all claims from any one ACCIDENT under the Burns, Facial Scarring and/or FRACTURE Benefits will be € 18.500.
- 3) In no event will a claim be payable for THIRD DEGREE BURNS, Facial Scarring or FRACTURE Benefits if a claim is payable for Item 1.0 on the Schedule of Invalidity.

#### 1.2.1.5. Sexual assault and Felonious assault Benefits

In the event that during a BUSINESS TRIP an INSURED PERSON suffers psychological trauma as a result of being a victim of SEXUAL ASSAULT or FELONIOUS ASSAULT or witness to a murder, or victim/witness violent armed robbery or an act of TERRORISM the COMPANY will pay as follows:

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| Benefit                                     | Description of Cover   | Maximum Amount Payable | Maximum Amount Payable per Person per claim |
|---|--|------------------------|---|
| Psychological Therapy Benefit               | PSYCHOLOGICAL THERAPY EXPENSES incurred within 365 days of the reported incident of Sexual or FELONIOUS ASSAULT or documentation of witness to murder, witness/victim of violent armed robbery or of an act of TERRORISM.  | € 200 per session      | € 5.000                                     |
| HOSPITAL Visitor Benefit                    | If, due to Sexual or FELONIOUS ASSAULT or violent armed robbery or an act of TERRORISM, an INSURED PERSON is confined to a HOSPITAL more than 80 kilometres from regular place of residence, the COMPANY will pay the reasonable expenses incurred to bring one person as chosen by the INSURED PERSON to the area where the HOSPITAL is located. Reasonable expenses are payable for transportation to and from and lodging and meals for up to 7 days. | € 500 per day          | € 3.500                                     |
| INFECTIOUS DISEASE or VIRUS TESTING Benefit | Costs of tests for an INSURED PERSON undergoing INFECTIOUS DISEASE or VIRUS TESTING within 60 days after the date of a Sexual or FELONIOUS ASSAULT.  | € 500 per test         | € 1.500                                     |

## 1.2.2. Family Care Benefits

### 1.2.2.1. Funeral expenses, Dependent child Additional Payment, Common Disaster Additional Payment, Childcare Expenses, Tuition Benefit for Dependent child, Tuition Benefit for Partner and Executor Expenses

In the event of BODILY INJURY to an INSURED PERSON that results in a VALID CLAIM for Accidental Death the COMPANY will pay an additional benefit as follows:

| Benefit          | Description of Cover   | Maximum Amount Payable  | Maximum Cumulative Amount  |
|------------------|--|---|--|
| FUNERAL EXPENSES | Reasonable and necessary expenses for transportation of the deceased from the death site to the funeral service site, a container or casket for the deceased's remains to be placed in and basic services of the funeral home and staff including but not limited to embalming, burial or cremation. | Reimbursement of actual expenses up to € 7.500 per INSURED PERSON per EVENT | Not cumulative with the indemnity paid under section 3 -FUNERAL EXPENSES |

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## Group + Business Travel Accident

GENERAL CONDITIONS

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|                                    |  |  |  |
|------------------------------------|--|--|--|
| DEPENDENT CHILD Additional Payment | An additional amount will be payable for each DEPENDENT CHILD of the INSURED PERSON subject to a maximum cumulative amount.  | 5% of the SUM INSURED with a minimum of € 5.000 per DEPENDENT CHILD        | € 50.000 for all DEPENDENT CHILDREN  |
| Common Disaster Additional Payment | In the event that the INSURED PERSON and his/her PARTNER die in the same ACCIDENT and there are DEPENDENT CHILDREN, an additional amount will be payable for each DEPENDENT CHILD subject to a maximum cumulative amount.            | 10% of the SUM INSURED with a minimum of € 10.000 per each DEPENDENT CHILD | € 100.000 for all DEPENDENT CHILDREN   |
| Childcare Expenses                 | Reasonable and necessary expenses incurred by the PARTNER of the deceased INSURED PERSON for approved, official childcare for each DEPENDENT CHILD under the age of five years who resides with the PARTNER.                         | € 2.750 per DEPENDENT CHILD per month                                      | Amount is payable up to a maximum period of 12 months  |
| Tuition Benefit –DEPENDENT CHILD   | An additional amount will be payable for each DEPENDENT CHILD enrolled in a full-time institution for learning to cover the education costs.   | Reasonable, actual expenses up to € 5.000 per DEPENDENT CHILD per ACCIDENT |  |
| Elder Survivor Benefit             | An additional amount will be payable for each ELDER DEPENDENT of the INSURED PERSON. The benefit will be payable in equal shares if there are multiple surviving ELDER DEPENDENTS.   | Up to € 2.100 per month  | 60 consecutive months or the death of the last surviving ELDER DEPENDENT, whichever occurs first |
| Tuition Benefit – PARTNER          | The costs of education incurred if the PARTNER is already enrolled in an institution of higher education, or professional or trade training, or enrolls within four months of the date of the Accidental Death of an INSURED PERSON. | Reimbursement of reasonable, actual expenses up to € 2.500 per year        | Two years in total per EVENT   |
| Executor Expenses                  | Covers the reasonable and necessary administrative costs incurred by the Executor of the estate whilst the administration of the estate including POLICY payments is being arranged.   | Reimbursement of actual expenses up to € 1.000                             |  |

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Additional condition applicable to DEPENDENT CHILD and Common Disaster Additional Payment Benefits:

- Claims are only payable under the larger amount under the DEPENDENT CHILD or Common Disaster Benefits in the event that both may be payable.

Additional condition applicable to Common Disaster Additional Payment Benefits:

- In order for Common Disaster to be payable, both the INSURED PERSON and the PARTNER must be the legal parents or guardians of the DEPENDENT CHILD.

### 1.2.2.2. Partner and Child Paralysis, Independent Financial Advice and Partner Tuition Benefit

In the event of BODILY INJURY being sustained by an INSURED PERSON that results in a VALID CLAIM for a specified event, the COMPANY will pay an additional benefit as follows:

| Benefit                                  | Description of Cover  | Maximum Amount Payable   |
|--|---|--|
| PARTNER and/or DEPENDENT CHILD Paralysis | Automatic extension of coverage for PARTNER and DEPENDENT CHILDREN who suffer BODILY INJURY resulting in PARAPLEGIA, HEMIPLEGIA, TRIPLEGIA or QUADRIPLÉGIA if ACCIDENT occurs while accompanying the INSURED PERSON on a BUSINESS TRIP.   | Flat amount for<br>PARAPLEGIA/<br>HEMIPLEGIA: €<br>50.000<br>TRIPLEGIA: € 75.000<br>QUADRIPLÉGIA: €<br>100.000 |
| Independent Financial Advice             | In the event of a claim being paid for Items 1.0 to 1.10 of the Schedule of Invalidity, the COMPANY will pay an additional amount for reasonable and necessary expenses incurred for the professional, financial, taxation and/or investment advice provided by a licensed and registered independent financial advisor in respect of the benefit paid by the COMPANY.            | Reimbursement of actual expenses up to € 2.000 per claim   |
| Retraining Expenses - PARTNERS           | In the event of a claim being paid for item 1.1, for an INSURED PERSON, the COMPANY will pay at the request of the POLICYHOLDER the reasonable expenses incurred in training or retraining the INSURED PERSON'S PARTNER for gainful employment or to improve their employment prospects or to enable them to improve the quality of care they can provide for the INSURED PERSON. | Reimbursement of actual expenses up to € 7.500 per claim   |

Additional condition applicable to Independent Financial Advice:

- In order for this benefit to be payable the independent financial advisor cannot be an INSURED PERSON, EMPLOYEE of the POLICYHOLDER or a RELATIVE of the INSURED PERSON.

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**1.2.3. Workplace Changes or Alteration Costs**

**1.2.3.1. Temporary Personnel Replacement Costs, Recruitment Costs, Re-Training Costs and Workplace Alteration Costs**

In the event of BODILY INJURY being sustained by an INSURED PERSON that results in a VALID CLAIM, the COMPANY will pay an additional benefit as follows:

| Benefit                               | Description of Cover  | Maximum Amount Payable  | Maximum Period Payable   |
|---------------------------------------|---|---|--|
| Temporary Personnel Replacement Costs | Reasonable costs incurred by the POLICYHOLDER in the employment of a person on a temporary basis to directly replace the INSURED PERSON who has sustained a VALID CLAIM under Items 1.0 or 1.1 – 1.3 inclusive of the Schedule of Invalidity.   | Reimbursement of actual expenses up to € 3.000 for all expenses incurred for one event  | Three months following date of ACCIDENT                              |
| Recruitment Costs                     | Recruitment Costs incurred by the POLICYHOLDER in the engagement of a replacement on a permanent basis of the INSURED PERSON for whom a VALID CLAIM has been paid under Items 1.0 or 1.1 – 1.3 inclusive of the Schedule of Invalidity.   | Reimbursement of actual expenses up to € 10.000 for all expenses incurred for one event | Six months following date of claim payment                           |
| Re-Training Costs                     | Re-Training Costs incurred by the POLICYHOLDER for the reasonable and necessary expenses incurred in re-training the INSURED PERSON for an alternative occupation for whom a VALID CLAIM has been paid under items 1.4 through 1.13 of the Schedule of Invalidity.  | Reimbursement of actual expenses up to € 7.500 for all expenses incurred for one event  | Costs must be incurred within 12 months following date claim is paid |
| Workplace Alteration Costs            | Workplace Alteration Costs incurred by the POLICYHOLDER for the reasonable and necessary expenses incurred to make alterations to the INSURED PERSON'S normal place of business/work to accommodate for the physical changes necessarily required in living with the permanent disablement for which a VALID CLAIM was paid under Items 1.4 through 1.28 of the Schedule of Invalidity. | Reimbursement of actual expenses up to € 10.000 for all expenses incurred for one event | Costs must be incurred within 12 months following date claim is paid |

Additional condition applicable to Temporary Personnel Replacement Costs:

- Costs must be incurred in the three month period directly following the ACCIDENT of the INSURED PERSON. Coverage will end on the sooner of the expiration of the 90th day/third month or on the date payment is made under Item 1.0 or 1.1 of Schedule of Invalidity.

Additional conditions applicable to Recruitment Costs:

- Costs must be reasonable, necessary, documented and agreed in writing.
- Costs must be incurred within six months of the date claim payment is made.
- Recruitment costs are not payable in addition to any Re-Training Costs.

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Additional conditions applicable to Re-Training and Workplace Alteration Costs:

- Costs must be reasonable, necessary, documented and agreed in writing.
- Costs must be incurred within 12 months following date claim is paid.

## Section 2.A. Medical Expenses

### 2.A.1. Guarantee

If an INSURED PERSON is injured or suffers BODILY INJURY or ILLNESS during the PERIOD OF INSURANCE and the Operative Time as shown on the POLICY SCHEDULE the COMPANY will pay directly or reimburse the INSURED PERSON for any MEDICAL EXPENSES reasonably and necessarily incurred as a direct result of the BODILY INJURY or ILLNESS, for up to two years from the date of injury or first diagnosis of ILLNESS, up to the SUM INSURED shown on the POLICY SCHEDULE. In as far as possible Assistance Center shall pay HOSPITAL bills directly.

After an ACCIDENT has occurred, the necessary medical care shall be provided as soon as possible.

The COMPANY shall indemnify the aforementioned costs after deducting social security interventions and benefits under insurance policies required by law.

### 2.A.2. Extensions

In the event of a VALID CLAIM under Section 2.A. of the general conditions, the COMPANY will pay additional benefits as follows:

| Benefit                                   | Description of Cover  | Maximum SUM INSURED   | Benefit Period  |
|---|---|---|---|
| Hospitalisation Benefit                   | In the event of the Hospitalisation of an INSURED PERSON as an INPATIENT as the result injury or ILLNESS as ordered by a MEDICAL PRACTITIONER the COMPANY will pay a daily benefit up to the maximum period payable.                                | Flat amount of € 50 per day. The indemnity cannot be combined with the indemnity for the same benefit provided under section 1.2.1.3 - Hospitalisation Benefit. | 365 days per ACCIDENT   |
| Post-Hospitalisation Convalescence        | If, following a period of stay as an INPATIENT at a HOSPITAL an INSURED PERSON is advised by a MEDICAL PRACTITIONER to further convalesce prior to continuing BUSINESS TRIP, the COMPANY will pay a daily benefit up to the maximum period payable. | Flat amount of € 50 per day   | 7 continuous days   |
| Ongoing Medical Treatment in Home Country | Coverage for the necessary ongoing medical cost directly related to the injury or ILLNESS requiring treatment overseas, which are incurred immediately following the date of return to the INSURED PERSON'S PERMANENT COUNTRY OF RESIDENCE.         | Actual Expenses up to a maximum of € 25.000 per injury or ILLNESS   | 12 months from date of return to PERMANENT COUNTRY OF RESIDENCE |

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|  |  |                                       |                |
|--|--|---------------------------------------|----------------|
|  | The COMPANY shall cover the aforementioned costs after deducting social security interventions and benefits under insurance policies required by law.  |                                       |                |
| Emergency Dental Expenses in the PERMANENT COUNTRY OF RESIDENCE ** | Coverage for unforeseeable emergency dental expenses incurred for the relief of pain incurred in the PERMANENT COUNTRY OF RESIDENCE provided that the INSURED PERSON was on a BUSINESS TRIP involving travel of more than 150 kilometres from his/her regular place of residence, the BUSINESS TRIP is more than 3 consecutive days. | Actual expenses up to € 500 per event | Not applicable |

\*\* Assistance Center can help in locating a dental practice and issue payment guarantees to the dental practice, if required.

