

Cruise Gold

COVERAGE SUMMARY

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Trip Cancellation Coverage	You have to cancel your trip before you depart.	2.000€
Early/Delayed Return Coverage	You have to end your trip earlier or later than originally planned and need to recover additional transportation costs for your return home.	At cost
Trip Continuation Coverage	Your travel plans are interrupted, but you continue your trip.	At cost
Extended Stay Coverage	Your travel plans are interrupted and you need to recover additional accommodation and transportation costs you have incurred. Maximum of 200€ per day/per insured for up to 5 days	1.000€
Travel Delay Coverage	Your travel plans are delayed while you are on your trip. Maximum reimbursement per 24-hour period of delay: Daily Limit - 100€ (requires receipts) Minimum Required Delay - 3 hours	200€
Baggage Coverage	Your baggage is lost, damaged, or stolen while on your trip. Maximum benefit for all high-value items: 350€	700€
Emergency Medical Coverage	You have to pay for emergency medical treatment while on your trip.	100.000€
Emergency Transportation Coverage	Transportation is needed following a medical emergency while on your trip. Emergency Evacuation Medical Repatriation Return of Dependents Transport to Bedside sublimit: 750€ Repatriation of Remains Search and Rescue sublimit: 5.000€	100.000€
Third-Party Liability Coverage	You are financially liable for damage you cause to a third party or their property while on your trip.	2.000€

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

Important Notices:

- If not otherwise specified, the benefit limits shown above are per named insured.

Withdrawal Period

You may cancel or revoke this *Insurance Contract* with us, by sending your request in writing to the contact details listed below, within fourteen (14) days without having to state any reason and receive a full refund. The fourteen (14) day period starts from the date you received your Insurance Policy and the accompanying documents relating to your insurance.

Please note that this refund is only available if your insured trip has not started and if a claim has not been initiated on this *Insurance Contract*. After this 14-day period, your premium is not refundable.

CONTACT DETAILS

For customer service, please:

call: (+30) 211 10 98090 (9:00 - 20:30 CET, Mon - Fri)

e-mail: travel@allianz-assistance.gr

To file a claim, please:

call: (+30) 210 99 26926 (24/7)

e-mail: medical@allianz-assistance.gr

GENERAL & SPECIFIC CONDITIONS

WHO WE ARE

We are the Greek branch of the foreign insurance company under the trade name “AWP P&C S.A.”, which has its registered office in Saint-Ouen-sur-Seine, France. We also operate under the brand name “Allianz Global Assistance”.

Our postal address is:
10, Premetis street, Agios Dimitrios, Attica
Postal Code: 173 42, Athens

AWP P&C S.A. – Greek Branch, operating, in the present case, under the brand name “Allianz Global Assistance”, is an insurance company licensed to distribute insurance products within the territory of Greece (10, Premetis street, Agios Dimitrios, 173 42, Attica) as well as in Cyprus and Malta, operating in freedom of services (FoS), with corporate registration number 124252501001 and Tax Identification number 098118029.

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

ABOUT THIS INSURANCE CONTRACT

This *General and Specific Condition* document is an integral part of the Group Insurance Contract, concluded between *us* and the owner, charterer, or manager of the cruise ship who acts as a travel carrier, that offers insurance coverage for a specific cruise *trip*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, *we* are available during our working hours listed in Coverage Summary. Just visit *us* online or give *us* a call using the contact information listed in Coverage Summary. And, if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your Insurance Contract*.

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

WHAT THIS INSURANCE CONTRACT INCLUDES AND COVERS

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

Your Insurance Contract consists of two (2) parts:

1. The Insurance Policy which confirms your insurance
2. This General and Specific Conditions document, which describes the coverages (including the Coverage Summary, which provides the particular list of coverages and benefits covered), main provisions, and conditions that govern this *Insurance Contract*.

NOTE:

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

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DEFINITIONS

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

Accident	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
Accommodation	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
Act of war	Any act which is associated with and occurring in the course of war or directly triggering it.
Baggage	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
Civil disorder	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages of 2 or more persons. It does not include any such occurrence that rises to the level of or is connected with any <i>political risk</i> , <i>terrorist event</i> , <i>war</i> , or <i>act of war</i> .
Climbing sports	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
Cohabitant	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
Computer System	Any computer, hardware, software, or communication system or electronic device (including but not limited to smartphone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
Covered reasons	The specifically named situations or events for which <i>you</i> are covered under this <i>Insurance Contract</i> .
Cyber Risk	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> 1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>; 2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>; 3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
Departure date	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
Doctor	Someone who is legally authorized to practice medicine and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , the sick or <i>injured</i> person, or that person's <i>family member</i> .
Epidemic	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
Family member	<i>Your</i> : <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i>; 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings;

6. Grandparents and grandchildren;
7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;
8. Aunts, uncles, nieces, and nephews;
9. Legal guardians and wards; and
10. Paid, live-in caregivers;

High value items	Collectibles, jewelry, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
High-altitude activity	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
Hospital	An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i> . It must: <ol style="list-style-type: none"> 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. Have organized departments of medicine and major surgery; and 3. Be licensed where required.
Illegal act	An act that violates law where it is committed.
Injury	Physical bodily harm.
Insurance Contract	This travel insurance contract. The <i>Insurance Contract</i> includes this General and Specific Conditions document and the insurance policy.
Local public transportation	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometers.
Mechanical breakdown	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).
Medical escort	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
Medically necessary	Treatment that is required for your illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
Pandemic	An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
Political risk	Any one or more of the following: <ul style="list-style-type: none"> • Any event, organized resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or an organized political or ruling group; • Nationalization; • Confiscation; • Expropriation, • Deprivation; • Requisition; • Revolution; • Rebellion; • Insurrection; • Uprising;

- Military and usurped power.

