

Travel Abroad Insurance

Insurance Product Information Document

Company: AWP P&C S. A., Branch Office for Austria

Product: RO UniCredit Travel 1903

This document provides an overview of the essential aspects of the insurance product. Full contract information is provided through General Terms and Conditions document.

What is this type of insurance?

As owner of a debit or credit card: **Visa Gold, Visa Gold Business, Mastercard Gold, Mastercard Gold/UEFA Business** (for the 1st insurance category), **Mastercard Standard Corporate, Mastercard Black, Mastercard Platinum, Visa Infinite Miles&More and Mastercard World Business** (for the 2nd insurance category) you benefit, free of charge, from the travel insurance, provided by AWP P&C to UniCredit Bank's clients, with the cumulative fulfilment of the following conditions:

1. at least one of the travel expenses* to be paid, prior to the journey commencement, with a valid credit or debit card included in one of the above categories
2. at the time of calling at the emergency number, the related card must be valid
3. the age of the cardholder is not yet 70 on the date of entry into force of the insurance policy which is the 1st of March, 2019

* Travel expenses are divided into two categories: transport and accommodation. **The transport** is associated with: flight ticket, coach or train used to cross the border when leaving and **the accommodation** means the hotel, hostel, etc. where you live during your stay on the trip. If traveling by car, travel expenses include fuel costs and/or accommodation costs.

RO UniCredit Travel 1903 is a travel abroad insurance policy that includes the benefits described below:



What is insured?

Health and Accident Insurance Abroad

- ✓ Total Indemnity Limit / Insured Event / Policy Holder for the 1st category up to €20,000, for the 2nd category 2 up to €40,000
- ✓ Death due to an accident €16,000 for the 1st category and €32,000 for the 2nd category
- ✓ Emergency medical expenses - accident and illness, including emergency medical expenses, up to €20,000 for the 1st category, up to €40,000 for 2nd category
- ✓ Medical repatriation of up to €3,500 for both categories
- ✓ Repatriation in case of death to €1,500 for both categories
- ✓ Refund of the coffin cost up to €700 for both categories

Luggage insurance

- ✓ Lost luggage for check-in max €500 for the 1st category, maximum €1,000 for the 2nd category
- ✓ Max. €250/1st category or €500/2nd category per checked-in luggage
- ✓ Max. two luggage for check-in
- ✓ Max. €50/1st category or €100/2nd category per item of checked luggage

Legal assistance

- ✓ Legal assistance due to a car accident, up to €1,500 for both categories
- ✓ Advance bail insurance after a car accident, up to €1,500 for both categories

Flight delay

- ✓ Flight delay (over 4 hours of delay) up to €200 for the 1st category and up to €500 for the 2nd category

Third Party Liability Insurance

- ✓ Personal liability to third parties (third party physically injured) up to €10,000 for the 1st category and up to €20,000 for the 2nd category



What is not covered?

Medical insurance

- x Therapeutic measures prescribed before the end of the insurance or which may be a reason for making the trip
- x Cures, acupuncture measures, massage and wellness, fango, lymph drainage
- x Costs associated with therapeutic measures for existing affections (physical and mental)
- x Events due to tiredness or exhaustion / Medical costs associated with pregnancy
- x Conservative or denture dental treatments, ie the cost of treatment or care not resulting from a medical emergency or associated with alcohol consumption
- x Costs for injuries / accidents resulting from practicing winter sports or extreme sports, parachute jump or other similar activities, climbing over 6000 m without patented alpine guide

Luggage insurance

- x Cash, banknotes, credit cards, keys, travel passes, collections of stamps or coins, valuable documents and papers, precious metals, precious stones, commodities and valuable articles such as art or collectibles, articles for exercising a profession, cameras, musical instruments, radios and portable radio/cassette/ compact disc apparatus, vehicle accessories, tools and spare parts, medical equipment, contact lenses, glasses, hearing aids or dental crowns, weapons, computer equipment, software computer, mobile phone cards, bonus contracts or credit for calls, the cost of blocking a mobile phone or the cost of re-registering the phone in case of loss, vehicles or other accessories, damage involving animals

Third Party Liability Insurance

- x Injuries produced in association with a sports competition
- x Damages for rented or leased property/Damages caused intentionally or of serious misconduct



Are there any restrictions on cover?

Medical insurance

- ! €50 franchise
- ! Riots/ war events/ acts of terrorism, strike, participation in acts of violence of any nature, fraudulent acts
- ! Epidemics, pandemics, local health, pollution, meteorological or climatic events
- ! Participation in a professional or dangerous sport



Where do I benefit from insurance?

- ✓ **Travel abroad insurance** applies international (without North Korea), outside Romania, outside the country of residence and outside the country of the insured person's country of nationality.



What are my obligations?

The insured person has the obligation:

- to keep the damage as small as possible and to notify it without delay;
- to present the event that caused the damage according to reality and to provide appropriate supporting documents;
- to notify the damage caused as a result of unlawful actions to the nearest competent safety authority and to provide supporting documents to that effect;
- to hand over the means of proof in the original (for example, police records, invoices issued by a doctor or hospital, etc.);
- to hold on its own responsibility, the objects of value, respectively to store them with the capitalization of all the existing safety equipment;
- to inform the insurer if the insured person also benefits from the protection of some other insurances from which the insured can claim partial or total compensation.