### 2.A.3. Conditions

The Policyholder or the Insured Person must contact the Assistance Center as soon as possible in respect of injury or illness that results in the need for inpatient hospital treatment.

Assistance Center: +32 2 739 99 91 (24 Hour)

## Section 2.B. Specified Infectious Disease

### 2.B.1. Guarantee

In the event of VALID CLAIM under section 2.B. of the general conditions, the COMPANY will pay benefits as follows:

| Benefit  | Maximum intervention per INSURED PERSON  |
|--|--|
| QUARANTINE in the PERMANENT COUNTRY OF RESIDENCE when returning from a business trip | Lump sum compensation of € 500   |
| QUARANTINE abroad  | Lump sum compensation of € 50/day during max 14 days   |
| Repatriation by government   | Real expenses with a max of € 500 per claim  |
| Bill protection  | Lump sum of € 250 per week started if unable to return to work after 14 days (as from diagnosis with a SPECIFIED INFECTIOUS DISEASE) |

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### 2.B.1.1. QUARANTINE in the PERMANENT COUNTRY OF RESIDENCE when returning from a business trip

This benefit is payable only where a BUSINESS TRIP has been made. A benefit is payable only where:

- On the day of Business Trip departure there are no regulations or restrictions in place, or scheduled to be implemented, that would require an Insured Person to Quarantine on return to their Permanent Country of Residence from their Business Trip.
- During the BUSINESS TRIP there is a change in regulation by the government that requires the INSURED PERSON to QUARANTINE for a minimum period of seven days on return to their PERMANENT COUNTRY OF RESIDENCE from their BUSINESS TRIP.

This benefit is payable to the INSURED PERSON to the sum of € 500 for every INSURED PERSON who is required to QUARANTINE.

### 2.B.1.2. QUARANTINE abroad

If an INSURED PERSON is diagnosed during a BUSINESS TRIP outside their PERMANENT COUNTRY OF RESIDENCE with any SPECIFIED INFECTIOUS DISEASE for the first time by a MEDICAL PRACTITIONER, and as a consequence the INSURED PERSON cannot return home on the date foreseen, then the COMPANY will pay the INSURED PERSON the SUM INSURED € 50 per day up to a maximum of 14 days. This daily indemnity will only be paid as from the day after the initial return home date foreseen until, at the latest, the effective date of return home. The indemnity will not be paid as long as the insured is hospitalised. In case the insured is hospitalised, this daily indemnity will only be paid as from the day after the insured left the hospital until the effective date of return home. (again taking into account a payment during maximum 14 days).

### 2.B.1.3. Repatriation by the government

In case the government of PERMANENT COUNTRY OF RESIDENCE of the INSURED PERSON decides to repatriate civilians to their PERMANENT COUNTRY OF RESIDENCE as a consequence of an outbreak of a SPECIFIED INFECTIOUS DISEASE, then the COMPANY will pay the INSURED PERSON the real expenses of this repatriation with a maximum of € 500 per person only in case these expenses are charged to the INSURED PERSON.

### 2.B.1.4. Bill protection

To enable the INSURED PERSON to pay the recurring expenses, the COMPANY will pay a lump sum of €250 per week started if unable to return to work after a minimum of 14 days because of illness caused by a SPECIFIED INFECTIOUS DISEASE, to count as from the date of official diagnosis of the INSURED PERSON with a SPECIFIED INFECTIOUS DISEASE. The lump sum will be paid as from week 3 to count as from the date of official diagnosis with a SPECIFIED INFECTIOUS DISEASE. The maximum period of payment will be 12 weeks. This coverage is only valid diagnosis of the INSURED PERSONS as described in the special conditions and not for family members.

## 2.B.2. Exclusions

This section of the policy covers no claim:

1. directly or indirectly resulting from or attributable to the INSURED PERSON suffering from any physical defect or infirmity existing prior to inception of the travel unless advised to and accepted in writing by the COMPANY;
2. for an INSURED PERSON who was already undergoing hospitalisation for Covid-19 or a SPECIFIED INFECTIOUS DISEASE before the commencement of the trip;
3. where an INSURED PERSON has contracted a SPECIFIED INFECTIOUS DISEASE deliberately or as a result of negligent or reckless behaviour;
4. arising out of any criminal or illegal act committed by any INSURED PERSON;

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5. arising as a result of war, an act of terrorism or rebellion, insurrection, rioting or civil commotion or unrest;
6. no benefit is payable for trips other than BUSINESS TRIPS (except for Section 3 – only in case the extension Private Trip has been taken out);
7. for trips in the PERMANENT COUNTRY OF RESIDENCE.

## Section 3. Repatriation and other Emergency Travel Expenses

### 3.1. Guarantee

If an INSURED PERSON is injured or suffers ILLNESS during the PERIOD OF INSURANCE and the Operative Time as shown on the POLICY SCHEDULE, the COMPANY will pay directly or reimburse the INSURED PERSON for any Repatriation Expenses and Emergency Travel Expenses reasonably and necessarily incurred as a direct result of the injury or ILLNESS, for up to two years from the date of injury or first diagnosis of ILLNESS up to the SUM INSURED on the POLICY SCHEDULE.

The COMPANY will intervene in case of :

- Repatriation Expenses: for the cost of transportation of the INSURED PERSON by any suitable means (including medical transport) to an appropriate Hospital or to an INSURED PERSON's home in PERMANENT COUNTRY OF RESIDENCE as recommended by the Assistance Center in conjunction with the local attending or treating MEDICAL PRACTITIONER.
- Emergency Travel Expenses: for the reasonable additional transport and accommodation expenses and telephone charges (less any possible refund received or saving made) incurred by the POLICYHOLDER or the INSURED PERSON, for a person who needs to travel to, remain with, or escort the INSURED PERSON.

### 3.2. Extensions

In the event of a VALID CLAIM under Section 3 of the general conditions whilst an INSURED PERSON is on a BUSINESS TRIP, the COMPANY will pay additional benefits as follows:

| Benefit  | Description of Cover  | Maximum Amount Payable  |
|--|---|---|
| FUNERAL EXPENSES**   | In the event of the death of the INSURED PERSON as the result of an insured ACCIDENT, the COMPANY will pay for the reasonable FUNERAL or CREMATION EXPENSES.  | Reimbursement of actual costs up to € 7.500 for all costs per EVENT. Not cumulative with the indemnity paid under section 1.2.2.1 - FUNERAL EXPENSES. |
| Repatriation of remains and transportation of BAGGAGE upon death | The COMPANY will pay for the reasonable additional costs to repatriate the INSURED PERSON's remains and BAGGAGE to the INSURED PERSON's PERMANENT COUNTRY OF RESIDENCE if applicable; and/or for the additional travel and accommodation costs of the INSURED PERSON's travelling companions to accompany the remains on return to the INSURED PERSON's PERMANENT COUNTRY OF RESIDENCE if applicable. | Reasonable costs  |

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|                     |   |  |
|---------------------|---|--|
| <p>Family Visit</p> | <p>In the event an INSURED PERSON is confined to a HOSPITAL for more than 5 days and is not expected to be released within 7 days, the COMPANY will pay for the reasonable additional transport and accommodation expenses incurred by the INSURED PERSON'S PARTNER and up to three DEPENDENT CHILDREN or two other persons who are the INSURED PERSON'S IMMEDIATE RELATIVES to visit the INSURED PERSON. In the event that only the INSURED PERSON'S PARTNER travels, the COMPANY will pay for the necessary additional cost incurred to engage the services of a registered childcare provider for their DEPENDENT CHILDREN during the period of the visit.</p> | <p>Actual expenses up to € 10.000 for travel and childcare</p>   |
| <p>Pet Care</p>     | <p>If an Insured Person is hospitalised as an Inpatient and this results in the return trip being delayed for more than 24 consecutive hours at the end of the original pre-booked Business Trip, the Company will pay a benefit for the reasonable additional costs to engage the services of a registered pet care for pets owned by the Insured Person.</p>  | <p>Reimbursement of actual expenses up to a maximum of € 300</p> |

*\*\* The Assistance Center can arrange the FUNERAL/CREMATION and transportation of the INSURED PERSON'S body.*

### 3.3. Conditions

The Policyholder or Insured person must contact the Assistance Center as soon as possible if injury or illness results in the need for inpatient hospital treatment or the possible need for repatriation otherwise the costs may not be reimbursed.

Assistance Center: +32 2 739 99 91 (24 Hour)

## Section 4. Personal Liability

### 4.1. Guarantee

The covers in this section apply only whilst the INSURED PERSON travels ABROAD.

The COMPANY will reimburse the INSURED PERSON up to the amount stated on the POLICY SCHEDULE for any legal liability to pay damages incurred by the INSURED PERSON during the Policy period and the Operative Time as a result of:

- a) BODILY INJURY of any person, and/or
- b) accidental loss of or damage to the property of any person.

In addition, the COMPANY will pay even beyond the cover limits, the costs in connection with civil actions and the fees and costs of lawyers and experts, but only to the extent that such costs are incurred by him or with his consent or, where there is a conflict of interests which is not attributable to the INSURED PERSON, provided that such costs are not incurred unreasonably.

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## 4.2. Extensions

| Benefit                  | Description of Cover   | Maximum Amount Payable                               |
|--------------------------|--|--|
| Court Attendance Benefit | In the event that a court requires an INSURED PERSON to attend in connection with an event that resulted in a VALID CLAIM under this section of the general conditions, the COMPANY will reimburse the POLICYHOLDER or the INSURED PERSON up to the maximum amount payable for additional travel and accommodation expenses reasonably and necessarily incurred to attend court. | Actual expenses up to a maximum of € 5.000 per claim |

## 4.3. Conditions

1. No admission of liability, offer, promise or payment may be made without the COMPANY's written consent.
2. From the date when the COMPANY's benefit is due, and provided that it is called upon to do so, the COMPANY will take over and conduct the defence of any claim against the INSURED PERSON and for that purpose may use the INSURED PERSON's name. The COMPANY may conduct the defence however it sees fit. In the course of conducting the defence, the COMPANY may also pursue, at its own expense and for its own benefit, any claim against the other person(s).
3. The POLICYHOLDER and the INSURED PERSON must give the COMPANY full assistance in defending or prosecuting any claim and agree to provide the COMPANY with any needed information and documents available.
4. The maximum amount the COMPANY will reimburse is the highest limit of the COMPANY's liability for an individual insurance event, even if it results in more than one BODILY INJURY loss or incident or damage or if more than one INSURED PERSON could be held liable.

## 4.4. Exclusions

This section of the general conditions does not cover any liability which is the result of:

1. BODILY INJURY or accidental loss or damage claims of any EMPLOYEES of the POLICYHOLDER arising out of or in the course of employment;
2. BODILY INJURY or accidental loss or damage claims of a co-worker or traveling companion of the INSURED PERSON on the same trip;
3. Liability arising directly or indirectly, by or through, or in connection with any mechanically or electrically propelled vehicle, aircraft, hovercraft or watercraft;
4. Liability arising directly or indirectly, by or through, or in connection with any of the following:
  - a) the ownership, possession or occupation of land, buildings, immobile property or caravans other than occupying a temporary residence,
  - b) any wilful, malicious or criminal act,
  - c) the INSURED PERSONS' business or trade, or out of professional advice given by the INSURED PERSON,
  - d) racing,
  - e) the use of firearms (other than sporting guns being used for sport);
5. Accidental loss or damage to property belonging to, held in trust by, or in the custody or control of the POLICYHOLDER or the INSURED PERSON or any of their EMPLOYEES including domestic staff, or any member of the INSURED PERSON's family or household;

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6. Liability attaching to the POLICYHOLDER or the INSURED PERSON under an express term of any contract, unless liability would have been attached to the POLICYHOLDER or INSURED PERSON irrespective of the express term;
7. Any claim where the INSURED PERSON is suffering from a psychological condition or which results from his or her being under the influence of or affected by drugs (other than drugs taken under and at the direction of a MEDICAL PRACTITIONER) or solvents;
8. Any claim resulting from or as a consequence of the INSURED PERSON having transmitted a disease to another person via infection or otherwise;
9. Loss or damage to property owned by or in control of the INSURED PERSON or any member of their family ordinarily residing with the INSURED PERSON or loss or damage caused by the INSURED PERSON's domestic animals;
10. BODILY INJURY to the INSURED PERSON or IMMEDIATE RELATIVES ordinarily residing with the INSURED PERSON;
11. Any claim for exemplary, punitive or aggravated damages;
12. Judgements which are not in the first instance either delivered by or obtained from a court of competent jurisdiction.