Pre-existing medical condition

An *injury*, illness, or medical condition that, prior to and including the purchase date of this *Insurance Contract*:

1. Caused a person to seek medical examination, diagnosis, care, or treatment by a *doctor*;
2. Presented symptoms; or
3. Required a person to take medication prescribed by a *doctor* (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).

The illness, *injury*, or medical condition does not need to be formally diagnosed in order to be considered a *pre-existing medical condition*.

For example, a sprained knee *you* have had treated prior to and including the purchase date of *your Insurance Contract* will be considered a *pre-existing medical condition*. If *you* later have to cancel *your trip* because, for instance, the sprained knee now requires surgery, or because *your* recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a *pre-existing medical condition*.

Primary residence

Your permanent, fixed home address for legal and tax purposes.

Quarantine

Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which *you* are booked to travel during *your trip*, which is intended to stop the spread of a contagious disease to which *you* or a *traveling companion* has been exposed.

Reasonable and customary costs

The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately skilled and licensed service providers.

Refund

Cash, credit, or a voucher for future travel that *you* are eligible to receive from a *travel supplier*, or any credit, recovery, or reimbursement *you* are eligible to receive from *your* employer, another insurance company, a credit card issuer, or any other entity.

Return Date

The date on which *you* are originally scheduled to end *your* travel, as shown on *your* travel itinerary.

Service animal

Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.

Sporting equipment

Equipment or goods used to participate in a sport.

Terrorist event

An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of your country of residence and is committed for political, religious, ethnic and/or ideological purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include any *political risk*, *war* or acts of war.

Third-party

A natural or legal person other than *you*.

Traffic Accident	An unexpected and unintended traffic-related event, <i>other than mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or 4. <i>Local public transportation</i>.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
Traveling companion	A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
Trip	<i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> , which is originally scheduled to begin on <i>your departure date</i> and end on <i>your return date</i> . It cannot include moving or commuting to and from work.
Uninhabitable	A <i>natural disaster</i> , fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their <i>primary residence</i> or destination inaccessible or unfit for use.
Vandalism	Any illegal act that intentionally causes damage to or destruction of public or private tangible property. This does not include damage or destruction of public or private tangible property by <i>terrorist acts, war, acts of war, political risk, or civil disorder</i> .
War	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
We, Us, or Our	AWP P&C S.A. – Greek Branch, trading as Allianz Global Assistance
Work strike	An organized and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region, or nation. This also does not include any strike that rises to the level of or is connected with any civil disorder or political risk.
You or Your	All persons listed as insureds in the Insurance policy.

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept your request for insurance and send you an official confirmation of that. Your Insurance Contract's coverage effective date and coverage end date are indicated in your insurance policy. The Insurance contract becomes effective on the date listed on the insurance policy provided that the full premium is paid before or while the Insurance Contract is issued.

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

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

Your Insurance contract ends on the coverage end date listed on the insurance policy. However, there are situations where your Insurance Contract may end on a different date. If your Insurance Contract was purchased with a one-way booking, your coverage end date will be the return date (not to exceed 24 hours from the departure date shown on your travel documents).

Additionally, your Insurance Contract will end on the earliest of:

1. At 23:59 on the day you cancel your Insurance Contract;
2. At 23:59 on the day you end your trip, if you end your trip early;
3. At 23:59 on the day you arrive at a medical facility for further care if you end your trip due to a medical reason;
4. At 23:59 on the day you file a trip cancellation claim with us; or
5. At 23:59 on the 60th day of the trip which is the maximum trip length allowed by this insurance product.

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

Please note that this Insurance Contract applies for a specific cruise trip and cannot be renewed.

DESCRIPTION OF COVERAGES

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

A. TRIP CANCELLATION COVERAGE

If your trip is canceled or rescheduled for a covered reason listed below, we will reimburse you for your non-refundable trip payments, deposits, cancellation fees, and change fees (less available refunds), up to the maximum benefit for trip cancellation coverage listed in your Coverage Summary. Please note that this coverage only applies before you have left for your trip.

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

NOTE: We will not reimburse you for any trip costs and/or fees that are your travel carrier's or travel supplier's responsibility.

IMPORTANT: You must notify all of your travel suppliers within 48 hours of discovering that you will need to cancel your trip (this includes being advised to cancel your trip by a doctor). If you notify any travel suppliers later than that and get a

smaller *refund* as a result, *we will not cover the difference*. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 48-hour period, *you must notify them as soon as you are able*.