The phone number **+40217961363** (call with normal cost from any fixed or mobile network, available non-stop) is available to those cardholders who have attached the insurance product form AWP P&C SA (Allianz Group).

In order to benefit from this insurance, it is necessary that all terms and conditions of insurance provided by the insurer to be fulfilled.

The terms and conditions of insurance are available on the following pages.



When and how do I pay?

Insurances are associated with the card with no extra cost for the insured person.



When does the cover start and end?

Coverage begins and ends with the data published in the Product Terms and Conditions published below and is subject to the eligibility criteria set forth in this document, including the status of the card that must be active. In the event that the contract between UniCredit Bank and the Insurer ceases before the term published in the Terms and Conditions of the product, UniCredit Bank will notify you of this termination.



How do I cancel the contract?

Being associated with the card, cancellation of the insurance product occurs automatically with the cancellation/closing of the card.

GENERAL TERMS AND CONDITIONS INSURANCE POLICY FOR TRAVELING ABROAD

PREAMBLE

1. Insurer: AWP P&C S.A., Pottendorfer Straße 23-25, 1120 Vienna, Tel.: +43 1 525 03-7, Fax: +43 1 525 03-999, Bank: UNICREDIT BANK AUSTRIA, SWIFT: BKAUATWW, IBAN: AT40 1100 0004 0045 4500, Vienna Commercial Court; Registration number: FN 100329, Data processing book number: 0465798; Fiscal Code: ATU 15366609.

The supervisory authority: Autorité de contrôle prudentiel (ACP), 61, rue Taitbout, 75436 Paris Cedex 09.

Contact data: Tel./Fax: +40 213122236

2. Policy Effective Date: 01.03.2019

3. Policy Expiration Date: 28.02.2020

Coverage begins and ends with the data published above in this document, including the status of the card that must be active. In the event that the contract between UniCredit Bank and the Insurer ceases before the term published in the Terms and Conditions of the product, UniCredit Bank will notify you of this termination.

4. Insured Persons: only the cardholders of a valid insured credit/debit card mentioned point 7 in this Preamble, issued by the Policyholder, not older than 70 years old on Policy Effective Date and who are travelling outside the territorial limits of Romania, country of citizenship and country of residence. At least one travel expense should have been paid using the valid insured credit/debit card in case of individuals, as mentioned in point 9, and at least one payment with the card within 3 months before the trip in case the cardholder of the card is assigned to a legal person. Travel expenses include the cost of air, bus or train ticket used to cross the border upon departure, or / and hotel. In case of travelling by car the travel expenses include fuel and/or hotel. Cover starts from the time when the Insured Person leaves the territorial limits of Romania, country of citizenship and country of residence, and ends when the Insured Person returns to the territorial limits of Romania, country of citizenship and country of residence, with the fulfillment of all terms and conditions of the Policy.

5. Operative Time of Cover:

For the purpose of the Policy, Operative Time of Cover shall be 24 hours from 24 coverage during trips outside the territorial limits of Romania, country of citizenship and country of residence, not more than 60 consecutive days counted from the departure date outside of the territorial limits of Romania, country of citizenship, country of residence and North Korea.

6. Territoriality: World-wide, with exception of: Romania, country of citizenship, country of residence of the Insured Person, North Korea

7. Valid insured credit/debit Cards:

Insured Cards	Client type	Card type	Insurance category
VISA Gold	Individuals	debit	1
VISA Gold Business	Legal Entities	debit	1
VISA Gold	Individuals	credit	1
MasterCard Gold Business	Legal Entities	debit	1
MasterCard Gold	Individuals	debit	1
MasterCard Platinum	Individuals	debit	2
MasterCard Gold Miles&More	Individuals	credit	1
MasterCard Gold	Individuals	credit	1
MasterCard Black	Individuals	credit	2
MasterCard Standard Corporate	Legal Entities	credit	2
MasterCard UEFA Business	Legal Entities	debit	1
VISA Infinite Miles&More	Individuals	credit	2
MasterCard World Business	Legal Entities	credit	2

Chapter 1

Applicable law and place of jurisdiction: any dispute or claim arising out of or in connection with the insurance contract shall be governed by the law of Romania. The place of jurisdiction is Bucharest.

SUM INSURED PER BENEFIT

The amounts shown in the table below are the maximum Sums Insured for each Insured Person for the particular benefit shown, subject at all times to all the terms and conditions of the Policy and any limitations noted in the wording of each Chapter.

If no amount is inserted in the Sum Insured column against any benefit, the Policy does not provide cover under that benefit.

If no amount is inserted in the Deductible or Franchise rows against any benefit, no Deductible or Franchise will apply.

TABLE OF BENEFITS – INSURED AMOUNTS

Coverage	Chapter	Maximum insured amount / person in Euro, according to the insurance category	
		1	2
Death due to an accident	4	16,000	32,000
Permanent partial disablement due to an accident		20,000	40,000
Maximum insured amount per insured event per policy holder		20,000	40,000
Emergency Medical Expenses – Accident and Illness		Max. 20,000	Max. 40,000
Deductible		50	50
Worldwide 24/7 Assistance Services:		Max. 20,000*)	Max. 40000*)