## Section 5. Trip Cancellation

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### 5.1. Guarantee

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If an INSURED PERSON has to cancel a BUSINESS TRIP prior to the date of DEPARTURE the COMPANY will reimburse the INSURED PERSON for non-recoverable, non-refundable deposits and advanced payments for the cost of the fare or TRAVEL ARRANGEMENTS up to the Trip Cancellation maximum SUM INSURED stated on the POLICY SCHEDULE which have been paid, or are payable under contract, and cannot be recovered elsewhere if the cancellation is due to:

1. BODILY INJURY or ILLNESS of the INSURED PERSON or IMMEDIATE RELATIVES if a MEDICAL PRACTITIONER has recommended in writing that the Trip Cancellation is necessary due to the severity of the condition of the INSURED PERSON or IMMEDIATE RELATIVES;
2. Death of the INSURED PERSON or IMMEDIATE RELATIVES if the death has been certified by a MEDICAL PRACTITIONER or other person legally qualified to certify a person's death. Death of the INSURED PERSON's IMMEDIATE RELATIVES must occur within 30 days prior to scheduled DEPARTURE of the INSURED PERSON's BUSINESS TRIP;
3. Any other unforeseen circumstances occurring outside the control of the POLICYHOLDER and/or insured companies and/or the INSURED PERSON other than those circumstances described in (1) or (2) above or specifically described or excluded under this general conditions.

### 5.2. Conditions

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The POLICYHOLDER or the INSURED PERSON must notify the COMPANY as soon as reasonably possible in the event of a claim. The COMPANY will not be liable for any additional penalty charges incurred that would not have been imposed had notice been provided as soon as reasonably possible.

In the event of a claim, the POLICYHOLDER or the INSURED PERSON must surrender to the COMPANY any unused tickets, vouchers, coupons, credit statements, refund statements or travel privileges.

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### 5.3. Exclusions

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This section of the POLICY does not cover any claim as the result of:

1. The INSURED PERSON deciding not to travel prior to commencement unless this decision is made as a result of the government of his/her PERMANENT COUNTRY OF RESIDENCE issuing a warning or advisory against all but essential travel (or similar advice) to a destination and such advice or warning was not issued prior to the booking of the trip.
2. Redundancy of an INSURED PERSON or the termination of an INSURED PERSON's contract of employment within 31 days prior scheduled DEPARTURE date.
3. The POLICYHOLDER's or the INSURED PERSON's financial circumstances.
4. The default of any provider of transport or accommodations, or their agent, acting for the POLICYHOLDER or an INSURED PERSON.
5. A claim that is recoverable under any other section of this general conditions.
6. Disinclination of the INSURED PERSON or any other travelling companion to travel.
7. Failure of the Insured Person or POLICYHOLDER to provide evidence of receipts and confirmation of the cancellation and/or changes to the itinerary from the CONVEYANCE operator(s) and /or service provider who made the TRAVEL ARRANGEMENTS.

## Section 6. Travel Curtailment or Rearrangement

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### 6.1. Guarantee

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If an INSURED PERSON has to curtail/cut short or change pre-booked arrangements whilst on a BUSINESS TRIP, the COMPANY will reimburse the INSURED PERSON for the irrecoverable deposits or advanced payments or additional costs of travel or accommodation that are reasonably and necessarily incurred up to the curtailment or rearrangement maximum SUM INSURED stated in the POLICY SCHEDULE to enable the INSURED PERSON to return to his/her PERMANENT COUNTRY OF RESIDENCE or continue on the BUSINESS TRIP if the curtailment or rearrangement is due to:

1. BODILY INJURY or ILLNESS of the Insured or IMMEDIATE RELATIVE if a MEDICAL PRACTITIONER has recommended in writing that the Trip curtailment/rearrangement is necessary due to the severity of the condition of the INSURED PERSON or IMMEDIATE RELATIVE;
2. Death of the INSURED PERSON or IMMEDIATE RELATIVE if the death has been certified by a MEDICAL PRACTITIONER or other person legally qualified to certify a person's death;
3. Any other unforeseen circumstances occurring outside the control of the POLICYHOLDER or the INSURED PERSON other than those circumstances described in (1) or (2) above or specifically described or excluded under this general conditions.

If an INSURED PERSON has to curtail/cut short a BUSINESS TRIP to return to his/her PERMANENT COUNTRY OF RESIDENCE and the POLICYHOLDER has to send a replacement EMPLOYEE on a BUSINESS TRIP to assume the duties of that INSURED PERSON, the COMPANY will reimburse the POLICYHOLDER for any reasonable and necessary additional costs incurred to send the replacement EMPLOYEE up to € 2.500 less any refunds or credits from previous paid amounts or amounts recoverable elsewhere.

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## 6.2. Conditions

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1. The POLICYHOLDER or INSURED PERSON must notify the COMPANY as soon as reasonably possible in the event of a claim. The COMPANY will not be liable for any additional penalty charges incurred that would not have been imposed had notice been provided as soon as reasonably possible.
2. In the event of a claim, the POLICYHOLDER or INSURED PERSON must surrender to the COMPANY any unused tickets, vouchers, coupons, credit statements, refund statements or travel privileges.

## 6.3. Exclusions

---

This section of the POLICY does not cover any claim as the result of:

1. The POLICYHOLDER's or the INSURED PERSON's financial circumstances;
2. The default of any provider of transport or accommodation (or their agent) acting for the POLICYHOLDER or an INSURED PERSON;
3. Regulations made by any public authority or government or persons with authority under legislation or license to make regulations;
4. A claim that is recoverable under any other section of this POLICY;
5. Curtailment or rearrangement due to the delayed DEPARTURE of a CONVEYANCE due to strike or industrial action which existed or for which warning had been given before the date on which the BUSINESS TRIP was booked;
6. Disinclination of the INSURED PERSON to continue traveling on a BUSINESS TRIP;
7. Curtailment or rearrangements necessary due to the missed DEPARTURE of a connecting flight if the connection time was less than three consecutive hours.
8. The INSURED PERSON declining an alternative service provided by the transportation provider.
9. Any rearrangement due to actions within the control of the INSURED PERSON or POLICYHOLDER that resulted in missing a CONVEYANCE connection or DEPARTURE.
10. Failure of the Insured person or Policyholder to provide evidence of receipts and/or confirmation of the changes to itinerary from the Conveyance operator(s) and/or the service provider who made the Travel Arrangements.

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## Plus Module

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This section of the POLICY only applies if it has been selected by the POLICYHOLDER, and the appropriate premium paid. The Plus module consists of:

- Section 7. Legal Expenses
- Section 8. Baggage
- Section 9. Personal Monetary Loss Benefit
- Section 10. Travel Inconvenience Benefits
- Section 11. Rental Vehicle Deductible Expenses

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## Section 7. Legal Expenses

### 7.1. Guarantee

The COMPANY will reimburse the POLICYHOLDER or the INSURED PERSON up to the SUM INSURED shown on the POLICY SCHEDULE for LEGAL EXPENSES incurred by or on behalf of an INSURED PERSON in pursuit of a claim for damages or compensation against a third party who has caused physical injury to, or death or ILLNESS of, that INSURED PERSON from an incident occurring during the PERIOD OF INSURANCE and the Operative Time as shown on the POLICY SCHEDULE.

### 7.2. Conditions

1. The INSURED PERSON is free to choose, when it is necessary to resort to a judicial, administrative or arbitral procedure, a lawyer or any other person having the qualifications required by the law applicable to the procedure to defend, represent and serve its interests and, in the case of an arbitration, mediation or other recognized non-judicial means of dispute settlement, a person with the required qualifications and designated for that purpose.

Whenever a conflict of interest arises with the COMPANY, the INSURED PERSON is free to choose, for the protection of his interests, a lawyer or, if he prefers, any other person with the qualifications required by the law applicable to the procedure.

2. Without prejudice to the possibility of initiating legal proceedings, the INSURED PERSON may consult a lawyer of his choice in the event of a difference of opinion with the COMPANY as to the attitude to be adopted to settle the claim and after notification from the COMPANY of its point of view or its refusal to follow the INSURED PERSON's thesis.

If the lawyer confirms the position of the COMPANY, the INSURED PERSON is reimbursed half the fees and fees of this consultation.

If, contrary to the opinion of that lawyer, the INSURED PERSON engages at his own expense and obtains a better result than he would have obtained if he had accepted the COMPANY's view, the COMPANY who was unwilling to follow the INSURED PERSON's argument is obliged to provide its guarantee and to reimburse the costs of the consultation which would have remained the responsibility of the INSURED PERSON.

If the lawyer consulted confirms the INSURED PERSON's opinion, the COMPANY is obliged, irrespective of the outcome of the proceedings, to provide its guarantee, including the costs and fees of the consultation.

3. All claims including any appeal against a judgment resulting from the same original cause, event, or circumstances, will be regarded as one claim.

### 7.3. Extensions

| Benefit         | Description of Cover   | Maximum Amount Payable                                |
|-----------------|--|---|
| Legal Detention | The COMPANY will at the request of the POLICYHOLDER pay the costs for a local LEGAL REPRESENTATIVE** to defend the INSURED PERSON in the event that an INSURED PERSON is placed or is threatened to be placed in DETENTION by a government or local civil authority whilst on a BUSINESS TRIP. | Actual expenses up to a maximum of € 10.000 per claim |

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|                         |   |  |
|-------------------------|---|--|
| <p>Bail Bond</p>        | <p>In the event that an INSURED PERSON is placed or is threatened to be placed in DETENTION by a government or local civil authority whilst on a BUSINESS TRIP, the COMPANY will provide a required bail bond. The POLICYHOLDER must repay the amount loaned by the COMPANY within 3 months of the date of payment, or immediately upon repayment by the local authorities or if the bail bond is forfeited by failure of the INSURED PERSON to appear in court. The COMPANY will require a satisfactory financial guarantee from the POLICYHOLDER to repay it. This extension will not be provided if the bail bond is obtainable under another insurance program. To access this service the POLICYHOLDER must contact Assistance Center as per section 3 of this general conditions.</p> | <p>The cost of the Bail Bond up to a maximum of € 50.000 per claim</p> |
| <p>Court Attendance</p> | <p>The COMPANY will reimburse the POLICYHOLDER for additional travel and accommodation expenses reasonably and necessarily incurred if a court requires an INSURED PERSON to attend in connection with an event that has resulted in a VALID CLAIM under this section of the POLICY.</p>  | <p>Actual expenses up to a maximum of € 1.000 per claim</p>            |

\*\*Assistance Center can help with obtaining local legal representation. See Assistance services for more detail.

## 7.4. Exclusions

This section of the POLICY does not cover any claim for:

1. LEGAL EXPENSES incurred in the defending of any civil claim or legal proceedings made or brought against the INSURED PERSON;
2. Fines or other penalties imposed by a court of criminal jurisdiction;
3. LEGAL EXPENSES incurred in connection with any criminal act deliberately or intentionally committed by the INSURED PERSON;
4. LEGAL EXPENSES incurred in pursuing any claim against any travel agent, tour operator, insurer or their agents;
5. Any claim or circumstance notified more than two years after the incident from which the cause of action arose or where the POLICYHOLDER or the INSURED PERSON has failed to notify the COMPANY of the incident giving rise to a claim within a reasonable time and the COMPANY believes this failure has prejudiced its position;
6. LEGAL EXPENSES incurred by an INSURED PERSON making a claim against the POLICYHOLDER, the COMPANY or any organisation or person involved in arranging this POLICY;
7. LEGAL EXPENSES incurred before the COMPANY has given its consent.

## Section 8. BAGGAGE

### 8.1. Guarantee

The COMPANY will reimburse the POLICYHOLDER or the Insured Person for the cost of replacement or repair of BAGGAGE that is lost, stolen or accidentally damaged up to the SUM INSURED stated in the POLICY SCHEDULE. The BAGGAGE must be entrusted to and registered by a carrier or accompanying and in the care and custody of the INSURED PERSON while they are on a covered BUSINESS TRIP.

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## 8.2. Extensions

| Benefit                                 | Description of Cover   | Maximum Amount Payable  |
|---|--|---|
| Lost Keys                               | If, while on a BUSINESS TRIP, the keys to the regular place of residence of an INSURED PERSON are lost or stolen, the COMPANY will pay for the replacement keys or cost of replacing the locks. **   | Actual replacement costs up to a maximum of € 250 for any one set of keys and up to € 750 per claim |
| Replacement Travel Documents            | If, while on a BUSINESS TRIP, the passport, required visa or other essential travel documents of the INSURED PERSON are lost, stolen or damaged, the COMPANY will pay for the non-recoverable, reasonable and necessary costs of replacement items for the trip to continue. **  | Actual expenses up to € 1.000 per claim   |
| BAGGAGE delay                           | If the INSURED PERSON'S BAGGAGE is temporarily lost for more than four hours during the outward or onward journeys of a BUSINESS TRIP, the COMPANY will reimburse the reasonable expenses towards the cost of buying essential and reasonable replacement items. If the BAGGAGE which has been temporarily lost becomes permanently lost and this results in a claim, the COMPANY will deduct the amount already paid for temporary loss from the payment. | Actual expenses up to € 1.500 per claim   |
| Loss of BAGGAGE following BODILY INJURY | When an unprovoked assault results in the INSURED PERSON sustaining BODILY INJURY and also results in loss of or damage to the INSURED PERSON'S BAGGAGE, or where the INSURED PERSON is hospitalised as a result of BODILY INJURY and the INSURED PERSON'S BAGGAGE are lost by the HOSPITAL or ambulance, the COMPANY will reimburse the POLICYHOLDER for the reasonable and necessary expenses incurred in the replacement or repair of the BAGGAGE.      | Actual expenses up to € 1.500 per claim   |

\*\* Assistance Center can help in sourcing tradesman, however the Company will not arrange for the work to be carried out.