Covered reasons:

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

The following condition applies:

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

2. *A family member who is not traveling with you becomes ill or injured, or develops a medical condition (including being diagnosed with an epidemic or pandemic disease such as COVID-19).*

The following condition applies:

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

3. *You, a traveling companion, family member, or your service animal dies on or after your policy's coverage effective date and before your trip.*

4. *You or a traveling companion is quarantined before your trip due to having been exposed to:*

- a. *A contagious disease other than an epidemic or pandemic; or*
- b. *An epidemic or pandemic (such as COVID-19), but only when the following conditions are met:*
 - i. *The quarantine is specific to you or a traveling companion, meaning that you or a traveling companion must be specifically and individually designated by name in an order or directive to be placed in quarantine due to an epidemic or pandemic; and*
 - ii. *The quarantine does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates you or a traveling companion by name to be quarantined.*

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

One of the following conditions must apply:

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

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

The following condition applies:

- a. *The attendance is not in the course of your occupation (for example, if you are attending in your capacity as an attorney, judge, court clerk, law enforcement officer, or paralegal, this would not be covered).*

7. *Your primary residence becomes uninhabitable.*

8. *You, a traveling companion, or a family member serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.*

B. TRIP INTERRUPTION COVERAGE

Early/Delayed Return

If *you* have to return earlier or later than *your original return date* due to one or more of the *covered reasons* listed below, *we will reimburse you for, less available refunds, a travel carrier ticket(s) for your return travel to your primary residence in*

the same class of service that *you* originally booked, up to the maximum benefit for early/delayed return coverage listed in *your* Coverage Summary.

Trip Continuation

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below, we will

- i. pay or reimburse *you* for, less available *refunds*, the necessary transportation expenses *you* incur to continue *your trip*, up to the maximum benefit for trip continuation coverage listed in *your* Coverage Summary;
- ii. reimburse *you* for additional *accommodation* fees *you* are required to pay, less available *refunds*, up to the maximum benefit for trip continuation coverage listed in *your* Coverage Summary, if *you* prepaid for shared *accommodations* and *your traveling companion* has to end their *trip*.

Extended Stay

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below and the interruption causes *you* to stay at *your destination* (or the location of the interruption) longer than originally planned, we will reimburse *you*, less available *refunds*, up to the maximum benefit for extended stay coverage listed in *your* Coverage Summary, for additional *accommodation* and *local public transportation* expenses.

Covered reasons:

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

The following condition applies:

- a. A *doctor* must either examine or consult with *you* or the *traveling companion* before *you* make a decision to interrupt the *trip*.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following condition applies:

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

One of the following conditions must apply:

- a. *You* or a *traveling companion* needs medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.
6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, judge, court clerk, law enforcement officer or paralegal, this would not be covered).
- 7. *Your primary residence becomes uninhabitable.*
- 8. *You or a traveling companion is a traveler on a hijacked aircraft, train, vehicle, or vessel.*
- 9. *You, a traveling companion, or a family member serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.*

C. TRAVEL DELAY COVERAGE

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

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

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

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

- 1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to your *departure date*);
- 2. A *work strike*, unless threatened or announced prior to the purchase of *your* Insurance Contract
- 3. *Quarantine* during *your* trip due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
- 4. A *natural disaster*;
- 5. Lost or stolen travel documents;
- 6. Hijacking, except when it is a *terrorist event*;
- 7. *Civil disorder*; or
- 8. A *traffic accident*.
- 9. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

D. BAGGAGE COVERAGE

If *your baggage* is lost by a travel supplier or damaged or stolen while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for baggage coverage in *your* Coverage Summary:

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

The following conditions apply:

- a. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it;
- b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must file and retain a copy of a police report in case of theft of any one or more *high-value items*;
- d. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. **For items without an original receipt or a proof of purchase, we will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item;** and
- e. *You* must report theft or loss of a cellular device to *your* network provider and request to block the device

The following items are not covered:

1. **Animals, including remains of animals;**
2. **Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;**
3. **Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);**
4. **Hearing aids, prescription eyewear, and contact lenses;**
5. **Artificial teeth, prosthetics, and orthopedic devices;**
6. **Wheelchairs and other mobility devices;**
7. **Consumables, medicines, medical equipment/supplies, and perishables;**
8. **Tickets, passports, deeds, blueprints, stamps, and other documents;**
9. **Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travelers cheques, securities, bullion, and keys;**
10. **Rugs and carpets;**
11. **Antiques and art objects;**
12. **Fragile or brittle items;**
13. **Firearms and other weapons, including ammunition;**
14. **Intangible property, including software and electronic data;**
15. **Property for business or trade;**
16. **Property *you* do not own;**
17. ***High value items* stolen from a car, locked or unlocked;**
18. ***Baggage* while it is:**
 - a. **Shipped, unless with *your travel carrier*;**
 - b. **In or on a car trailer;**
 - c. **Unattended in an unlocked motor vehicle; or**
 - d. **Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;**
19. ***Baggage* that is misplaced, forgotten, or lost while in *your* possession.**

E. EMERGENCY MEDICAL COVERAGE

If *you* receive emergency medical care while *you* are on *your trip* for one of the following *covered reasons*, we will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for emergency medical coverage in *your* Coverage Summary:

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

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

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

The following conditions and exclusions apply in addition to General Exclusions:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor, hospital, or other provider authorized to practice medicine.*
- b. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip*;
- c. This coverage will not pay for any non-emergency care or services in general and the following care and services in particular:
 1. Elective cosmetic surgery or care;
 2. Annual or routine exams;
 3. Long-term care;
 4. Allergy treatments (unless the allergic reaction is life threatening);
 5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
 6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*);
 7. Experimental treatment; and
 8. Any other non-emergency medical care.
 9. Any dental care.

F. EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT:

- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- *We* are not, and shall not be deemed to be, a provider of medical or emergency services.
- *We* act in compliance with all national and international laws and regulation, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

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

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

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

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

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;
- b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;

- c. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage;
- d. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

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

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

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

The following conditions apply:

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

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

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

The following condition applies:

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

Return of Dependents (Getting minors and dependents home)

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

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

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

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

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

Repatriation of Remains (Getting *your* remains home)

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

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

The following conditions apply:

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

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

Search and Rescue

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

G. THIRD PARTY LIABILITY

If, as a result of a negligent act of yours during your trip, a legal compensation claim is brought against you for:

- (a) personal injury (including death) to a third party
- (b) material damage to a third party's property

We will reimburse you up to the maximum benefit shown in the Coverage Summary for Third Party Liability for the defense or settlement of third-party claims, namely for:

- i) compensation for material damage and bodily injury (including death) to third parties for which you are legally liable to pay compensation following a third party's legal claim against you,
- ii) the cost of your legal defense.

The following conditions apply:

- i. You must immediately notify us of the "Third Party Liability" claim and you must not assume liability without our explicit permission.
- ii. You must not offer payments to the third party without our written permission.
- iii. You must not communicate with the third party without our explicit permission.
- iv. You must authorize us to act on your behalf in defending you against any claims made by a third party.

- v. If we cannot be reached in time, you are responsible for taking all necessary procedural steps within the required time limit of the claim.
- vi. You must provide us with all information regarding the claim, including:
 - a detailed description of the circumstances surrounding the claim,
 - any available evidence,
 - any documents and/or correspondence you have received from the third party or its representatives,
 - any other documents or correspondence related to the claim.

Please be aware that our coverage does not extend to third-party liability claims arising as a consequence of your participation in the following activities:

- hunting,
- high-risk sports,
- business, professional, or commercial activities,
- operating, driving, repairing, maintaining or using motor vehicles, including go-karts,
- owning, towing, repairing, maintaining, or using trailers or caravans,
- operating, driving, repairing, maintaining, or using boats, watercraft, or aircraft of any kind, including drones,
- using property that you do not own without permission from the owner,
- use of firearms, weapons, ammunition, pyrotechnic equipment, or explosives,
- owning or keeping animals,
- participating in any races or competitions (excluding informal sports or recreational competitions).

Please be aware that the insurance policy does not cover third-party liability claims arising directly or indirectly from the following events:

- Sudden and unforeseeable bodily injury, death, property damage, or loss of property suffered by a member of your family, cohabitant, or traveling companion.
- Sudden and unforeseeable bodily injury to a person who is a member of your family, cohabitant, traveling companion, or your employee.
- Bodily injury, death, property damage, or property loss suffered by any person employed by you or by a member of your family caused by or resulting from the occupational activity.
- Contractually agreed assumption of liability beyond the provisions of statutory liability.
- Failure to fulfill any legal or contractual obligation to insure.
- Damage to ships and aircraft, including their equipment and accessories, lifts, hoists, lifting machinery, and construction machinery.
- Loss of or damage to data and software.
- Infringement of copyrights, patents, trademarks, and trade names.
- Damage to documents, drawings, archives, philatelic and numismatic collections, objects of historical or unique character, works of art, and antiques.
- Damage to coins and banknotes, gold, silver, platinum, precious stones, and pearls, negotiable instruments, travelers' cheques.
- Exposure to hazardous substances or hazardous waste,
- loss of income, earnings, wages, salaries, pensions, wages, or other specified sources of income, subsistence, disability medical care, and welfare claims, and any other consequential loss.
- Failure to comply with any local laws or other legal requirements.
- Failure to obtain compulsory insurance for the activity that resulted in bodily injury, death, property damage, or loss of property to third parties.
- Damage to property in your legal custody or control.
- Contagious/epidemic diseases.
- Your acts or omissions caused by fraud.
- Damage to third-party's property or loss of third party's property in your possession in any way.
- Damage or loss caused to goods or products after they have been delivered to third parties, which you have sold, supplied, manufactured, repaired, maintained, processed, or worked on. This also applies if these actions were carried out by a third party on your behalf.

NOTE:

Our coverage does not extend to the payment of the following financial charges imposed on you: fines, contractual penalties, court fines, administrative penalties, taxes or other public charges.

We shall not be liable for any consequential damages or reduction in market value, even if they result from the accident, and we shall not be liable for consequential damages or damages resulting from loss of possession of the damaged item.

H. TRAVEL SERVICES DURING YOUR TRIP

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

Finding a *Doctor* or Medical Facility

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

Monitoring your care

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

Emergency Cash Assistance

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

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your Insurance Contract*. An “exclusion” is something that is not covered by this *Insurance Contract*, and therefore no payment or service would be available.

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

If *you* have traveled against an order or advice against travel issued by *your* home country’s or *trip* destination’s government or local authority, this *Insurance Contract* excludes any loss directly or indirectly resulting from, arising out of, or related to any reason for or subject of such travel order or advice.