Medical service provider referrals			
Medical visits and consultations arrangement			
Hospital admission arrangement			
Emergency medical transportation			
Medical repatriation		Max. 3,500	Max. 3,500
Repatriation of mortal remains		Max. 1,500	Max. 1,500
Coffin expenses reimbursement		Max. 700	Max. 700
Legal assistance following an motor vehicle accident		Max. 1500	Max. 1,500
Bail bond advance following a motor vehicle		Max. 1,500	Max. 1500
Loss of checked-in baggage		Max. 500	Max. 1,000
Max. per checked-in baggage	5	250	500
Max. number of checked-in baggage		2	2
Max. per item included in a checked-in baggage		50	100
Flight Delay (more than 4 hours)	7	200	500
Third party personal liability (third party bodily injury)	6	10,000	20,000

*) Maximum amount per event is limited to EUR 20,000, for the first category and EUR 40,000 for the second one, while will be followed carefully for the above mentioned limits per cover

Chapter 2 DEFINITIONS

Pre-existing disease / disability: an injury, illness, medical condition or the consequences of such, as well as any pathological or medical manifestation resulting from a disease or accident occurring prior to the date of entry into force of the insurance contract for which the Insured: has been diagnosed, or has requested, received or followed treatment/medical services, or knew of its existence, or showed objective signs/symptoms/manifestations that were recorded in medical records issued by a physician or a medical unit.

Disease/illness: symptomatology installed all of a sudden or with a short-term evolution, which, after an appropriate short-term treatment, leads to complete healing.

Accident: an unexpected event, coming from outside, violent and that occurred independently of the Insured's will.

Sum Insured per benefit: The amounts shown in the "Table of Benefits - Insured amounts" are the maximum Sums Insured for each Insured Person for the particular benefit shown, subject at all times to all the terms and conditions of the Policy and any limitations noted in the wording of each Chapter.

If no amount is inserted in the Deductible or Franchise rows against any benefit, no Deductible or Franchise will apply.

Period of Insurance: shall mean the operative time cover stated in the Schedule that commences after the Policy Effective Date and ends before the Policy Expiration Date.

Insured event: uncertain event, occurred while traveling abroad and whose occurrence results in the rise of the right of indemnification of the Insured person, under these General Insurance Conditions.

Insurance indemnity/ Indemnification/ Compensation: the amount of money payable by the Insurer to the Insured, in the event of occurrence of an insured risk according to the General Insurance Conditions.

Invalidity: permanent bodily damage characterized by morpho-functional modifications, reduction of physical, psycho-sensory or intellectual potential, occurring within one year of the accident and not susceptible to improvement;

Insurance range: type of insurance, part of these General Conditions of Insurance. The Lines of insurance included in these General Conditions of Insurance are: travel insurance, health and accident insurance, luggage insurance, flight delay, third party personal liability insurance for travels.

Insured amount: the maximum limit for the indemnification value indicated in the Bank Package.

Damaged third party: person entitled to receive the insurance indemnity for the damage suffered as a result of the engagement of the civil liability of the Insured.

Chapter 3 GENERAL CONDITIONS FOR ALL LINES OF INSURANCE

The insured events in the individual insurance lines are listed exhaustively. An extension analogously to similar events not listed shall be excluded.

1. Insured persons

Any eligible person stated in point 4 in the **Preamble** with fulfillment of all terms and conditions of the present Policy.

2. Insurance sum

The insurance sum of the respective line of insurance limits all benefits for insured events which occur during the insurance term.

3. Events that are not insured

In addition to the general exclusions from insurance cover listed below, special exclusions also exist in the respective lines of insurance.

3.1. No insurance cover exists for events which have been caused as follows:

3.1.1 As a direct consequence of Insured's action committed by negligence or imprudence for which he/is accountable in from of the law

3.1.2 Directly or indirectly in connection with unrest, war events or terrorism of any kind

3.1.3 As a result of a strike

3.1.4 Through violence resulting from a public meeting or demonstration, if the insured has been an active participant

3.1.5 As a result of the suicide or attempted suicide initiated by the insured

3.1.6 Resulting from orders by the authorities

3.1.7 Directly or indirectly as a result of the influence of ionizing radiation as defined by the current version of the Radiation Protection Law or nuclear energy

3.1.8 The insured is suffering from impairment caused by alcohol, addictive drugs or medicine or if a prescribed course of treatment has not been followed

3.1.9 The claim is caused by the participation in motor sports competitions (time trials and rallies) and training associated with these events

3.1.10 Conditions that were already in existence or were expected at the time the trip was booked or at the time the journey was started; this also applies to pre-existing medical conditions

3.1.11 Occurred as a result of epidemics and pandemics

3.1.12 Travel that commenced or was not interrupted immediately in spite of travel warnings issued by the Ministry for Foreign Affairs

3.1.13 Directly or indirectly as a result of a natural catastrophe or seismic activity or climatic conditions

3.2. No reimbursement will be made for loss of enjoyment during the holiday.

4. Procedure in the event of a claim

Notice of any occurrence of an Insured Event must be given by the Insured Person to the Insurer immediately as possible on the telephone number +40217961363 identifying himself (Policyholder, full name, contact details, insured card no. and a short description of the event occurred). The 24-hour call center agent will give all relevant instructions to the insured.

All requested documents for the claims process have to be send to the following address:AWP P&C Saint Ouen, sucursala Bucuresti, Floreasca Business Park · Soseaua Pipera 43, corp A · 014254 Bucharest · Romania

If the original form of the relevant documents is the electronic format, those documents have to be send by email.

In addition to the general obligations listed below, particular obligations exist in the respective lines of insurance.