## 8.3. Conditions

1. The INSURED PERSON shall exercise all reasonable care for the safety, security and supervision of all BAGGAGE at all times and must not leave property unattended in a public place or in any unlocked vehicle, room or building.
2. All loss or damages attributable to theft, vandalism, or loss or damage by carriers must be reported to the local police or appropriate authority within 48 hours after the discovery of the loss and a written acknowledgement of the report obtained and provided to the COMPANY.
3. The basis of settlement will be the replacement value of items and at the COMPANY'S discretion the COMPANY may choose to replace, repair, or pay for the loss in cash.

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## 8.4. Exclusions

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No benefits will be paid for:

1. Any loss due to chipping, scratching, or breakage of glass, china or other fragile articles, unless due to fire, theft, or accident to the transport in which they were being carried;
2. Loss or damage due to:
  - a) Moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration;
  - b) Mechanical or electrical failure or breakdown;
  - c) Any process of cleaning, dying, restoring, repairing or alteration;
3. Loss or damage caused by delay, detention or confiscation by order of any government or public authority;
4. Loss due to theft by an INSURED PERSON's family member or any other travelling companion;
5. Loss due to any intentional act by the INSURED PERSON, INSURED PERSON's family member or any other travelling companion.

### **Property Excluded**

No benefits will be paid for:

1. Loss of MONEY (as described under the Personal Monetary Loss Benefit), bonds, negotiable instruments and/or securities of any kind; or
2. Loss of or damage to BAGGAGE sent as freight or under any airway- bill or bill of lading.

The COMPANY will not pay more than € 2.500 for any item unless the POLICYHOLDER or the INSURED PERSON bears the first 25% of any amount in excess of € 2.500, up to the lesser of the replacement value or the maximum limited stated in the POLICY SCHEDULE.

## Section 9. Personal Monetary Loss Benefit

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### 9.1. Guarantee

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The COMPANY will reimburse the INSURED PERSON up to the maximum limited stated in the POLICY SCHEDULE for the loss or losses shown below while on a covered BUSINESS TRIP subject to the loss(es) being reported to the police or appropriate authorities within 48 hours of the incident and a written copy of the report obtained.

1. Physical loss or theft of MONEY which is in the possession of the INSURED PERSON at the time of loss or secured in a hotel safety deposit or locked safe; and/or
2. Financial loss suffered as the result of fraudulent use of credit, debit or charge cards;
3. Fraudulent use of MOBILE PAYMENT TECHNOLOGY on a mobile phone which is the property of the POLICYHOLDER or the INSURED PERSON;
4. Fraudulent use of a mobile phone owned by the POLICYHOLDER or INSURED PERSON to make calls or send data.

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## 9.2. Extension

| Benefit                   | Description of Cover  | Maximum Amount Payable |
|---------------------------|---|------------------------|
| Theft of foreign currency | Foreign currency purchased for a BUSINESS TRIP is covered from the time of collection or 120 hours prior to DEPARTURE on the BUSINESS TRIP, whichever occurs last and up to 120 hours after completion of a BUSINESS TRIP subject to loss being reported to the police and a written copy of the report obtained. | € 250                  |

## 9.3. Conditions

- Any loss attributable to fraudulent use of a credit, debit or charge card must also be reported to the issuing company and appropriate cancellation measures taken. This cover is in addition to and after deduction of the compensation offered by the financial institution issuing the card. This cover shall only be granted if the INSURED PERSON has complied with all terms and conditions under which this card was issued.
- Any loss attributable to fraudulent mobile phone use must also be reported to the mobile phone provider and/or MOBILE PAYMENT TECHNOLOGY provider and appropriate cancellation measures taken.
- The POLICYHOLDER or INSURED PERSON must provide, at their own expense, supporting documents from their bank, credit card issuer, mobile phone provider or MOBILE PAYMENT TECHNOLOGY provider as evidence of any loss being claimed under this POLICY.

## 9.4. Exclusions

No benefits will be payable for:

- Shortages of MONEY due to confiscation or detention by Customs or other government officials;
- Any fraudulent use for which charges are removed from the INSURED PERSON's or POLICYHOLDER's account;
- Loss due to devaluation of currency or shortages due to errors or omission during monetary transaction;
- Fraudulent use of credit, debit or charge cards where the INSURED PERSON has not complied with all the terms and conditions for use under which the card was issued;
- Fraudulent use of mobile phones where the INSURED PERSON has not complied with all the terms and conditions for use under which the functionality was issued;
- Loss of more than € 1.000 in cash unless the POLICYHOLDER or the INSURED PERSON bears the first 25% of any amount in excess of € 1.000.

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## Section 10. Travel Inconvenience Benefits

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### 10.1. Guarantee

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If the DEPARTURE of the CONVEYANCE on which an INSURED PERSON is scheduled to travel in order to get to their planned destination at the beginning, during or completion of a BUSINESS TRIP is delayed for more than 4hours due to:

1. mechanical breakdown or delay caused by a TRAVEL SUPPLIER; or
2. strike or Industrial action; or
3. adverse weather conditions; or
4. NATURAL CATASTROPHES that cause a complete cessation of travel services at the point of DEPARTURE or destination; or
5. the INSURED PERSON being delayed due to a traffic accident while en route to a DEPARTURE as substantiated by a police report; or
6. breakdown of an owned or rented vehicle en route to the Insured person's DEPARTURE; or
7. flight delays resulting from the temporary closures of airports from which flights were scheduled to depart due to documented security breaches or threats.

The COMPANY will pay for REASONABLE ADDITIONAL EXPENSES up to € 250 for every full four consecutive hours of delay up to a maximum amount stated in the POLICY SCHEDULE per delay.

### 10.2. Conditions

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1. The POLICYHOLDER or INSURED PERSON must notify the COMPANY as soon as reasonably possible in the event of a claim. The COMPANY will not be liable for any additional penalty charges incurred that would not have been imposed had notice been provided as soon as reasonably possible.
2. In the event of a claim, the POLICYHOLDER or INSURED PERSON must surrender to the COMPANY any unused tickets, vouchers, coupons, credit statements, refund statements or travel privileges.

### 10.3. Exclusions

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This section of the POLICY does not cover any claim as the result of:

1. The POLICYHOLDER's or an INSURED PERSON's financial circumstances;
2. The default of any provider of transport or accommodation (or their agent) acting for the POLICYHOLDER or an INSURED PERSON;
3. Regulations made by any public authority or government or persons with the authority under legislation or licence to make regulations;
4. The delayed DEPARTURE of the CONVEYANCE due to strike or industrial action which existed or for which advance warning had been given before the date on which the Trip was booked;
5. Disinclination of the INSURED PERSON or any other person to travel or continuing to travel;
6. The temporary or permanent withdrawal from service of any CONVEYANCE on the orders of any port authority, rail authority or the Civil Aviation Authority or any similar body in any country;
7. Actions within the control of the INSURED PERSON that resulted in missing a CONVEYANCE or CONVEYANCE connection; and
8. Any delay for which the INSURED PERSON cannot provide written or published confirmation from the CONVEYANCE operator or handling agents of the number of hours delayed or reason for the delay.

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## 10.4. Extensions

| Benefit                   | Description of Cover   | Maximum Amount Payable |
|---------------------------|--|------------------------|
| Overbooked Flight         | The COMPANY will reimburse the travel, accommodation and meal expenses reasonably and necessarily incurred (less any compensation provided by the carrier) as a result of an INSURED PERSON being denied boarding on a scheduled flight due to overbooking if the carrier does not provided alternative transportation scheduled to depart within eight hours of the original scheduled DEPARTURE time, provided the INSURED PERSON held a confirmed seat on the flight. This does not include any stand-by, companion or airline staff travel arrangement where a seat had not been guaranteed. | € 500                  |
| Termination of Employment | If the INSURED PERSON resigns less than 31 days prior to the commencement of a pre-booked BUSINESS TRIP, the COMPANY will reimburse the POLICYHOLDER for all deposits and advance payments for transport and accommodation costs incurred due to the cancellation of the BUSINESS TRIP, less any expenses recoverable elsewhere.   | € 10.000               |

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## Section 11. Rental Vehicle Deductible Expenses

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### 11.1. Guarantee

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The COMPANY will reimburse up to the maximum amount stated in the POLICY SCHEDULE per claim and € 25.000 in all any one policy year for any excess or deductible which the POLICYHOLDER or the INSURED PERSON becomes legally liable to pay under a rental agreement in respect of loss or damage to a RENTAL VEHICLE during the rental period.

#### **Return of RENTAL VEHICLE**

The COMPANY will reimburse the actual costs necessarily incurred if an INSURED PERSON is certified by a MEDICAL PRACTITIONER as being unfit to drive as a result of an Injury or Sickness and is unable to fulfil their contractual obligations in returning a RENTAL VEHICLE to the rental organisation's nearest depot.

### 11.2. Conditions

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1. As part of the rental or hire arrangement the INSURED PERSON must purchase comprehensive insurance cover (not third party cover) as provided by the rental agency to protect against loss or damage to the RENTAL VEHICLE during the rental period.
2. The INSURED PERSON must comply with all requirements of the rental organisation under the rental agreement and of the rental insurer under such rental insurance.

### 11.3. Exclusions

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The COMPANY will not be liable for any claim, expense or loss caused by or resulting either directly or indirectly from or involving:

1. operation of the RENTAL VEHICLE in violation of the terms of the rental agreement;
2. wear and tear, gradual deterioration, damage from insects or vermin, inherent vice or damage;
3. the RENTAL VEHICLE being used beyond the limits of any public roadway or on any roadway inaccessible to two wheel drive cars.

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## Assured Module

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This section of the POLICY only applies if it has been selected by the POLICYHOLDER, and the appropriate premium paid. The Assured module consists of

- Section 12. Hijack
- Section 13. Kidnap, Ransom and Extortion
- Section 14. Crisis Containment Management
- Section 15. Search and Rescue
- Section 16. Political Risk and Natural Disaster Evacuation

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## Section 12. Hijack

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The COMPANY will pay the POLICYHOLDER € 500 for each period of 24 hours that an INSURED PERSON is forcibly or illegally detained as the result of a HIJACK which starts during the PERIOD OF INSURANCE and the Operative Time as shown on the POLICY SCHEDULE up to the amount specified on the Schedule. the COMPANY will also pay for reasonable expenses of the INSURED PERSON'S PARTNER for return travel to and accomodation in the area where the INSURED PERSON is released, up to the maximum amount stated in the POLICY SCHEDULE.

## Section 13. Kidnap, Ransom and Extortion

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### 13.1. Guarantee

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If an INSURED INCIDENT occurs during the PERIOD OF INSURANCE and and the Operative Time as shown on the POLICY SCHEDULE whilst an INSURED PERSON is on a BUSINESS TRIP, the COMPANY will indemnify the POLICYHOLDER up to the maximum amount stated in the POLICY SCHEDULE for the following:

1. RANSOM MONIES paid by the POLICYHOLDER or an INSURED PERSON.
2. In-transit/delivery loss due to destruction, disappearance, confiscation or wrongful appropriation of RANSOM MONIES while being delivered to person(s) demanding the RANSOM MONIES by anyone who is authorised by the POLICYHOLDER or an INSURED PERSON to have custody of them, provided, however, that the INSURED INCIDENT which gave rise to the delivery is covered by this Section.
3. Any reasonable and necessary expenses incurred and paid by the POLICYHOLDER or an INSURED PERSON solely and directly as a result of an INSURED INCIDENT covered under this Section, including but not limited to:
  - a. The amount paid by the POLICYHOLDER or an INSURED PERSON as reward to an INFORMANT for information relevant to any INSURED INCIDENT;
  - b. Interest costs for a loan from a financial institution made to the POLICYHOLDER or an INSURED PERSON for the purpose of paying RANSOM MONIES;
  - c. Costs of travel and accommodations as follows:
    - i. Costs incurred by the POLICYHOLDER or an INSURED PERSON while attempting to negotiate an incident covered under an INSURED INCIDENT.
    - ii. Travel costs of a VICTIM to join their immediate family upon their release, and the travel costs of an EMPLOYEE to replace the VICTIM.
  - d. Rest and rehabilitation expenses, including travel, lodging, meals and recreation of the VICTIM and the VICTIM'S PARTNER and/or any DEPENDENT CHILDREN, up to a maximum of € 5.000 in aggregate;
  - e. Fees and expenses of a qualified interpreter assisting the POLICYHOLDER or the INSURED PERSON following an INSURED INCIDENT.
4. Judgments, settlements and defence costs (with the COMPANY'S written consent) incurred as a result of any claim or suit brought by or on behalf of an INSURED PERSON (or the heirs, estate, or LEGAL REPRESENTATIVES of an INSURED PERSON) against The POLICYHOLDER solely and directly as a result of a KIDNAPPING or EXTORTION, provided such suit or claim is made within 12 consecutive months of the release or death of the INSURED PERSON or the last credible EXTORTION threat made during the PERIOD OF INSURANCE, but no longer than 60 months after the commencement of the KIDNAPPING or EXTORTION. As additional conditions precedent to the COMPANY'S liability, The POLICYHOLDER will:
  - a. Immediately notify the COMPANY of the claim or suit;
  - b. Not admit liability; and
  - c. Co-operate with the COMPANY in conducting the defence of the claim or suit.