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

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your Insurance Contract* was purchased;
2. *Pre-Existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth;
5. Fertility treatments or elective abortion;
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
7. Acts committed with the intent to cause loss;
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
9. Participating in or training for any professional or semi-professional sporting competition;
10. Participating in or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions and tournaments organized by hotels, resorts, or cruise lines to entertain their guests.
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
 - a. Skydiving, BASE jumping, hang gliding, or parachuting;
 - b. Bungee jumping;
 - c. Caving, rappelling, or spelunking;
 - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
 - e. *Climbing sports* or free climbing;
 - f. *Any high-altitude activity*;
 - g. Personal combat or fighting sports;
 - h. Racing or practicing to race any motorized vehicle or watercraft;
 - i. Free diving; or
 - j. Scuba diving at a depth greater than 20 meters or without a dive master.
12. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, a *family member*, or *your service animal* is the victim of such act;
13. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under trip cancellation coverage, trip interruption coverage, travel delay coverage, or emergency medical coverage;
14. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under trip cancellation coverage, trip interruption coverage, or travel delay coverage;
15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
16. Nuclear reaction, radiation, or radioactive contamination;
17. *War or acts of war*;

18. **Military duty**, except when and to the extent that *military duty* is expressly referenced and covered under trip cancellation coverage or trip interruption coverage;
19. **Political risk**;
20. **Cyber risk**;
21. **Civil disorder**, except when and to the extent that *civil disorder* is expressly referenced in and covered under trip cancellation coverage, trip interruption coverage or travel delay coverage;
22. **Terrorist events**.
23. **Acts, travel alerts/bulletins, or prohibitions by any government or public authority**, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under trip cancellation coverage or trip interruption coverage;
24. **Any travel supplier's complete cessation of operations due to financial condition, with or without filing for bankruptcy**;
25. **A travel supplier's restrictions on any baggage**, including medical supplies or equipment;
26. **Ordinary wear and tear or defective materials or workmanship**;
27. **An act of gross negligence by you or a traveling companion**;

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

1. *Your travel carrier* tickets do not show travel date(s);
2. The Departure Date and Return Date as shown on the Coverage Summary do not match *your trip's* actual *departure date* and *return date* (does not apply to insurance purchased with a one-way booking); or
3. You intend to receive health care or medical treatment of any kind while on your trip.

CLAIMS INFORMATION

Our goal is to make this process as simple as possible. Please carefully review your *Insurance Contract* and Summary of Coverage before submitting your claim to ensure that your incident qualifies as a covered claim. Please note that not all losses are covered, even if they result from something sudden, unexpected, or out of your control.

Please use one of the following methods to make a claim:

- Call us at (+30) 210 99 26926 **(24/7)**
- Send an email to medical@allianz-assistance.gr

When submitting your claim, please provide us with all the requested information and documents as soon as possible. It's important to include as much detail as possible to expedite the claim processing. Please keep copies of all the information you send us.

You must have gathered the information required to support your claim. The following is an indicative list of the steps you should take and the documents we will need in order to process your claim. We may require further information and/or evidence after your claim has been submitted. In this case, we will inform you as soon as possible.

For all claims please provide:

- Your original travel booking invoices and travel documents showing the dates and times of travel.
- Original receipts and bills for all the expenses you have incurred.
- Original bills or invoices that you are required to pay.
- Details of any other insurance you have that covers the same risks, such as home insurance or private health insurance.
- As much evidence as possible to support your claim.

Please note that doctor's recommendations/advice should be provided in writing as official medical opinions/reports.

For claims falling under more than one insurance risk:

- For claims relating to being denied entry or boarding, we will require written confirmation from the tour operator or local public transport provider of the date and reason for the refusal.
- If the claim is made due to problems at the main residence, we will require written confirmation from the repair company, emergency service, or the property insurer/property surveyor who attended.
- If your claim is due to legal proceedings, we will need evidence from the court or relevant authority of the reason for your requested physical presence and that it cannot be postponed.
- For claims relating to extraordinary weather conditions, we will need evidence of the cause and extent of the emergency in the area of your main residence or where otherwise required.

Trip Interruption

- If you need to interrupt your trip, please call us as soon as possible to obtain our prior consent.
- The original invoices for your booking showing the revised time and date of departure and also detailing whether any refunds can be provided.
- For claims relating to illness or injury a medical report/diagnosis from the attending doctor must be completed. In the case of death, a copy of the death certificate is required.
- If your claim arises from any other circumstances, please provide independent evidence of these circumstances.

Travel delay

- Written confirmation from the air, rail, shipping or ground handling company or service provider of the scheduled and actual departure times and the reasons for the delayed departure.
- A detailed description of the circumstances that caused you to miss your departure, together with evidence from the public transport provider or the entity that provided roadside assistance services to the private vehicle in which you were traveling.
- If your claim arises from any other circumstances, please provide independent evidence of these circumstances.
- You must provide original receipts for the expenses you have incurred for us to reimburse you.