The insured has an obligation to observe the following procedure; otherwise the insurer has a right to deny, totally or partially, benefits or claims:

4.1 To keep the losses to a minimum and to avoid unnecessary costs

4.2 To indicate the losses directly to the insurer and to follow the insurer's instructions

4.3 To present the occurrence and extent of the damage truthfully and to furnish proof. The insured must provide any information that is relevant to the matter and submit original invoices or original receipts. If applicable, doctors and/or hospitals as well as social insurers and public bodies involved are to be authorized and requested to provide the information required and the insurer is to be allowed to verify the cause and amount of the claim asserted

4.4 To safeguard claims for damages against third parties in the correct form and within the time allowed and, if required, to assign the amount of damages paid to the insurer

4.5 Losses caused by criminal activities are to be reported to the police without delay giving precise information about the facts and the extent of the loss, and proof is to be obtained that the crime has been reported

4.6 Original copies of proofs such as police reports, confirmations from travel company couriers, invoices from doctors and hospitals, proofs of purchase, etc. are to be given to the insurer.

5. The 24-hour emergency call center

In the event of an emergency the insured can obtain help via a 24-hour call center as part of the general conditions. The 24-hour emergency call center makes the decision about the selection and implementation of the appropriate assistance.

Without immediate notification of the 24-hour emergency call center, no benefits can be claimed for the following lines of insurance: illness and accident insurance during foreign travel.

6. Loss of entitlement to insurance benefits

The insurer does not have to pay benefits if the insured person by reason of the insurance case, deliberately provides information that is untrue, in particular in the notification of loss, conceals important facts or falsifies evidence, even if the insurer does not suffer any disadvantage as a result of it.

7. When does the insurer pay the compensation?

7.1. If investigations or proceedings are initiated by the authorities in relation to the insurance case, the payment will not be due until after these have been completed.

7.2. If the grounds and amount of the benefits, for which the insurer has an obligation to pay, have been decided, the payment is due two weeks thereafter.

8. Data privacy

Personal data of the insured person (also personal data regarding health) are collected and processed, if this is necessary for the performance of the insurance contract. Personal health data can also be forwarded to a medical consultant, as long as this is necessary for verifying the insurer's obligation to provide indemnification, and as long as adequate usage of the data is secured. For the same means and under the same conditions, requests to other insurance companies can be sent and requests from other insurance companies can be answered. The insured person will give her/his approval by filling out and signing the respective claims form. Where applicable, data can also be forwarded to a reinsurance company.

Chapter 4

HEALTH, ACCIDENT AND DEATH INSURANCE (FOR FOREIGN TRAVEL)

1. Insured events

The following insurance is provided in accordance with the limits provided in chapter 1.

1.1 Treatment costs for initial assistance and direct pain relief (also decompression chamber)

1.2 Medical Repatriation; transport of patient or repatriation costs, cost of search and rescue activities

1.3 Permanent partial disablement

1.4 Body Repatriation, repatriation costs in the event of death, in the event of acute illnesses and accidents of the insured which occur during travel abroad

1.5 Reimbursement of Coffin

Medical Assistance

In the event of Accident, Bodily Injury or Sickness covered by the terms and conditions of the present Policy:

- The Insurer will provide the Insured Person with information about physicians, hospitals, clinics world-wide, for the place where the Insured Person is on that moment.

- The Insurer will assist the Insured Person by arranging for an appointment with general practitioners or specialized doctors, if medically necessary.

- If the condition of the Insured Person is of such gravity that, in Insurer's opinion, has to be hospitalized, the Insurer will assist the Insured Person by arranging for hospital admissions.

Emergency Medical Transportation

In the event of Accident, Bodily Injury or Sickness covered by the terms and conditions of the present Policy which warrants hospitalization, The

Insurer will assist the Insured Person by arranging for any required emergency medical transportation, as the Insurer in its sole discretion will decide, by any appropriate air and/or surface transportation available to The Insurer including medical care during medical transportation, communications and all usual ancillary charges incurred in moving the Insured Person to the nearest medical facility that is adequately equipped to treat the Insured Person. Only the medical authorities of The Insurer, in conjunction with the local attending medical practitioner, will decide which means of medical transport and medical center are the most appropriate to the Insured Person's current medical condition.

Body Repatriation

If during an Insured journey the insured suffers an accident covered by the terms and conditions of the present Policy and dies within the period of the same Insured journey as result of the respective Accident, the Insurer organize and pay for, up to the maximum amount stated in the Table of Benefits - Insured Amounts, the repatriation of the corpse of the Insured Person to Romania, country of citizenship and country of residence.

Reimbursement of Coffin

If an Insured Person dies during the Insured Journey as result of an Accident covered under the terms and conditions of the present Policy and the local regulations require that the corpse be transported in a Coffin, The Insurer will organize and pay for the purchase of such Coffin up to the maximum amount stated in the Table of Benefits - Insured Amounts.

Legal Assistance following an Automobile Accident

If an Insured Person is arrested or is in danger of being arrested as the result of in an automobile accident during the Insured Journey, The Insurer will organize any necessary legal assistance and reimburse for any such legal assistance expenses incurred as a result of the accident up to the maximum amount stated in the Table of Benefits - Insured Amounts.

Bail Bond Advance following an Automobile Accident

If an Insured Person is involved in an automobile accident during the Insured Journey and the Insured Person is arrested or in danger of being arrested, The Insurer will advance money for the necessary bail bond up to the maximum amount stated in the Table of Benefits - Insured Amounts. The Insured Person must reimburse The Insurer within 30 days this advance or earlier if the Insured Person recovers the bail bond from the concerned local authority.