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## Group + Business Travel Accident

GENERAL CONDITIONS

[contact.be@aig.com](mailto:contact.be@aig.com) Tel: + 32 2 739 96 20



The COMPANY will have the right to investigate, negotiate or settle the claim or suit or to take over the conduct of the defence, and the POLICYHOLDER and the INSURED PERSON must co-operate with the COMPANY in this regard.

### 5. Consultancy Support

In the event of an incident, situation or occurrence which may give rise to an INSURED INCIDENT, then as part of the POLICY coverage the COMPANY will:

- a. make available on a priority basis, specialist consultants nominated by the COMPANY or, if requested, consultants chosen by the POLICYHOLDER, who the COMPANY provides prior written consent to use, to advise, inform and assist the POLICYHOLDER and the VICTIM; and
- b. pay the reasonable and necessary fees and expenses of the said consultant/s.

The COMPANY has dedicated a 24-hour crisis response contact telephone number which the POLICYHOLDER or VICTIM may contact in the event of an incident, situation or occurrence which may give rise to an INSURED INCIDENT, as follows:

**+1 – 817 – 826 - 7244**

This number is a dedicated crisis response contact and should only be used for notification of an incident, situation or occurrence which may give rise to an INSURED INCIDENT.

It is understood and agreed that:

- (a) the consultant will be appointed to perform crisis management services;
- (b) the consultants are retained to advise, inform and assist the POLICYHOLDER in the event of a CRISIS incident, situation or occurrence which may give rise to an INSURED INCIDENT and to enable the POLICYHOLDER to manage and respond to the said CRISIS;
- (c) the consultant's role is limited to providing immediate assistance and guidance to the POLICYHOLDER to enable them to manage and minimise the effects of a CRISIS incident, situation or occurrence which may give rise to an INSURED INCIDENT;
- (d) the consultants have no authority on behalf of the COMPANY to make any admissions which may prejudice the COMPANY's rights or to deal with matters concerning POLICY coverage or the application of any facts and circumstances of any CRISIS incident, situation or occurrence which has been notified and which may give rise to an INSURED INCIDENT to the POLICY terms, conditions and exclusions;
- (e) the consultants shall give such information and assistance to the COMPANY as may reasonably be required to enable the COMPANY to investigate and determine the COMPANY's liability to indemnify under the POLICY;
- (f) the provision and/or the use of these services is not, is not intended to be and shall not be regarded as an admission of or an acceptance by the COMPANY of any liability to indemnify the POLICYHOLDER under the POLICY and is without prejudice to all of the COMPANY's rights under the terms, conditions and exclusions of the POLICY;
- (g) notification to the dedicated crisis response contact number of an incident, situation or occurrence which may give rise to an INSURED INCIDENT does not constitute a notification under the POLICY. The POLICYHOLDER must file a detailed, written and sworn statement of loss with the COMPANY as soon as possible after the loss.
- (h) upon notification by the COMPANY to the POLICYHOLDER that liability to indemnify is not accepted, the COMPANY will no longer have any liability under this Section and will not pay any fees or expenses of the said consultant/s which are incurred after such notification is given.

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## 13.2. Conditions

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1. As a condition precedent to liability under the INSURED INCIDENTS, the COMPANY must have approved the payment of the RANSOM MONIES.
2. Prior to the payment of RANSOM MONIES, the POLICYHOLDER must make every reasonable effort to:
  - a. determine that an INSURED INCIDENT has actually occurred;
  - b. give immediate oral and written notice to the COMPANY with periodic and timely updates concurrent with activity occurring during the incident; and
  - c. if it appears to be in the POLICYHOLDER's and the VICTIM(s) best interests, notify the national or other appropriate law enforcement agency having jurisdiction over the matter.
3. The POLICYHOLDER and the VICTIM(s) will use all reasonable efforts not to disclose the existence of this Section. For each covered loss the maximum limit and aggregate limit of the COMPANY's liability will not exceed the SUM INSURED(S) stated in the POLICY SCHEDULE by reason of any one INSURED INCIDENT, except where stated to the contrary. All covered losses will be deemed to have been incurred during the PERIOD OF INSURANCE and and the Operative Time as shown on the POLICY SCHEDULE in which the INSURED INCIDENT occurred.
4. The POLICYHOLDER and the VICTIM(s) will use due diligence and do and concur in doing all things reasonably practicable to avoid or diminish any loss(es) insured under this Section.
5. The POLICYHOLDER will file a detailed, sworn statement of loss with the COMPANY as soon as possible after the date of loss.
6. This Section may not be assigned or transferred.
7. In the event that the POLICYHOLDER fails to comply with the duty of disclosure or makes any misrepresentation, whether such non-disclosure or misrepresentation is fraudulent or otherwise, or makes any false, fraudulent or exaggerated claim, the COMPANY's rights shall be as provided in the applicable provisions of the Belgian Insurance Act of 4 April 2014 and all such rights and entitlements will be rigorously proved.
8. Notice to any of the COMPANY's representatives or knowledge possessed by any representative or by any person will not create a waiver or a change in any part of this Section or stop the COMPANY from asserting any right under the terms of this Section, nor will the terms of this Section be waived or changed unless agreed to in writing by the COMPANY.
9. Except as indicated to the contrary, all notices, applications, demands and requests provided for in this Section will be in writing and will be given to or made upon either party at its address shown in the POLICY SCHEDULE.
10. Regardless of the number of years this POLICY will continue in force, and of the number of premiums, which will be payable or paid or of any other circumstances whatsoever, the COMPANY's liability under this POLICY with respect to any loss(es) will not be cumulative from year to year or period to period. When there is more than one INSURED PERSON, the Aggregate Limit of Liability for the COMPANY's loss(es) sustained by any or all of them will not exceed the amount for which the COMPANY would be liable if all loss(es) were sustained by any one of them.

### **Territory**

This cover applies to incidents anywhere in the world except for:

- 1) the INSURED PERSON's PERMANENT COUNTRY OF RESIDENCE; and
- 2) any country listed on the POLICY SCHEDULE as an excluded Territory for this section of the POLICY.

### **INSURED INCIDENTS**

KIDNAPPING or alleged KIDNAPPING, or PERSONAL EXTORTION threats.

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### 13.3. Exclusions

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The COMPANY will not be liable for loss caused by or resulting either directly or indirectly from or involving:

1. The fraudulent, dishonest, or criminal acts of the POLICYHOLDER, any INSURED PERSON, or any person authorised by the POLICYHOLDER to have custody of RANSOM MONIES.
2. Monies or property surrendered away from the POLICYHOLDER's premises in any face to face encounter involving the use or threat of force or violence unless surrendered by a person in possession of such monies at the time of such surrender for the sole purpose of conveying it to pay an EXTORTION or demand for RANSOM MONIES previously communicated to the POLICYHOLDER or an INSURED PERSON.
3. Monies or property surrendered on the POLICYHOLDER's premises unless brought onto the premises after receipt of an EXTORTION or demand for RANSOM MONIES for the purpose of paying that demand.
4. Actual loss of or damage to property of any description, including intellectual property, as a result of an INSURED INCIDENT or the carrying out of a PERSONAL EXTORTION threat. This exclusion does not apply to in-transit / delivery loss of ransom and/or EXTORTION monies as described under covered losses 2.
5. Any loss if the INSURED PERSON is permanently residing or is staying for more than 180 consecutive days in the country where the INSURED INCIDENT occurs.

## Section 14. Crisis Containment Management

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### 14.1. Guarantee

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The COMPANY will reimburse the POLICYHOLDER for CRISIS CONSULTANT fees and costs incurred up to the amount specified in the POLICY SCHEDULE as a direct result of a CRISIS which starts during the PERIOD OF INSURANCE and the Operative Time reported to the COMPANY in accordance with this POLICY.

Any fees and costs must be approved and paid by the POLICYHOLDER and submitted to the COMPANY for approval and reimbursement under this POLICY. CRISIS CONSULTANT costs are limited to fees or costs which are incurred within the CRISIS COVERAGE PERIOD. The maximum payable under this section is the amount specified in the POLICY SCHEDULE for any one event and in all (aggregate limit) during any one PERIOD OF INSURANCE for all Crises which start during the PERIOD OF INSURANCE.

#### ***Claims Notification and Consultancy Support***

In the event of an incident, situation or occurrence which may give rise to an INSURED OCCURRENCE, then as part of the POLICY coverage, the COMPANY will:

- a. make available on a priority basis, specialist consultants nominated by the COMPANY or, if requested by the POLICYHOLDER, consultants of their choice who the COMPANY provides prior written consent to use, to advise, inform and assist the POLICYHOLDER; and
- b. pay the reasonable and necessary fees and expenses of the said consultant(s).

The COMPANY have dedicated a 24-hour crisis response contact telephone number which the POLICYHOLDER may contact in the event of an incident, situation or occurrence which may give rise to a VALID CLAIM, as follows:

**+1 – 817 – 826 - 7244**

This number is a dedicated crisis response contact and should only be used for notification of an incident, situation or occurrence which may give rise to a VALID CLAIM.

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## 14.2. Conditions

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1. The POLICYHOLDER will bear 20% of the cost of each CRISIS which will remain uninsured. The COMPANY will reimburse the POLICYHOLDER subject to the aggregate limit of liability specified in the POLICY SCHEDULE after deducting 20% from the amount of the incurred CRISIS CONSULTANT costs.
2. Any CRISIS arising out of, based upon or attributable to related, continuous or repeated notifications under Section 14 of the POLICY will be considered a single CRISIS. The POLICYHOLDER must give immediate notice to the COMPANY of any CRISIS by telephoning the Crisis Hotline.
3. Any event that meets the following conditions must be reported to the COMPANY in the time period indicated:
  - a. any event that results in regional or national media coverage (print, radio or television) and relates to an INSURED OCCURRENCE, must be reported to the COMPANY within 24 hours of the media coverage, if not previously notified by the POLICYHOLDER;
  - b. any event that results in the filing of a claim or litigation against the POLICYHOLDER and relates to an INSURED OCCURRENCE, must be reported to the COMPANY within 48 hours of the claim/litigation filing, if the COMPANY have not previously been notified of the INSURED OCCURRENCE by the POLICYHOLDER. No claim will be paid if the COMPANY is not notified as described above.

## 14.3. Exclusions

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This section of the general conditions does not cover any claim directly or indirectly caused by or resulting from:

- a. circumstances that affect the industry in which the POLICYHOLDER conduct its business activities;
- b. governmental regulations which affect another country or the industry in which the POLICYHOLDER conducts its business activities;
- c. changes in population, customer tastes, economic conditions, seasonal sales variations, or competitive environment;
- d. any fraudulent act committed by any of the POLICYHOLDER's senior executives.

## Section 15. Search and Rescue

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### 15.1. Guarantee

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The COMPANY will reimburse the necessary and reasonable search and rescue costs incurred if an INSURED PERSON is reported as missing outside his/her PERMANENT COUNTRY OF RESIDENCE and it becomes necessary for police authorities, a recognised rescue provider or an official search organisation to launch a search and rescue operation where:

1. it is known or believed that the INSURED PERSON may have sustained BODILY INJURY or sickness; or
2. weather or safety conditions make it necessary to do so in order to prevent the INSURED PERSON from sustaining BODILY INJURY or sickness.

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## 15.2. Conditions

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The following conditions apply to all covers under Section 15 in addition to the general conditions applying to all sections of the POLICY:

1. The POLICYHOLDER or the INSURED PERSON must inform the COMPANY immediately or soon as is practicable, of any emergency that may potentially give rise to a claim. The COMPANY services are only provided to assess and monitor the INSURED PERSON's situation and the COMPANY cannot take over the running of the search and rescue operation.
2. A written statement from the applicable rescue authorities involved in the search and rescue must be obtained and provided to the COMPANY in the event of a claim.

## 15.3. Exclusions

---

The following Exclusions apply to all covers under Section 15 in addition to the general exclusions applying to all Sections of the general conditions.

The COMPANY will not be liable for any claim, expense or loss caused by or resulting either directly or indirectly from or involving:

1. The POLICYHOLDER or an INSURED PERSON failing to comply with local safety advice and/or adhering to any recommendations that are in force during an INSURED PERSON's BUSINESS TRIP.
2. An INSURED PERSON knowingly endangering his/her own life or the life of any other INSURED PERSON.
3. An INSURED PERSON engaging in activities where his/her experience or skill level falls below those reasonably required to participate in such activities.
4. Any person not insured under this POLICY.
5. An additional cost incurred on or after the INSURED PERSON is recovered by a search and rescue operation or incurred after the time where the recognised rescue provider or police authorities advise that continuing the search is no longer viable.

## Section 16. Political Risk and Natural Disaster Evacuation

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### 16.1. Guarantee

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The COMPANY will pay for the reasonable and necessary costs to return the INSURED PERSON to his/her PERMANENT COUNTRY OF RESIDENCE using scheduled transport where available, or the reasonable and necessary costs of accommodation actually incurred, up to a maximum period of 14 days where the INSURED PERSON is unable to return to his/her PERMANENT COUNTRY OF RESIDENCE, if while an INSURED PERSON is travelling outside his/her PERMANENT COUNTRY OF RESIDENCE :

1. Officials in the country where the INSURED PERSON is located recommend that certain categories of persons, which include the INSURED PERSON, should leave that country;
2. The INSURED PERSON is expelled from or declared persona non grata in the country where they are located;
3. A major natural disaster has occurred in the country the INSURED PERSON is in necessitating his/her immediate evacuation in order to avoid risk of BODILY INJURY or ILLNESS to him-/herself; or
4. There is total seizure, confiscation or expropriation of property, plant or equipment belonging to the POLICYHOLDER or the INSURED PERSON.