Baggage

- Report the theft, damage or loss to the police within 24 hours of discovery and request a written police report.
- If applicable, you should also report the theft, damage or loss to your travel carrier, travel agent, ground service provider or accommodation manager and request a written report.
- For delays, loss or damage during the custody of your travel service provider, make the report as soon as possible and ask for a written copy. For airlines specifically, you should promptly complete a Property Irregularity Report (PIR) from the airline or its ground handling provider.
- Original receipts or other appropriate proof of purchase/ownership/value for lost, stolen, or damaged baggage.
- Keep any damaged items as we may need to check them. If we reimburse or replace a damaged item, then that item becomes our property.
- Ask your network provider to block lost or stolen mobile phones and obtain written confirmation of this action from the provider.

Emergency Medical Care and Emergency Transport

- Always contact the 24-hour emergency medical service when you are hospitalised, when you need repatriation or when medical expenses are likely to exceed €500.
- Medical evidence from the attending physician to confirm the illness or *injury* and the treatment

Third-Party liability

- A detailed description of the facts relating to the claim, including photographs and video evidence, if available.
- Any order, subpoena or other correspondence received from a *third party*. Please note that you must not accept liability, offer any payment or correspond with any *third party* without our written consent.
- Full details of any witnesses and any written statements, if any.

GENERAL PROVISIONS AND CONDITIONS

The following conditions apply to your insurance. Please read them carefully.

1. CONTRACTUAL AMENDMENTS

Written Confirmation: Any amendments to this document or any other document accompanying this insurance are subject to our written confirmation.

2. APPLICABLE LAW & JURISDICTION

The applicable law of this *Insurance Contract* is the law of Cypriot Republic and all communications and documentation relating to it will be made in Greek.

The Courts of Cypriot Republic shall have exclusive jurisdiction to settle any dispute arising out of or in connection with this *Insurance Contract*.

3. PROTECTION OF PERSONAL DATA

The Insurer collects and processes the Insured's personal data exclusively and solely for the administration of the Insurance Contract (including the proper provision of appropriate services and the handling of any claims, demands and requests for the satisfaction of rights). In this context, the Insurer declares and warrants that it is fully aware of and complies with all its obligations under the applicable legal and regulatory framework on the protection of personal data, including the General Data Protection Regulation (679/2016) of the European Parliament and of the Council. In particular, the Insurer represents and warrants that (i) for your convenience and for your respective Insurance Contract, it will obtain in a lawful and transparent manner your absolutely necessary and required personal data; (ii) it will provide you with any required information regarding

the processing of your personal data on your behalf; and (iii) it will ensure that you obtain any necessary consent for the processing of your personal data on its behalf, unless there is any other lawful basis for such processing.

4. FINANCIAL SANCTIONS REGIME (INTERNATIONAL SANCTIONS)

Your *Insurance Contract* cannot provide coverage or benefit to the extent that either coverage or benefit would violate any applicable United Nations, European Union, United States of America or any other applicable economic or trade sanction, law or regulation. We will reject claims to persons, companies, governments and other third parties to whom this is prohibited under national or international agreements or sanctions.

5. CO-INSURANCE/MULTIPLE INSURANCE

If you have an *Insurance Contract* from another insurance company for the same risk (multiple insurance), you must promptly notify each insurer in writing of the insurance and the insured amount .

Most insurance policies are valid up to the extent of the actual insured loss and cannot exceed it.

Unless otherwise agreed, most insurers are jointly and severally liable up to the sum insured under their *Insurance Contract*. If the existence of other insurance is not disclosed at the time of the conclusion of the *Insurance Contract*, the reimbursement will be limited to the extent not covered by previous insurance. In the event that the *Insurance Contract* holder or the Insured fails to make such a disclosure fraudulently, the provisions of the applicable insurance legislation shall apply.

If several insurance contracts have been concluded by common agreement, with or without a common coordinating insurer, each insurer shall be liable in proportion to the percentage insured to him and not in full.

The total compensation paid by all insurers cannot exceed the extent of the insured loss you have suffered.

6. RIGHTS OF THE INSURER

We have the right to do the following:

- a. We may not provide cover if you have started your trip before the departure date indicated in your *Insurance Policy*.
- b. To take legal action in subrogation to your rights (at our expense) and to ask you to provide us with any information we need and to complete any necessary forms to help us recover any payment we have made to you under these terms.
- c. With your or your representative's permission, obtain information from your medical records to enable us or our representatives to deal with any claim. This may include a medical examination or autopsy following a loss of life. We will not provide your personal information to any other organization without your permission.
- d. To make arrangements for your return to your country of residence at any time during your trip if you become ill or injured. We will only take this action if our treating doctor and medical advisers agree. In case of disagreement, we will seek an independent medical opinion.
- e. We will not be responsible for repatriation or treatment costs if you refuse to follow the advice of your doctor and our medical advisors.
- f. To refuse to pay any compensation under these terms for amounts covered by other insurance or any other sources (such as, any amounts you may recover from private health insurance, any mutual health care agreement, travel service providers, home contents insurance or any other amount of compensation that may be recovered from you). In these cases we will only pay our share of the claim.
- g. To seek reimbursement from you for any amounts we have paid that are not covered by these terms.

7. FRAUD AND FALSIFICATION OF DATA

You are responsible for all statements or other representations you submit to us. Any materially misleading or inaccurate information in any statements or representations you submit to us may result in the cancellation of your *Insurance Contract* or a reduction in the compensation to which you are entitled, or possibly be used by us to defend our decision on a claim of yours.