2. What is considered to be an accident?

An accident is an event that is not intended by the insured, which occurs suddenly as a result of mechanical impact from outside on the insured's body and causes physical injury or death.

The following scenarios are also considered to be accidents:

- 2.1. Pulled or torn muscles and tendons
- 2.2. Poisoning or burns, the ingestion or inhalation of toxic or caustic substances, fluids or gasses
- 2.3. Drowning

3. Insured costs / benefits to be paid

3.1. The costs required for doctors, transporting patients, hospital stays and medicines, which occur in relation to an accident or acute illness which occurs abroad.

3.2. Cost to transport the patient for one-off medical treatment for in-patient or outpatient care in the closest hospital abroad and return transport to accommodation.

3.3. Recovery, search and rescue costs.

3.4. Emergency transport/repatriation

3.4.1. Repatriation where this is required for medical reasons (incl. ambulance aircraft)

If medical treatment on site is not adequate and the insured is fit for transport with the agreement of the doctor providing treatment on site and the medical director of AWP P&C S.A., AWP P&C S.A will organize and undertake transport to repatriate the insured.

3.4.2. Repatriation where there is no medical need (excl. ambulance aircraft)

In the event of a hospital stay of more than three days, the insured can be repatriated at the request of the insured or the insurer, providing that the insured is fit to travel, if transport is possible without an ambulance aircraft.

3.4.3. Transport for repatriation will be to the country of permanent residence. The actual form of return transport will be selected by the insurer according to medical need.

3.4.4. The insured will not have any claim to emergency transport and repatriation, if the insured receives the cost of emergency transport from the third party or organizes the transport himself. If in spite of this transport takes place, the insured assigns all claims against other insurers to Allianz Assistance.

In the event of a hospital stay in excess of five days, Allianz Assistance will pay – at the request of the insured – the cost of travel to and from the place where the insured is in hospital (excl. the cost of overnight stays) of a person close to the insured or the overnight costs and/or rebooking costs (depending on the nature and quality of the booked and insured travel) of a person travelling with the insured in the event of return travel being delayed by up to one week.

4. Invalidity and death

4.a. Invalidity

The calculated compensation for invalidity will be paid in accordance with the following principles if the insured is still suffering from permanent impairment to health one year after the accident. Compensation is calculated in accordance with the degree of disability and the agreed insurance sum. The total insurance benefit for several parts of the body or organs is limited with the insurance sum.

4.a.1 Degrees of invalidity in the case of full loss or full inability to use

TABLE OF BENEFITS

The Disablement	The Indemnity of the insured sum (%)
Total loss of sight of both eyes	100
Total incurable insanity	100
Total loss of both arms or both hands	100
Complete deafness of both ears, of traumatic origin	100
Removal of the lower jaw	100
Total loss of speech	100
Total loss of one arm and one leg	100
Total loss of one arm and one foot	100

Total loss of one hand and one foot	100
Total loss of one hand and one leg	100
Total loss of both legs	100
Total loss of both feet	100
Loss of osseous substance of the skull in all its thickness:	
- surface of at least 6 sq. cm	40
- surface of 3 to 6 sq. cm	20
- surface less than 3 sq. cm	10
Partial removal of the lower jaw, rising section in its entirety or half of the maxillary bone	40
Total loss of one eye	40
Complete deafness of one ear	30

	RIGHT	LEFT
Loss of one arm or one hand	60	50
Considerable loss of osseous substance of the arm(definite and incurable lesion)	50	40
Total paralysis of the upper limb(incurable lesion of the nerves)	65	55
Total paralysis of the circumflex nerve	20	15
Shoulder ankylosis	40	30
Elbow ankylosis in favorable position(15 degrees round the right angle)	25	20
Elbow ankylosis in unfavorable position	40	35
Extensive loss of osseous substance of the two bones of the forearm (definitive and incurable lesion)	40	30
Total paralysis of the median nerve	45	35
Total paralysis of the radial nerve at the torsion cradle	40	35
Total paralysis of the forearm radial nerve	30	25
Total paralysis of the hand radial nerve	20	15
Total paralysis of the cubital nerve	30	25
Anchylosis of the wrist in favorable position (straight and in pronation)	20	15
Anchylosis of the wrist in unfavorable position (flexion or strained extension or supine position)	30	25
Total loss of thumb	20	15
Partial loss of thumb (ungual phalanx)	10	5
Total anchylosis of thumb	20	15
Total amputation of forefinger	15	10
Total loss of two phalanxes of forefinger	10	8
Total loss of the unguual phalanx of forefinger	5	3
Simultaneous amputation of thumb and forefinger	35	25
Total loss of thumb and a finger other than forefinger	25	20
Total loss of two fingers other than thumb and forefinger	12	8
Total loss of three fingers other than thumb and forefinger	20	15
Total loss of four fingers including thumb	45	40
Total loss of four fingers excluding thumb	40	35
Total loss of the median finger	10	8
Total loss of a finger other than thumb, forefinger and	7	3
Total loss of thigh (upper half)	60	
Total loss of thigh (lower half) and leg	50	
Total loss of foot (tibio-tarsal disarticulation)	45	
Partial loss of foot (sub-ankle-bone disarticulation)	40	
Partial loss of foot (medio-tarsal disarticulation)	35	
Partial loss of foot (tarso-metatarsal disarticulation)	30	
Total paralysis of lower limb (incurable nerve lesion)	60	
Complete paralysis of the external popliteal sciatic nerve	30	
Complete paralysis of the internal popliteal sciatic nerve	20	
Complete paralysis of two nerves (popliteal sciatic external and internal)	40	
Anchylosis of the hip	40	
Anchylosis of the knee	20	
Loss of osseous substance from the thigh or both bones of the leg (incurable condition)	60	
Loss of osseous substance of the knee-pan with considerable separation of the fragments and considerable difficulty of movements in stretching the leg	40	
Loss of osseous substance of the knee-pan while the movements are preserved	20	
Shortening of the lower limb by at least 5 cm	30	
Shortening of the lower limb by 3 to 5 cm	20	
Shortening of the lower limb by 1 to 3 cm	10	