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## 16.2. Conditions

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The COMPANY will, at the COMPANY's sole discretion, decide where to send the INSURED PERSON.

## 16.3. Exclusions

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The COMPANY will not be liable for any claim, expense or loss caused by or resulting either directly or indirectly from or involving:

1. The INSURED PERSON violating the laws or regulations of the country from which they are to be evacuated.
2. The POLICYHOLDER or the INSURED PERSON failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation.
3. The POLICYHOLDER or the INSURED PERSON failing to honour any contractual obligations or bond, or to obey any conditions in a license.
4. Debt, insolvency, commercial failure, the repossession of any property by a titleholder or any other financial cause.
5. Political unrest or natural disaster that was in existence prior to the INSURED PERSON entering the country, or where its occurrence was foreseeable to a reasonable person prior to the INSURED PERSON entering the country.
6. Accommodation for a period in excess of 14 days for each INSURED PERSON for any one event.
7. Expenses that would have been incurred as part of the original travel budget or costs the POLICYHOLDER or the INSURED PERSON would have had to pay regardless, such as the cost of meals.

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## General Policy Definitions

There are words and expressions used in this POLICY which have a specific meaning, and sometimes those meanings are unique to this POLICY. These words are shown below and each time one of them is used in the POLICY SCHEDULE and General Conditions (and any endorsements), it is with Capital Letters. Plural forms of the words defined have the same meaning as the singular form.

**1. ABROAD**

Any country other than the PERMANENT COUNTRY OF RESIDENCE.

**2. ACCIDENT**

A sudden event during the term of validity of the POLICY, of which the cause or one of the causes is beyond the organism of the INSURED PERSON and which causes the INSURED PERSON physical injury.

**3. ADVERSE PUBLICITY**

Any negative reporting of an INSURED OCCURRENCE in local, regional or national media (including but not limited to radio, television, newspaper or magazines) which has potential to cause a MATERIAL INTERRUPTION.

**4. ANNUAL SALARY**

The total gross basic ANNUAL SALARY (not including payments for overtime, commission, dividend or bonus unless declared to and agreed by the COMPANY) payable by the POLICYHOLDER to the INSURED PERSON on the date BODILY INJURY is sustained. For weekly paid INSURED PERSONS, ANNUAL SALARY will be calculated by taking the average gross basic weekly salary of the INSURED PERSON for the thirteen weeks prior to sustaining BODILY INJURY and multiplying this amount by fifty-two. If the POLICYHOLDER includes EMPLOYEES paid in dividends, they will be treated as ANNUAL SALARY or Gross weekly wage provided that such dividend payments are made instead of wages or salary, they are declared and included in POLICYHOLDER accounting statements and are consistent and reasonable with the POLICYHOLDER's trading position on a continuing basis.

**5. ANY ONE ACCIDENT LIMIT**

The maximum benefit the COMPANY will pay in total under benefits 1-1.28 including any extensions.

**6. APP (only applicable for section 9)**

An application or self-contained program or piece of software downloaded by a user to a mobile device for the purpose of making payments.

**7. BAGGAGE**

BUSINESS EQUIPMENT and/or PERSONAL PROPERTY.

**8. BODILY INJURY**

Identifiable physical injury to the INSURED PERSON's body which is caused directly and solely by an ACCIDENT, does not result from sickness or disease and is not as a result of a GRADUALLY OPERATING CAUSE.

**9. BUSINESS EQUIPMENT**

Any property (other than MONEY, vehicles, vehicle parts or accessories) owned by the POLICYHOLDER, for which the INSURED PERSON is responsible.

**10. BUSINESS TRIP**

Any trip undertaken primarily on behalf of the POLICYHOLDER's business during the PERIOD OF INSURANCE and scheduled to last for a maximum duration of twelve months.

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Non-business activities are covered when incidental to a BUSINESS TRIP. Is not considered as a BUSINESS TRIP, any trip undertaken for the purpose of the activities of the POLICYHOLDER when these activities could be carried out in the PERMANENT COUNTRY OF RESIDENCE, in particular trips for teleworking from abroad

**11. COMPANY**

AIG Europe Limited. Registered in England. Company number: 01486260.

Registered Office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom.

AIG Europe Limited is an insurer authorised by the UK Prudential Regulation Authority, 20 Moorgate, London EC2R 6DA, United Kingdom. Belgian branch office located at Pleinlaan 11, 1050 Brussels, Belgium. RPM/RPR Brussels - VAT BE 0847.622.919. The Belgian branch of AIG Europe Limited is registered with the Belgian National Bank (NBB) n° 1136. The NBB is located at de Berlaimontlaan 14, 1000 Brussels.

**12. CONVEYANCE**

An aircraft, ship, train, coach, or similar means of transport which operates under a scheduled published timetable and charters.

**13. COUNTRY OF DOMICILE**

The country where the person is registered primarily on the population register and where this person get his main residence.

**14. CRISIS**

Any decisive, unstable or crucial time in the POLICYHOLDER's affairs or business resulting from an INSURED OCCURRENCE that:

- (i) has directly caused a MATERIAL INTERRUPTION; or
- (ii) has the potential to cause:
  - (a) imminent FINANCIAL LOSS; or
  - (b) ADVERSE PUBLICITY for the POLICYHOLDER if left unmanaged.

**15. CRISIS CONSULTANTS**

The independent crisis consultants previously approved by the COMPANY for use by the POLICYHOLDER in connection with a CRISIS.

**16. CRISIS COVERAGE PERIOD**

The period of time commencing when the Crisis is first reported to the COMPANY and ending not later than thirty days thereafter.

**17. DEPARTURE**

The travel date upon which the INSURED PERSON is scheduled to depart as indicated on the ticket or in the TRAVEL ITINERARY.

**18. DEPENDENT CHILD(REN)**

Any of an INSURED PERSON's unmarried children (including step or legally adopted children) who are under 25 years of age who is economically dependent on the INSURED PERSON.

**19. DETENTION**

The holding under duress, in excess of 12 hours, of an INSURED PERSON for whatever reason, other than Kidnap, and irrespective of whether such holding under duress is by legal governmental authorities in the place of custody or by other parties.

**20. DIRECTOR**

Any person holding the position of director of the POLICYHOLDER (but excluding non-executive directors or company secretary unless agreed in writing by the COMPANY) or any person who is a member of the management or executive committee (or equivalent body) of a partnership.

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**21. DISABLEMENT**

LOSS OF LIMB, LOSS OF SIGHT, LOSS OF SPEECH, LOSS OF HEARING, PERMANENT PARTIAL DISABLEMENT, PERMANENT TOTAL DISABLEMENT, PARAPLEGIA, QUADRIPLÉGIA, HEMIPLEGIA, TRIPLEGIA, Full Thickness Burns, FRACTURES, Temporary Partial Disablement and Temporary Total Disablement.

**22. DISTURBED AREAS**

Countries or regions that are indicated as such in the POLICY SCHEDULE.

**23. ELDER DEPENDENT**

An INSURED PERSON's parent (mother or father), parent-in-law, grandparent, grandparent-in-law, great grandparent or great grandparent-in-law (whether natural, step or adoptive) if that person is primarily dependent, as documented in national tax filings or official equivalent, on the INSURED PERSON for maintenance and support.

**24. EMPLOYEE**

Any person under a contract of employment, contract of service or apprenticeship with the insured company.

**25. Event**

A sudden, unexpected, unusual and specific event occurring at an identifiable time and place. The duration and extent of an event is limited to 72 consecutive hours and within a 15 kilometers radius of the event.

**26. EXTORTION or PERSONAL EXTORTION**

Any threat or connected series of threats communicated to the POLICYHOLDER or to an INSURED PERSON for the purpose of demanding RANSOM MONIES, to kill, physically injure or Kidnap an INSURED PERSON provided that RANSOM MONIES are not in the possession of the INSURED PERSON at the time of the threat.

**27. FELONIOUS ASSAULT**

Any wilful or unlawful use of force upon the INSURED PERSON: (1) with the intent to cause BODILY INJURY to the INSURED PERSON; and (2) that results in bodily harm to the INSURED PERSON; and (3) is a criminal offence in the jurisdiction in which it occurs.

**28. FINANCIAL LOSS**

(i) within a 48 hour period, the price per share of the POLICYHOLDER's common stock decreases by 10% net of the change in the Standard & Poor's Composite Index or any other comparable index used to measure the stock exchange in which the POLICYHOLDER lists their common stock; or

(ii) a decrease greater than 20% in the POLICYHOLDER's consolidated revenues.

**29. FRACTURE**

A break completely across a bone, or a compound FRACTURE where the bone breaks the skin.

**30. FUNERAL or CREMATION EXPENSES**

Reasonable and necessary expenses related to the preparation of the INSURED PERSON's body for cremation or burial, coffin or urn expenses, hearse leasing or cemetery expenses.

**31. GRADUALLY OPERATING CAUSE**

A cause that is the result of a series of events which occur or develop over time that cannot be wholly attributable to a single ACCIDENT.

**32. HEMIPLEGIA**

The permanent, total and irrecoverable paralysis of one leg below the hip and one arm below the shoulder on the same side of the body.

**33. HIJACK**

The unlawful seizure of, or wrongful taking control of the CONVEYANCE in which the INSURED PERSON is travelling.

**34. HOSPITAL**

HOSPITAL means an establishment duly constituted and registered as a facility for the care and treatment of sick or injured persons as paying bed patients and which:

- a. has organized diagnostic and surgical facilities,
- b. provides 24 hour a day nursing services by Registered Nurses,
- c. is supervised by a staff of MEDICAL PRACTITIONERS, and
- d. is not a nursing home, rest home, convalescence home, place for custodial care, home for the aged, institution for Mental or Behavioral Disorders, preventorium, sanatorium, or a place for the treatment of alcoholics or drug addicts; even if located at the same place.

**35. ILLNESS**

Damage to the health of the INSURED PERSON not caused by an ACCIDENT with indisputable objective symptoms as determined by a MEDICAL PRACTITIONER.

**36. IMMEDIATE RELATIVES**

PARTNER, father, mother, sister, brother, child, grandchild, grandparent of the INSURED PERSON.

**37. INFECTIOUS DISEASE or VIRUS TESTING**

Expenses for a test or tests given to an INSURED PERSON to detect the presence of antibodies, antigens or other indicators of the presence of an INFECTIOUS DISEASE or Virus that (1) are ordered and provided under the care or supervision of a MEDICAL PRACTITIONER and carried out by a licensed medical facility; (2) do not exceed the usual level of charges for similar testing expense in the locality where the expense is occurred; (3) meet generally accepted standards of medical practice and (4) does not include charges that would not have been made if no insurance existed.

**38. INFORMANT**

Any person, other than an INSURED PERSON, providing information not otherwise obtainable, solely in return for a reward offered by the POLICYHOLDER.

**39. INPATIENT**

An INSURED PERSON for whom a HOSPITAL clinical case record has been opened and who has been admitted to a HOSPITAL for a minimum stay of 24 hours for the medical care and treatment of BODILY INJURY and ILLNESS.

**40. INSURED OCCURRENCE**

A notification of a potential claim directly related to a claim for Personal Accident or MEDICAL EXPENSES under this POLICY.

**41. INSURED PERSON**

The person or persons described on the POLICY SCHEDULE or any endorsements attached to the POLICY.

**42. KIDNAPPING**

Any event or connected series of events of seizing, detaining or carrying away by force or fraud, of one or more INSURED PERSON(S) (except a minor by his or her parent) for the purpose of demanding RANSOM MONIES.

**43. LEGAL EXPENSES**

The costs, fees, expenses and other amounts reasonably incurred by the LEGAL REPRESENTATIVE in connection with any claim or legal proceedings, on behalf of an INSURED PERSON in connection with any claim or legal proceedings.

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**44. LEGAL REPRESENTATIVE**

A lawyer or other qualified person who is designated and authorized to act on behalf of and for the account of the INSURED PERSON in accordance with the conditions of this insurance POLICY.

**45. LOSS OF HEARING**

Permanent, total and irrecoverable loss of hearing resulting in inability of the INSURED PERSON to hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz when tested by a qualified audiologist.

**46. LOSS OF LIMB**

In the case of a leg or lower limb

- a. loss by permanent physical severance at or above the ankle; or
- b. permanent, total and irrecoverable loss of use of a complete leg or foot.

In the case of an arm or upper limb

- a. loss by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the hand); or
- b. permanent, total and irrecoverable loss of use of a complete arm or hand.

**47. LOSS OF SIGHT**

The permanent, total and irrecoverable physical loss of one or both eyes or the permanent, total and irrecoverable loss of a substantial part of the sight of one or both eyes.

The COMPANY will consider loss of sight to be substantial if the loss of sight :

- 1) in both eyes results in the INSURED PERSON's name being added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist; or
- 2) remaining in one eye is assessed at 3/60 or less on the Snellen scale after correction with spectacles or contact lenses (at 3/60 on the Snellen scale a person can see at 3 feet something that a person who has not suffered loss of sight should be able to see at 60 feet).