Fraud is illegal and may subject you to criminal prosecution and civil penalties. We will reject your claim if you or someone acting on your behalf:

1. Makes false statements or statements that are intentionally misleading or fraudulent,
2. Falsely conceals or misrepresents any material fact; or
3. Contrary to the foregoing, attempts or commits fraud.

INFORMATION FORM (UNDER L. 38(I)/2016)

Name of Insurance Company:

Greek Branch of the foreign insurance company under the name "AWP P & C S.A."

Registered office of the Insurance Company:

10, Premetis str., Agios Dimitrios, Attica (Postal Code 173 42)

Applicable law:

Law of Cypriot Republic

How and when to settle written claims - complaints of the Insured or/and the Insurance Insurance Contract holder:

The Company must respond in writing to the Insured or/and Insurance Receiver, as the case might be, no later than fifty (50) calendar days after receipt of any complaint you submit. Submitting such a complaint does not interrupt the prescription period of your claims against the Company, nor does it limit your right to contact the competent authorities or to appeal to Justice. For more information on our “Complaints Procedure” please visit our website www.allianz-assistance.gr

1. INTRODUCTION

Our Company's highest priority is to best respond to your insurance needs by providing effective high-quality services at any time. In the light of the above, in this section you can receive information on how to submit a complain about your contract or insurance services provided by our company. In more detail:

a

2. WHAT IS CONSIDERED A COMPLAINT

The expression of dissatisfaction by a natural or legal person related to the insurance Insurance Contract or the insurance services provided to him/her/it, in any way, e.g. contractor/Insurance Contract holder, insured, indemnity insurance beneficiary, third party injured under non-life insurance. Complaints are also considered, in accordance with law, notices of insurance claims, claims for compensation and requests related to your contract and the provision of information or clarifications about it.

3. WHAT IS THE PROCEDURE TO SUBMIT YOUR COMPLAINT

To submit your complaint, you can fill in the online Complaint Submission Form or an equivalent form , which you may send us in any of the following ways, and specifically:

- (a) either by e-mail to the e-mail address travel@allianz-assistance.gr ,
- (b) either via fax to 0030.211.10.99.818,
- (c) either by post to the address:

Greek Branch of the foreign insurance company “AWP P & C S.A.”

10, Premetis str., Agios Dimitrios
107 43, Athens

In any case, if you do not choose to submit the online Complaint Form, but the other relevant form, this should at least include the following data:

- Name and Surname
- Father’s name

- Date of birth
- Insurance Contract number (or registration number in the case of vehicle insurance)
- Contact number
- Your status under contract (insured, covered member, prospective client, etc.)

4. WHAT IS THE COMPLAINT MANAGEMENT PROCEDURE WE FOLLOW TO HANDLE YOUR COMPLAINT

As soon as we receive your complaint, the Complaints Management Department will record your request and create a corresponding envelope. To handle and respond to it, it will collect any information required by the relevant departments of the Company.

The Company must send you a written and reasoned reply within fifty (50) calendar days of receipt of your complaint. In the event of any delay, it must inform you in writing both of the delay as well as the reason for that delay.

5. AUTHORITIES YOU MAY CONTACT

In addition to submitting your complaint or in case you are not satisfied with the Company's response, you may appeal to the Financial Ombudsman of the Republic of Cyprus, using the following data:

Website: www.financialombudsman.gov.cy.

Address: Kypranoros 15, 1061 Nicosia,

Postal address PO Box 25735, 1311 Nicosia – PO Box 26722, 1647 Nicosia

Contact number: +357 2284 8900

FAX: +357 22660584, +357 22660118

Email address: complaints@financialombudsman.gov.cy

6. PRESCRIPTION OF YOUR CLAIMS AGAINST THE COMPANY

Any of your claims against the Company is prescribed at the end of the period provided for by the relevant applicable law. Submitting a complaint as mentioned above does not interrupt the statutory prescription period concerning your legal claims.

COMPLAINT SUBMISSION FORM

Your Personal Details

Name *

City/District ***Telephone *****Email *****VAT Number *****Insurance Policy Number****Your Complaint****Issue ***

Please describe in detail all facts concerning your complaint and the dates and names of the persons involved so that our company can more easily give you a reasoned reply.

I declare that I expressly and unconditionally consent to the processing of my personal data by the Company so that it can handle the complaint I am now submitting.

DATA PRIVACY STATEMENT

I. INTRODUCTION

The company with the trade name AWP P&C S.A., located in 10 Prementis Str., 173 42, Agios Dimitrios, Attica, (hereinafter «AWP» or «Company»), is Data Controller of your personal data that is collected in relation to our insurance products. We, in AWP, respect our clients' privacy and have set their data protection as a key priority.