Total amputation of all the toes	25
Amputation of four toes including big toe	20
Total loss of four toes	10
Total loss of the big toe	10

4.a.2. In the case of partial loss or partial use a correspondingly reduced level of disability is assumed.

4.a.3. For cases not listed above the level of invalidity is set on the basis of the above percentage rates.

4.a.4. The fact that the consequences of an accident are worse as a result of a physical deficiency that existed before the insurance was taken out does not give entitlement to a higher invalidity payment.

If illnesses or ailments that existed before the accident influenced the consequences of the accident, the benefit is to be reduced in line with the proportion of the illness or the ailment.

4.b. Event of death

4.b.1. Should the insured die due to the accident within a year after the accident occurred, the insurer will pay only the amount for death, and no additional amount for an eventually permanent disability within this year.

4.b.2. Should the insured die on the occasion of an accident as listed above or within 5 years as a result of injuries sustained during the accident, the insurer will pay the sum agreed in the event of death. Any payments made on account of permanent invalidity arising from the same event will be deducted from benefits paid upon death. Unless the insured has left written instructions to the contrary, the sum in the event of death will be paid out to the rightful heirs upon presentation of proof that they are the beneficiaries (certificate of inheritance).

4.b.3. If the insured dies for a reason not related to the accident (without an accident) and a claim already existed for invalidity benefit, this is to be paid on the basis of the last medical results indicating the level of invalidity to be expected.

5. When does the insurer pay the insurance benefits on account of permanent invalidity?

As soon as the insurer has received the documents which furnish proof concerning the circumstances and consequences of the accident and the completion of the treatment required for assessing invalidity, the insurer undertakes to explain within three months whether and to what extent the insured has a claim.

6. Duration of the insurance

If the insured is not fit for transport as a result of the consequences of the accident or illness abroad, the obligation to pay benefits shall end two months after the occurrence of the insured event.

7. How are the benefits paid by the insurer calculated if the treatment costs are also insured elsewhere?

If the treatment costs are insured with several insurers at licensed undertakings, they will only be reimbursed in total once.

8. Events that are not insured (exclusions)

In addition to the exclusions listed in the General Conditions of Insurance for all lines of insurance, no insurance cover exists for the following situations:

- 8.1. Treatments and other measures prescribed by physicians which were the purpose of the journey or the necessity for which were known or could be expected before the insurance was taken out and/or the journey commenced;
- 8.2. Use of treatments associated with the destination (e.g. health cures);
- 8.3. Health cures to lose weight or for aesthetic reasons;
- 8.4. Events resulting from exhaustion;
- 8.5. Pregnancy, abortions or treatment following contraceptive measures;
- 8.6. Dental treatment relating to the preservation of teeth or prostheses or treatment not related to emergency treatment for direct pain relief;
- 8.7. Provision of therapeutic aids (e.g. spectacles, prostheses, etc.);
- 8.8. Inoculations, medical reports and certificates;
- 8.9. Events which occur as a result of practicing an employment-related manual activity or during military service;
- 8.10. Examinations to monitor health, post-treatment and therapies;
- 8.11. Additional costs for a special class or special services (e.g. telephone, TV, etc.) in hospital;
- 8.12. Telephone and taxi costs of the insured or accompanying persons (excluding the one-off transportation of the patient, except transportation of a sick person as per 3.2.);
- 8.13. Additional hotel costs or expenses of accompanying persons (excluding point 3.5).
- 8.14. Quarantine costs in connection with quarantine
- 8.15. Therapeutic treatments and patient repatriation in relation to misuse of alcohol or drugs;
- 8.16. Impairment to health caused by flying with any kind of aircraft, unless the insured is a passenger on an engine-powered aircraft or jet approved for civil air transport;
- 8.17. Extreme sports, skydiving or the like; extreme mountain tours without a qualified mountain guide, tours above 6,000 m and extreme mountain tours that have not been booked as package tours, expeditions (travels to unexplored territories), sports activities in whitewater;
- 8.18. Driving vehicles if the insured does not have the specified permission to drive (driving license);
- 8.19. Underwater diving without proof of the diving qualification for the relevant depth;
- 8.20. Death or invalidity which only occurs five years after the accident.