**48. LOSS OF SPEECH**

Permanent, total and irrecoverable loss of the ability to speak.

**49. MATERIAL INTERRUPTION**

A disruption or break in the continuity of the POLICYHOLDER's normal business operations, which:

- (i) requires the direct involvement of all board directors or senior executives and diverts their concentration from their normal operating duties; and
- (ii) is likely to have a significant negative impact on the POLICYHOLDER's revenues, earnings or net worth.

**50. MEDICAL CONSULTANT**

A MEDICAL PRACTITIONER or other medical specialist (other than an INSURED PERSON, a RELATIVE of an INSURED PERSON, or any EMPLOYEE of the POLICYHOLDER) who holds a specialist accreditation issued in accordance with European Union Medical Directives (or foreign equivalents) or other similarly recognised body. For dental treatment only, a MEDICAL CONSULTANT is defined as a dental practitioner who holds a specialist dental accreditation or who specialises in a specific branch of dentistry.

**51. MEDICAL EXPENSES**

The reasonable and necessary costs incurred outside an INSURED PERSON's PERMANENT COUNTRY OF RESIDENCE, for medical, surgical or other remedial attention or treatment given or prescribed by a MEDICAL PRACTITIONER and all HOSPITAL, nursing home and ambulance charges. MEDICAL EXPENSES include optical and pregnancy/childbirth expenses and dental expenses if incurred as a result of an emergency or if they are the result of BODILY INJURY.

**52. MEDICAL PRACTITIONER**

Doctor of medicine and/or member of the medical association (other than an INSURED PERSON, a RELATIVE of an INSURED PERSON or any EMPLOYEE of the POLICYHOLDER) legally qualified to practice medicine in the country where the insured ACCIDENT or event and/or the treatment thereof takes place.

**53. MOBILE PAYMENT TECHNOLOGY**

Mobile Payments via an APP, browser or through a contactless terminal (e.g. Apple or Android Pay).

**54. MONEY**

Cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments with cash value.

**55. NATURAL CATASTROPHE**

Volcanic eruption, flood, tsunami, earthquake, landslide, hurricane, tornado and wildfire.

**56. NON-SCHEDULED AIRCRAFT ACCUMULATION LIMIT**

The maximum amount the COMPANY will pay in the aggregate under sections 1.0-1.28 including any extensions to it and any other policy of personal accident insurance issued by the COMPANY in the POLICYHOLDER's name for all INSURED PERSONS suffering BODILY INJURY in the same aircraft ACCIDENT (this not being an ACCIDENT involving a SCHEDULED AIRCRAFT) or series of aircraft ACCIDENTS contributed to or caused by the same original cause, EVENT or circumstance.

**57. PARAPLEGIA**

The permanent and entire paralysis of both legs and part or whole of the lower half of the body.

**58. PARTNER**

The person with whom the INSURED PERSON has a factual or legal relationship on the date of the insured incident, permanently lives together at the same place of residence, and is domiciled at the same address.

**59. PERIOD OF INSURANCE**

The period of time shown on the POLICY SCHEDULE during which the POLICY is in place.

**60. PERMANENT COUNTRY OF RESIDENCE**

A country in which an INSURED PERSON currently resides, has resided or intends to continue to reside for a continuous period of 12 months or longer for reasons of employment or self-employment, as well as the country of the usual place of work of the INSURED PERSON or the COUNTRY OF DOMICILE of the INSURED PERSON.

**61. PERMANENT PARTIAL DISABLEMENT**

A disability that is described under 1.28 on the Schedule of Invalidity which is beyond hope of recovery and will in all probability continue for the remainder of the INSURED PERSON's natural life as determined by a MEDICAL CONSULTANT.

**62. PERMANENT TOTAL DISABLEMENT**

A permanent, total and irrecoverable Disablement which totally prevents an INSURED PERSON from working in their usual occupation which in all probability will continue for the remainder of their natural life as determined by a MEDICAL CONSULTANT.

**63. PERSONAL PROPERTY**

Property owned by and in the custody or control of an INSURED PERSON during the BUSINESS TRIP (other than MONEY, vehicles, vehicle parts, vehicle accessories or BUSINESS EQUIPMENT).

**64. POLICYHOLDER**

The legal entity or organisation, inclusive the insured companies shown on the POLICY SCHEDULE.

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**65. POLICY SCHEDULE**

The document showing details of the PERIOD OF INSURANCE and INSURED PERSONS, included policy sections, and the Sums Insured, which should be read with this POLICY.

**66. PSYCHOLOGICAL THERAPY EXPENSES**

Expenses charged for any individual, joint or family mental health counselling session that is ordered and provided under the care or supervision of a Medical Practitioner; and (1) do not exceed the usual level of charges for similar expense in the locality where the expense is occurred; (2) meet generally accepted standards of medical practice and (3) does not include charges that would not have been made if no insurance existed.

**67. QUARANTINE**

Quarantine means a directive by a MEDICAL PRACTITIONER or relevant delegated authority, enabled by an order, notice, regulation, statute or statutory instrument issued, to enforce an INSURED PERSON to be mandatorily quarantined or isolated at their usual place of residence or at a designated Government quarantine site. The directive must always require the INSURED PERSON to stay at the place of quarantine or isolation until the expiry of the period of confinement for an individual detailed within the directive.

**68. RANSOM MONIES**

Any monies which the POLICYHOLDER or the INSURED PERSON has paid (or lost in-transit/delivery) under circumstances described in the description of cover. The term 'Monies' includes cash, monetary instruments, bullion, or the fair market value of any securities, property or services.

**69. REASONABLE ADDITIONAL EXPENSES**

Expenses for meals, taxi fares, essential telephone calls and lodging accommodations which were necessarily incurred as the result of Travel Delay and which are in excess of any vouchers provided or costs borne by the TRAVEL SUPPLIER or any other party free of charge.

**70. RELATIVE**

The INSURED PERSON's or PARTNER's parent, parent-in-law, child, son-in-law, daughter-in-law, grandparent, grandchild, PARTNER, brother, brother-in-law, sister, sister-in-law, aunt, uncle, nephew or niece

**71. RENTAL VEHICLE**

A passenger class hatchback, sedan, van, mini van, station wagon or four-wheel-drive rented or hired from a licensed motor vehicle rental company for the sole purpose of carrying the INSURED PERSON and their traveling companions on public roadways. It shall not include any other type of vehicle or vehicle use.

**72. QUADRIPLÉGIA**

The permanent and entire paralysis of both legs and both arms.

**73. SCHEDULED AIRCRAFT**

An aircraft that has more than 18 seats which flies from an internationally recognised airport on a published schedule.

**74. SCHEDULED AIRCRAFT ACCUMULATION LIMIT**

The maximum amount the COMPANY will pay in total under benefits 1.0-1.28 including any extensions and any other policy of personal accident insurance issued by the COMPANY in the POLICYHOLDER's name for all INSURED PERSONS suffering BODILY INJURY in the same SCHEDULED AIRCRAFT or series of SCHEDULED AIRCRAFT ACCIDENTS contributed to or caused by the same original cause, EVENT or circumstance.

**75. SEXUAL ASSAULT**

Any involuntary sexual act in which a person is coerced or physically forced to engage against their will. Verification of SEXUAL ASSAULT requires: (1) a police report, or (2) a HOSPITAL documentation. In addition an Incident Report to the Assistance Center is required.

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**76. SUM INSURED**

The policy benefit as shown on the POLICY SCHEDULE or maximum amount policy benefit per claim.

**77. SPECIFIED INFECTIOUS DISEASE**

SPECIFIED INFECTIOUS DISEASE means a disease that is caused by a micro-organism or sub micro-organism such as a virus that has been transmitted from a human being to other human beings and that prior to the first date of infection of any INSURED PERSON has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO).

**78. TERRORISM**

A clandestine organised act or a threat of act with ideological, political, ethical or religious purposes, executed individually or collectively, whereby violence is used on individuals or on the economical value of a material or immaterial asset and which is wholly or partially destroyed, either in order to make an impression on the population, in order to create a climate of insecurity, in order to put pressure on the government, or in order to hinder traffic or the normal functioning of a service or a business.

**79. THIRD DEGREE BURNS**

Burns which result in the destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands), and which require surgery or a skin grafting to treat.

**80. TRAVEL ARRANGEMENTS**

Any prepaid expenses for the INSURED PERSON'S BUSINESS TRIP, including but not limited to hotel accommodations, rental cars or conveyance. TRAVEL ARRANGEMENTS will not include any registration fees or any insurance premiums.

**81. TRAVEL ITINERARY**

The outline of the INSURED PERSON'S intended BUSINESS TRIP arrangements.

**82. TRAVEL SUPPLIER**

Any entity that provides TRAVEL ARRANGEMENTS for the INSURED PERSON'S BUSINESS TRIP.

**83. TRIPLEGIA**

The permanent, total and irrecoverable paralysis of both legs below the hip and one arm below the shoulder or both arms below the shoulder and one leg below the hip.

**84. VALID CLAIM**

Any claim under this POLICY which, according to the terms of the POLICY, the POLICYHOLDER or INSURED PERSON is entitled to receive a payment from the COMPANY.

**85. VICTIM** means an INSURED PERSON who is the subject of a VALID CLAIM.**86. WAR**

Military action, either between nations or resulting from civil war or revolution. The COMPANY regards DISTURBED AREAS as countries at WAR.



## General Exclusions

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The COMPANY will not be liable to pay any Benefit or cover any loss, injury, damage or legal liability sustained directly or indirectly by or caused by or arising directly or indirectly from:

1. WAR, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power in an INSURED PERSON'S PERMANENT COUNTRY OF RESIDENCE or any country listed on the POLICY SCHEDULE in one of the DISTURBED AREAS.
2. Air travel except as a fare-paying passenger on a Public CONVEYANCE operated by a commercial airline registered for the transportation of passengers on regular and published schedules.
3. Intentionally self-inflicted injury, suicide or suicide attempt of an INSURED PERSON.
4. Sexually transmitted disease or Acquired Immune Deficiency Syndrome (A.I.D.S.) or Human Immunodeficiency Virus (H.I.V) infection except as included under the SEXUAL ASSAULT Benefit.
5. Training for or participation in professional sports (which the income exceeds 40% of the total annual income of the INSURED PERSON) of any kind.
6. ACCIDENTS occurring during the preparation of or participation in crimes or criminal offences.
7. Intentional act of the POLICYHOLDER, an INSURED PERSON or a beneficiary.
8. An INSURED PERSON:
  - a) being under the influence of drugs or narcotics unless such drugs or narcotics were administered by a MEDICAL PRACTITIONER and taken in accordance with the directions of a MEDICAL PRACTITIONER; or
  - b) having a Blood Alcohol Content violating the laws of the country in which the INSURED INCIDENT takes place.
9. The INSURED PERSON being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization.
10. An INSURED PERSON travelling against the advice of a MEDICAL PRACTITIONER.
11. An INSURED PERSON travelling for the purpose of receiving medical treatment or advice.

This POLICY will not cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of TERRORISM, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses.

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## General Policy Conditions

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These general policy conditions are applicable to this POLICY as a whole. Please read each section to see further additional conditions and provisions relating to that section.

The POLICYHOLDER must comply and ensure that INSURED PERSONS also comply with the General Policy Conditions and the additional conditions and provisions detailed in each section of this POLICY.

### 1. Acceptance of payment

If the COMPANY has made full payment for a claim under this POLICY to the POLICYHOLDER or the INSURED PERSON then the COMPANY will not have to make any further payments for the same claim.

### 2. Assignment

Neither this POLICY nor any right described within this POLICY may be assigned or transferred unless agreed by the COMPANY in writing.

### 3. Domicile

For the purpose of this POLICY the COMPANY's sole domicile is its registered offices in Brussels. Notifications to the POLICYHOLDER shall be validly sent to his/her most recent address, as officially known to the COMPANY.

### 4. Associated companies and change in risk

If relevant and subject to the COMPANY's prior written consent, this POLICY will cover a company or organisation which is an associated company or a subsidiary of the POLICYHOLDER or other business entity as long as a list of these companies has been provided to and accepted by the COMPANY. If the POLICYHOLDER changes its business activities the POLICYHOLDER must tell the COMPANY within 30 days of the change.

Where the alteration represents a material change to the business activities or material information already provided to the COMPANY, it reserves the right at the time of notification to decide whether to provide cover and, if so, to establish a separate rate and premium and, if appropriate, terms to provide coverage for any such change.