II. WHAT PERSONAL DATA DO WE PROCESS?

The collection and processing of your personal data in relation to our insurance products is conducted by our authorized employees or partners and is related to the information you provide us on the website <http://www.allianz-assistance>, or on our partners' websites or on our portal which is accessible by our partners, either when you request an offer or when an insurance contract is being issued. Said personal data might include:

a) When you request an offer, information such as:

- Type of travel,
- Country of Departure & Destination
- Departing & Returning Dates
- Number of travelers and their age
- Travel Costs

b) When the insurance contract is being issued, additional information such as:

- Identification Data (Name, Tax Number & Tax Office, ID & Date of issuance or Passport and Issuance Authority),
- Contact Data (post address, email, telephone numbers)
- Demographic Data (gender)

c) In case the insured risk has occurred, sensitive data might be also processed, such as:

- Incident description
- Medical expenses
- Medical history
- Medical report

III. WHAT IS THE PURPOSE OF YOUR PERSONAL DATA PROCESSING?

Our Company processes the aforementioned personal data for the following purposes:

A) It is required for the issuance of the insurance contract and for the assistance:

- i. For identification purposes,
- ii. For communication purposes for any issue related to our contractual relationship
- iii. In order to assess any insurance risks, to agree on the general and specific terms of the insurance contract and the respective premium

- iv. In order to manage the insurance contract at all stages, from risk assessment to claims. Please note that in case we are required to process sensitive personal data for the aforementioned purposes, we will ask for your explicit consent. Objection to provide consent or the required information, as well as possible withdrawal of your consent in the future, will give the Company the right to immediately terminate the insurance contract and to refuse to fulfill any obligation arising from this contract. In any case, we remind you that you have the right to withdraw your consent at any time, without of course prejudicing the legitimacy of the processing based on consent prior to its revocation.

B) In order to comply with our obligations deriving from applicable legal framework, in particular in relation to insurance and tax legislation.

C) In order to inform you about new products or/and services, provided that you have given your explicit consent, pursuant to the aforementioned.

IV. WHO ARE THE RECIPIENTS OF YOUR DATA?

The Company is committed that only natural or legal entities that are under its control and act only on its behalf and have the required professional qualifications have been authorized in writing to process your data and are fully bound by the confidentiality and obligations provided by legislation.

Your personal data might be transferred to other insurance companies, affiliated companies of Allianz Partners Group and to service providers, as long as it is required for the fulfillment of the insurance contract, such as agents, insurance intermediaries, compensation management companies, emergency transport companies and second medical opinion, logistics companies, customer service companies, lawyers, researchers, experts.

Finally, the Company may disclose your data to the competent public / judicial authorities to the extent required by the applicable legal and regulatory framework, if requested or if it is mandatory, without prior notice.

V. TRANSFER OF PERSONAL DATA

The Company may, in the course of its business transfer/receive personal data to and from insurance companies, affiliated companies of Allianz Partners Group if required.

The aforementioned transfer takes place in accordance with European legislation for companies located in countries within the European Union or the local legal framework for companies located outside the European Union.

The transfer of personal data to countries outside the European Union takes place only if these countries provide an adequate level of protection of personal data. If the third country outside the European Union does not provide an adequate level of protection of personal data, personal data may be transferred to that country only if protection is provided by a data transfer agreement or the criteria set under European and national legislation are met.

VI. RETENTION PERIOD

The personal data processed by the Company is retained throughout the duration of the processing. Upon expiration of this period, the data is kept in accordance with the applicable legal framework or for as long as it is required to defend the Company's rights before a Court or other competent Authority. The Company has in place a destruction procedure, which takes into consideration whether it is necessary to keep the data for compliance with legal and regulatory requirements or for the protection of the Company's interests, and is based on the instructions of the Data Protection Authority Of Personal Character (1/2005 DPA). The Company ensures

that this process is also binding towards third parties providing services in the name and on behalf of it and any other persons with whom it cooperates in the context of outsourcing or other agreements.

VII. OUR COMMITMENTS

We will retain your personal data up-to-date and accurate, we will store and delete it with safety, we will not collect and retain data that is not necessary, we will protect your data against any unauthorized or accidental access, disclosure, processing, deletion, modification or other use and we will take all adequate technical and organizational measures to protect your data.

VIII. YOUR RIGHTS

According to applicable legislation you have and can exercise the following rights:

- right of access to your personal data, as well as to the information related to their processing,
- right to rectification of inaccurate or incomplete personal data,
- right to deletion,
- right to restriction of the processing of your personal data, where explicitly provided for by legislation,
- right to data portability in a structured, commonly used and machine-readable format (e.g. CD-ROM),
- right to have your data (directly) transmitted to another controller,
- right to object to the processing of your personal data, where explicitly provided for by legislation
- right not to be subject to a decision based solely on the automated processing and to request human intervention in such case, as well as
- right to withdraw any consent given at any time

In case of an automated decision-making, you have the right a) to receive specific information for such processing, b) justification of the respective decision, c) to be heard, and d) to object to such decision. You can exercise any of the abovementioned rights by submitting a written request to our Data Protection Officer, via email: dpo@allianz-assistance.gr with subject "GDPR" or via post to AWP P&C S.A. to the following address 10 Premetis Str, PC 17342, Ag. Dimitrios Athens. We charge no fee for the exercise of the aforementioned rights, unless there is a repetition of requests or the volume of data is excessive and that results in administrative burden for our Company.

In any case, if you feel that the protection of your personal data is violated in any way whatsoever, you have the right to lodge a complaint to the Hellenic Data Protection Authority, using the following contact details:

Website: www.dpa.gr

Postal Address: 1-3 Kifissias Ave., 115 23 Athens, Greece

Call Center: +30 210 6475600

Fax: +30 210 6475628

E-mail: contact@dpa.gr