9. Procedure in the event of a claim

In addition to the obligations of the General Conditions of Insurance for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects, the following shall apply:

- 9.1. The insured undertakes in all cases where insurance benefits are likely to be claimed to seek medical help as soon as possible and to follow the physician's instructions.
- 9.2. Immediate notification of the 24-hour emergency call center where in-patient treatment is required or in the case of illnesses which require a number of outpatient treatments. If the insurer is not notified and the costs exceed 1320 RON, the insurer reserves the right to make a deduction, depending on the amount of the costs claimed.
- 9.3. Deaths, even if the accident has already been reported, are to be reported in as timely a manner as possible so that a post mortem can be arranged before burial.
- 9.4. The insured undertakes to comply with a request to attend an examination by a medical examiner immediately.
- 9.5. The following documentation is to be sent to the insurer, depending on the situation:
 - Card number and identification documents

- Confirmation of reservation by the tour operator, if the case
- Doctor's report (including the patient's name, diagnosis, treatment data, the duration and extent of incapacity to work or invalidity),
- Original doctor's or hospital invoice including the patient's name, date of birth, diagnosis and treatment data;
- Medical results where the need to transport the patient is confirmed;
- Other invoices or original documents where compensation has been requested;
- Death certificate

Chapter 5

LOSS OF CHECKED-IN BAGGAGE

1. Damage or loss of the checked-in baggage (only in case of aviation transport) subject to the following provisions:

If, during the insured Journey, the checked-in baggage (only in case of aviation transport) owned by the Insured is damaged or lost, the Insurer will reimburse the Policyholder with the cost of replacement of the articles and up to the maximum Insured sum stated in the Table of Benefits - Insured Amounts, subject to the per bag and per item limitations.

2. Events/items that are not insured

In addition to the exclusions listed in the General Conditions of Insurance for all lines of insurance, no insurance cover exists for the following situations:

- 2.1. Cash, bank notes, credit cards, keys, tickets, collections of stamps or coins, documents and paperwork with a value, precious metals, loose precious stones, trading goods and items that are valuable as art or as collectors' items, tools, equipment and items for the exercise of a profession, cameras, musical instruments, radios and portable radio/cassette/compact disc players, vehicle accessories, tools and spare parts, medical equipment, contact lenses, glasses, hearing aids or bridges for a tooth or teeth. weapons, computer equipment, computer software, mobile phone cards, bonus agreements or credit for calls, cost of having a mobile phone blocked or cost of reregistering the phone if it is lost, vehicles or other accessories, claims involving animals,
- 2.2. mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by accident to the conveying vehicle or,
- 2.3. Damage which is due to premeditation or negligence. Negligence is always deemed to have occurred if theft was possible due to a lack of physical and/or visual contact.
- 2.4. Destruction or damage due to wear and tear, moth or vermin.
- 2.5. Baggage, clothing and personal effects dispatched as unaccompanied baggage.
- 2.6. Theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
- 2.7. Loss or damage to sports equipment whilst in use, contact lenses, samples, tools, any jewelry.
- 2.8. Loss, destruction, or damage due to delay, confiscation or detention by order of any government or public authority.
- 2.9. for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
- 2.10. for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
- 2.11. Damage due to insufficient or defective packaging or storage.
- 2.12. Damage that can be attributed to leaving something behind, misplacing it, losing it or dropping it.
- 2.13. Loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause
- 2.14. Any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery; if the carrier is an airline the property irregularity report is compulsory to be obtained within max. 24 hours,
- 2.15. Baggage sent under an airway-bill or bill of lading,
- 2.16. Damage caused by wear and damage caused by spoiling goods, leaking fluids or the effects of the weather.
- 2.17. Damage which is caused indirectly or directly by acts of war, civil unrest, plundering, seizure by the authorities and strikes.
- 2.18. Losses covered by other insurance.
- 2.19. Consequential losses as a result of the event (e.g. charge to block forms of payment or mobile phones).

3 Procedure in the event of an insurance case

In addition to the obligations of the General Conditions, if the insurer has a right to deny benefits and claims in other respects, the following shall apply:

- 3.1. Losses which are sustained while in the custody of a transport company or accommodation provider are to be notified to these organizations immediately and a certificate requested.
- 3.2. In the case of damage which cannot be identified immediately from the outside, the transporting company is to be requested immediately after discovery to inspect and certify the damage. The respective time allowed by the company for complaints and making claims must be observed.
- 3.3. The following documentation is to be sent to the insurer, as the case may be:
 - Card number and identification documents
 - Police notification / report in the event of loss or theft;
 - In the event of damage an original loss notification issued by the airline or the transporting company (confirmation from the airline or transporting company should be issued latest 90 days after the loss occurred);
 - Original invoices or original receipts for replacement purchases;
 - Original airline ticket or boarding pass; or the email / payment confirmation or online invoice that proves the payment of the airline ticket
 - Original purchase receipts are required in the event of claims regarding goods purchased during the journey.
 - In respect of jewelry claims, original or certified copies of valuation certificates issued prior to the commencement of the Period of

Chapter 6

THIRD PARTY PERSONAL LIABILITY

1. Insured events

If during the Insured Journey a claim is made or a suit brought against an Insured Person for Medical Expenses as the result of an accident caused by the Insured Person and resulting in Bodily Injury to another person, the Insurer agrees to pay to the Policyholder the compensation stated in the Table of Benefits - Insured Amounts up to the maximum Sum Insured for the damages that the Insured Person is legally liable.

2. Specific Definitions:

Medical Expenses: shall mean reasonable charges for medical, surgical, X-ray, dental, ambulance, Hospital, professional nursing, prosthetic devices and funeral services.