### 5. Cancellation

a. The COMPANY may cancel the POLICY in accordance with the law of 4 April 2014 on insurances :

- on every annual renewal date of the POLICY;
- if, in the case of unintentional concealment or unintentional erroneous notification of data with regard to the description of the risk when concluding the contract, or in the case of a change in risk, the proposal for modification of the POLICY is refused by the POLICYHOLDER (within the period of one month after receipt of this proposal), within fifteen calendar days from receipt of said refusal;
- in the case of non-payment of the premium;
- after each claims notification, but no later than one month after payment of or the refusal to pay indemnity;
- in the case of bankruptcy of the POLICYHOLDER, but no earlier than three months after declaration of bankruptcy.

b. The POLICYHOLDER may cancel the POLICY in accordance with the law of 4 April 2014 on insurances :

- on every annual renewal date of the POLICY by giving prior written notice by registered letter, bailiff service or delivery of a cancellation letter against receipt at least 1 month before the renewal date;

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- in the case of changes in the insurance conditions or the rate;
  - if the contracting parties cannot reach an agreement in the case of a change in risk;
  - after each claims notification, but no later than one month after payment of or the refusal to pay indemnity.
- c. The POLICY may be cancelled by registered letter, by writ, or by hand delivery of a cancellation letter with acknowledgment of receipt.  
Except for the cases described elsewhere in these General Conditions, POLICY cancellation shall take effect after one month, calculated from the day following the serving of the writ or the date of the acknowledgment of receipt, or in the case of a registered letter from the day following the date of posting.  
Cancellation of the POLICY by the COMPANY pursuant to a claims notification shall at the earliest take effect three months after the date of the cancellation notice.  
However, it may take effect one month after the date of the cancellation notice, if the POLICYHOLDER, the INSURED PERSON or the beneficiary did not comply with his/her obligations arising from the loss, with the intention to mislead the COMPANY, provided the COMPANY has filed a complaint as a civil party with an investigating judge against any of these persons, or has commenced criminal proceedings against him/her, based on Articles 193, 196, 197, 496 or 510 to 520 of the Belgian Penal Code.
- d. In the event that the POLICY is cancelled for whatever reason, premiums paid for the insurance period after cancellation takes effect shall be reimbursed. If cancellation is partial, or in the case of another reduction in the insurance benefits, this condition shall only apply to the part of the premium related and in proportion to that reduction.

## 6. Claims notification and evidence

- a. The INSURED PERSON/POLICYHOLDER shall report any damage to the COMPANY as soon as possible and in any case within 8 calendar days, calculated from the moment he/she becomes aware of such damage. The COMPANY may however not claim non-compliance with the aforementioned period of time if the claim is notified as soon as reasonably possible.
- b. The INSURED PERSON/POLICYHOLDER shall immediately provide the COMPANY with any useful information, as well as answer questions which are asked of him/her, in order to establish the circumstances and the extent of the damage.
- c. In respect of each indemnity insurance, the INSURED PERSON/POLICYHOLDER shall take all reasonable measures to prevent and limit the consequences of the damage.
- d. If the INSURED PERSON/POLICYHOLDER does not comply with one of the obligations as stated under a, b and c and harm results for the COMPANY, the COMPANY may claim a reduction of its benefits in the amount of the harm it has suffered.
- e. The COMPANY may refuse to provide cover if the INSURED PERSON/POLICYHOLDER with fraudulent intent did not comply with the obligations set out under a, b and c.

The COMPANY must be provided with all reasonable and necessary evidence required by the COMPANY to support a claim. If the information supplied is insufficient, the COMPANY will identify the further information which is required.

## 7. Cover under more than one category

Where an INSURED PERSON is covered under more than one POLICY category of INSURED PERSONS as shown on the POLICY SCHEDULE and more than one benefit item as shown on the POLICY SCHEDULE or any attached endorsement in relation to a single event, the COMPANY will only pay the SUM INSURED for the highest benefit item under one category of INSURED PERSONS for the loss sustained.

**8. Currency**

Claims involving foreign currency will be converted into the currency in which the premium and benefits/SUM INSURED are shown, at the selling rate of exchange published on: [www.oanda.com/currency/converter](http://www.oanda.com/currency/converter) on the day of the loss or the next business day. Unless specifically agreed otherwise, claims will be paid in the country where the POLICY is issued.

**9. Failure to comply with conditions**

Where the POLICYHOLDER or an INSURED PERSON does not comply with any obligation to act in a certain way specified in this POLICY, this may prejudice the POLICYHOLDER or an INSURED PERSON's position to recover under any claim if the non-fulfilment of the obligation has a causal link with the loss.

**10. Interest on amounts payable under this Policy**

The COMPANY will not pay interest on any amount paid under this POLICY.

**11. Indemnity**

Indemnities shall be based on the medical and factual data available to the COMPANY. The INSURED PERSON and/or the beneficiary/beneficiaries has/have the right to accept or to refuse these. In the latter case he/she/they shall notify the COMPANY of his/her/their objection(s) by registered mail sent within 90 calendar days after having been informed of said indemnity.

All indemnities shall be payable without interest after acceptance by the INSURED PERSON, POLICYHOLDER and/or beneficiary/beneficiaries. Any claim for an indemnity upon refusal by the COMPANY shall become prescribed three years after the refusal is notified.

**12. DISTURBED AREAS**

If the INSURED PERSON declares that he/she plans to travel to a DISTURBED AREA and the COMPANY agrees, the POLICY shall be extended accordingly and an extra premium shall be charged.

**13. Beneficiary/beneficiaries in case of Accidental death**

In the case of Accidental Death of the INSURED PERSON, the beneficiary/beneficiaries is/are:

- the beneficiary as indicated by the POLICYHOLDER;
- failing him/her the husband/wife non-separated from bed and board of the INSURED PERSON;
- failing him/her the child/children of the INSURED PERSON;
- failing him/her/them the PARTNER of the INSURED PERSON;
- failing him/her legal heirs of the INSURED PERSON, except for the State.

This means that the creditors, including the tax administration, are not entitled to the indemnity. The POLICYHOLDER is free to choose the beneficiary by simply stating this on the insurance proposal, or by sending a registered letter to the COMPANY.

Except in the cases in which the beneficiary has accepted, the INSURED PERSON/POLICYHOLDER may at any time unilaterally change the designated beneficiary by means of a registered letter to the COMPANY.

**14. Payment of premium**

The premium shall be paid in advance. The premium is due and payable in the place of residence of the POLICYHOLDER upon presentation of the receipt or upon notification of the premium due date. Legally imposed taxes and contributions are in addition to this premium. In case of non-payment of the premium, the regulations of the law of 4 April 2014 on insurances shall become applicable.

**15. POLICY Alteration**

The COMPANY shall be notified immediately of any change in the risk. In all cases in which the risk disappears, decreases or increases, the parties shall act in accordance with the law of 4 April 2014 on insurances.

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Belgium branch office located at Pleinlaan 11, 1050 Brussels, Belgium. RPM/RPR Brussels - VAT number: 0692.816.659. The Belgium branch is registered with the National Bank of Belgium (NBB) under the number 3084. The NBB is located at de Berlaimontlaan 14, 1000 Brussels, [www.nbb.be](http://www.nbb.be).

You can find our Privacy and AssurMifid policy on [www.aig.be](http://www.aig.be).

**16. POLICY interpretation, governing law and jurisdiction**

The provisions of the present POLICY are governed by the Belgian law. Any dispute between parties will be subject to the exclusive competence of the Belgian courts.

**17. Premium Adjustment**

A flat premium shall apply to this POLICY. No premium adjustment shall be made, unless the total number of travel days or number of frequent travellers at the end of the Insurance Period – as mentioned in the register – has increased or decreased with the percentage stated in the POLICY SCHEDULE or more compared to the number of travel days declared to the COMPANY at the start of the POLICY.

- The premium revision shall only be made if the difference in premium is more than € 400,00.
- The POLICYHOLDER agrees to keep a register (in Excel format) which shall be handed over to the COMPANY upon simple request. This register shall include all Trips and the number of travel days or number of frequent travellers during the Insurance Period.
- In the case of an increase/decrease by more than the percentage stated in the POLICY SCHEDULE the POLICYHOLDER agrees to transfer this register to the COMPANY no later than the last day of the month following the Insurance Period.
- In the case of an increase in risk or after a claim has been notified, the COMPANY shall be entitled to revise the premium at the next renewal date.

**18. Rate increase**

If the COMPANY increases its rates, it shall have the right to apply the resulting premium at the next premium due date. The COMPANY shall notify the POLICYHOLDER thereof at the latest 4 months before the due date. The POLICYHOLDER is considered to have accepted unless he/she states otherwise in writing during the period concerned. In the latter case this POLICY shall expire on the next premium due date.

**19. Reasonable Care**

The POLICYHOLDER and each INSURED PERSON must take all reasonable steps to avoid and minimise any loss or damage and must also make every effort to recover any property covered by this POLICY which has been lost or stolen.

**20. Recovery from third parties**

In the event that a third party is held liable for all or part of any claim paid under this POLICY, the COMPANY may exercise its legal right to pursue the third party to recover its outlay. The POLICYHOLDER or an INSURED PERSON will upon the COMPANY's request agree to and permit the COMPANY to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. The COMPANY will pay the costs and expenses involved in exercising its right against the third party.

The COMPANY shall waive any recourse towards the liable third party/parties for the covers Accidental Death and Permanent Disability after ACCIDENT (Section 1 – Personal Accident).

**21. Sanctions**

The COMPANY shall not be deemed to provide cover and the COMPANY shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the COMPANY, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Belgium or United States of America.



## 22. Fraud

Any fraud, deliberate dishonesty or deliberate hiding of information connected with the POLICYHOLDER's application for this POLICY will make this POLICY invalid. In this event the COMPANY will not refund any premiums and the COMPANY will not consider for payment any claims which have not already been submitted to the COMPANY.

## 23. Start and finish of cover

The POLICY commences on the date stipulated in the POLICY SCHEDULE and is valid for a period of one year. The POLICY is automatically renewed de jure for successive periods of one year, unless stated otherwise in the POLICY SCHEDULE and except for cancellation on the terms stipulated in Article 5.

Cover will end on the earliest date of the following for an INSURED PERSON:

- a) the next expiry date following the 80th birthday of the INSURED PERSON (age limit);
- b) the date on which the INSURED PERSON terminates his/her employment at the insured company;
- c) the date the POLICY is cancelled regardless of which fact occurs first.

## 24. Personal Data

### How we use Personal Information

We are committed to protecting the privacy of customers, claimants and other business contacts.

"**Personal Information**" identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share their Personal Information with us.

**The types of Personal Information we may collect and why** - Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) or (where we require it and are legally permitted to collect it) information about criminal convictions, as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assessments and decisions about the provision and terms of insurance and the settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis
- (Internal) audit

**Sensitive Personal Information** – In connection with the provision of insurance and the assessment of a claim, we will collect, use and disclose certain Sensitive Personal Information concerning your health and medical conditions. Where we do this, we will do so with your explicit consent and as otherwise permitted by law.

**Sharing of Personal Information** - For the above purposes, Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

**International transfer** - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico, Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

**Security of Personal Information** – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

**Your rights** – You have a number of rights under data protection law in connection with our use of your Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to request that we correct inaccurate data, erase data, or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator in your country. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

**Privacy Policy** - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at <http://www.aig.be/privacy> or you may request a copy by writing to: Data Protection Officer, AIG Europe, Pleinlaan 11, 1050 Brussels or by email at: [dataprotectionofficer.be@aig.com](mailto:dataprotectionofficer.be@aig.com).



## Disputes and Complaints

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The COMPANY believes the POLICYHOLDER deserve a courteous, fair and prompt service. If there is any occasion when the COMPANY's service does not meet The POLICYHOLDER's expectations, please contact the COMPANY Using the appropriate contact details below providing the policy/claim number and the name of the POLICYHOLDER/INSURED PERSON to help the COMPANY to deal with the POLICYHOLDER's comments quickly.

### 1. Complaints

The INSURED PERSON may send any complaint to the COMPANY who can be contacted in writing at AIG Europe S.A., Belgium Branch, Complaints, Pleinlaan 11, 1050 Brussels, by telephone: 02 739 9690 or e-mail: [belgium.complaints@aig.com](mailto:belgium.complaints@aig.com).

The COMPANY will acknowledge the complaint within 10 business days of receiving it and provide an answer within one month (unless specific circumstances prevent the Insurer from doing so, in which case the complainant will be informed).

If the complainant is not satisfied with the COMPANY 's response, they may then contact the Ombudsman des Assurances at de Meeussquare 35, 1000 Brussels - Telephone 02 547 5871 – [info@ombudsman.as](mailto:info@ombudsman.as). – [www.ombudsman.as](http://www.ombudsman.as).

As AIG Europe S.A. is a Luxembourg based insurance company, complainants who are natural persons acting outside of their professional activity, if they are not satisfied with the COMPANY 's response or in the absence of response after 90 days, may also (i) raise the complaint at the level of the head office of the COMPANY by writing to AIG Europe SA "Service Reclamations Niveau Direction" 35D Avenue JF Kennedy L- 1855 Luxembourg - Grand Duché de Luxembourg or by email at [aigeurope.luxcomplaints@aig.com](mailto:aigeurope.luxcomplaints@aig.com); (ii) access one of the Luxembourg mediator bodies the contact details of which are available on AIG Europe S.A.'s website: [www.aig.lu](http://www.aig.lu) or (iii) lodge a request for an "out of court resolution" process with the Luxembourg Commissariat Aux Assurances (CAA) by writing to CAA, 7 boulevard Joseph II, L-1840 Luxembourg - Grand Duché de Luxembourg or by email at [reclamation@caa.lu](mailto:reclamation@caa.lu) or online through the CAA website: [www.caa.lu](http://www.caa.lu).

All requests to the CAA or any of the Luxembourg mediator bodies must be filed in Luxembourgish, German, French or English.

Following this complaint procedure or making use of one of the options does above not affect the complainant's right to take legal action.

### 2. Jurisdiction

Any dispute between parties will be subject to the exclusive competence of the Belgian courts.

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