3. Specific Exclusions:

The Insurer will not be liable for any claims caused by or resulting either directly or indirectly from:

- 3.1. Liability which is expected by or intended for an Insured Person;
- 3.2. Liability arising out of or in connection with a Business engaged in by an Insured Person. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the Business;
- 3.3. Liability arising out of the rental or holding for rental of any part of any premises by an Insured Person;
- 3.4. Liability arising out of the rendering of or failure to render professional services;
- 3.5. Liability arising out of a premises, water craft or aircraft that is owned by, rented to or rented by an Insured Person
- 3.6. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft;
- 3.7. Liability arising out of the transmission of a communicable disease by an Insured Person;
- 3.8. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse;
- 3.9. Liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug agency;
- 3.10. Liability under any contract or agreement;
- 3.11. Property Damage to property owned by an Insured Person;
- 3.12. Property Damage to property rented to, occupied, or used by or in the care of an Insured Person;
- 3.13. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by an Insured Person under any worker's compensation law, non-occupational disability law or occupational diseases law; or
- 3.14. Suits arising from any family member or travelling companion or family member of a travelling companion against an Insured Person.

4. Which claims are only insured under certain prerequisites?

A claim for compensation of justified claims for compensation only exists outside Romania if the claimant can enforce a claim against the insured's property.

5. Events that are not insured

In addition to the exclusions listed in the General Conditions of Insurance for all lines of insurance, no insurance exists for the following situations:

- 5.1. If the assessment of the loss and settlement or the fulfilment of other obligations by the Insurer is prevented by the state prosecutor, a third party or the insured;
- 5.2. For claims arising from unlawful and deliberate or grossly negligent actions;
- 5.3. For compensation obligations arising from losses which the insured or persons acting for him have caused through the keeping or use of aircraft and vehicles of whatever kind;
- 5.4. For losses the insured has caused to himself or his relations: spouse, partner, parents (step, in law, grandparents), children (step, in-law, grandchildren), sibling, brother-in-law, sister-in-law, uncle, aunt, of a person listed in the policy or an insured person covered by the same insurance policy;
- 5.5. For damage the insured has caused during a sporting competition;
- 5.6. For damage caused by use, wear and excessive strain;
- 5.7. For damage to things which the insured has borrowed, rented, hired or taken for safekeeping;
- 5.8. For losses caused through contamination or damage to the environment;
- 5.9. For damage to property caused to or with them as a result of their use, transportation, processing or other activities;
- 5.10. Through the transmission of an illness by the insured.

6. Procedure in the event of an insurance case

In addition to the obligations of the General Conditions of Insurance for all lines of insurance, if the insurer has a right to deny benefits and claims in other respects, the insured has an obligation to:

- 6.1. Authorize the lawyer appointed by the insurer (defending counsel, legal executive), give him all the information required and leave him to manage the case;
- 6.2. Authorize the insurer within the scope of his obligation to provide benefits to make all declarations that he deems to be useful;
- 6.3. If the insured is unable to obtain the insurer's instructions in good time, he must on his own initiative take all necessary actions for the case within the specified period.
- 6.4. The insured is not entitled to acknowledge a claim in part or in full without the insurer's permission.

Chapter 7

FLIGHT DELAY

1. Insured events

If during the Insured Journey, the flight that the Insured Person is due to travel is delayed in excess of the deductible, the Insurer agrees to reimburse up to the amount stated in the Schedule per hour, or up to the Total Sum Insured, whichever is the lesser, for essential purchases, such as meals, refreshments or other related expenses directly resulting from the:

- 1.1. delay or cancellation of his/her booked and confirmed flight;
- 1.2. denial of boarding due to overbooking on his/her booked and confirmed flight;
- 1.3. late arrival of his/her connecting flight causing him/her to miss his/her onward connection;
- 1.4. or a late arrival (of more than 1 hour) of public transport causing him/her to miss the flight;

2. Events that are not insured

In addition to the exclusions listed in the General Conditions of Insurance for all lines of insurance, no insurance exists for the following situations:

- 2.1. if an event is due to weather-related events
- 2.2. for high traffic volumes (e.g. traffic jams)
- 2.3. arising or as the result of a chartered flight, unless such flight is registered in the international data system;
- 2.4. if an Insured Person fails to check-in according to the itinerary supplied, unless it is due to a strike;
- 2.5. if the delay is due to a strike or industrial action existing or announced before the start of the journey;
- 2.6. if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.

3. Procedure in the event of a claim

All claims must be submitted in writing to the Insurer by the Insured Person, or his/her legal representative and all information, documents, and evidence required by the Insurer shall be furnished at no expense to the Insurer and shall be in such form and of such nature as the Insurer may prescribe.

The following documentation is to be sent to the insurer, as the case may be:

- Card number and identification documents
- Confirmation of the delay by the airline or transporting company incl. a description of the cause,
- A copy of declaration of delay made by another public transport company than an airline;
- The unused original flight ticket, or boarding pass; or the email / payment confirmation or online invoice that proves the payment of the airline ticket
- The newly purchased ticket or boarding pass; or the email / payment confirmation or online invoice that proves the payment of the airline ticket
- detailed circumstances of the delay;
- All receipts, all invoices serving as proof of purchases made in connection with the flight delay, as well as a proof of the delay and the flight number and place where the delay occurred.
- Confirmation of the transport provider responsible for the delayed transfer including a description of the cause,
- Police notification in the case of an accident or an accident report
- Original invoice for alternative journey home, accommodation costs in case of an overnight stay and catering / boarding costs.