



VISA

Information for persons insured under group insurance

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Information for persons insured under group insurance

The following customer information provides an overview of the identity of the Insurer and key content of the insurance contract. The specific rights and obligations of the insured persons are derived from the Terms and Conditions of Insurance, any application forms or insurance confirmations, and from the applicable statutory provisions (Federal Law on Insurance Contracts, hereinafter "VVG").

1. Contracting parties

Swisscard AECS GmbH, as issuer (hereinafter: «Issuer») of charge and credit cards and other cashless payment methods (hereinafter: «Card»/«s»), has concluded a group insurance contract with the following Insurer, giving cardholders the option to join the group insurance contract. Joining the group insurance scheme provides the insured persons (see No. 2) with certain entitlements to benefits (see No. 3) from the Insurer, but not from the Issuer.

The Insurer and consequently the bearer of risk for the cover specified below is:

Allianz Assistance

AWP P&C S.A., Saint-Ouen (Paris), Wallisellen Branch (Switzerland), with registered domicile at Richtiplatz 1 in 8304 Wallisellen – hereinafter referred to as: «the Insurer»).

The Insurer may delegate tasks to serviceprovider third parties within the context of its mandate.

2. Insured Persons

The Insured Persons are derived from the definition on page 3 in the Terms and Conditions of Insurance.

3. Insured risks and scope of insurance cover

The insured risks and the scope of insurance cover (including exclusions from insurance cover) as well as the individual insurance benefits are derived from the Terms and Conditions of Insurance, and particularly from the Table of Insurance Benefits (starting on page 4).

4. How is the premium calculated?

You will be expressly informed in advance of the premium for optional insurance benefits subject to payment as part of your chosen SWISS Miles & More Travel Package when you take out the insurance. The premium is included in the price of your chosen SWISS Miles & More Travel Package.

5. What are the duties and obligations of the Insured Persons?

The duties and obligations are listed in detail in the Terms and Conditions of Insurance as well as in the VVG.

The following are material duties of the Insured Persons, for example:

- If a loss event occurs, this must be reported to the Insurer without delay.
- The Insured Persons must cooperate in the investigations of the Insurer, e.g. in the event of a claim, and must submit all necessary documentation (obligation to cooperate).
- In the event of a claim, reasonable steps to reduce and resolve the damage must be taken (duty to reduce damage).
- The Principal Cardholder is obliged to inform the other Insured Persons where

applicable (in particular the Additional Cardholders) about the main features of the insurance cover and obligations incumbent upon them in an insured event, and also that the General Terms and Conditions of Insurance can be obtained at any time from Swisscard AECS GmbH, Neugasse 18, CH-8810 Horgen or on the internet under swisscard.ch.

6. Duration of the insurance cover

The insurance cover basically applies as long as the SWISS Miles & More Travel Package has not been terminated.

7. Amending the scope of cover / the Terms and Conditions of Insurance

The Insurer and the Issuer may amend the Terms and Conditions of Insurance (incl. insured amounts) in accordance with the terms and conditions of the SWISS Miles & More Travel Package taken out, subject to the termination of the SWISS Miles & More Travel Package by the Insured Person.

8. Information on the processing of personal data

The Issuer and the Insurer process data from the contract documentation or contract processing and use these data particularly for calculating the premium, for risk evaluation, for processing claims, and for statistical analyses. The Issuer may also process the data for marketing purposes. The data are collected, processed, stored and deleted personally or physically or electronically in accordance with legal regulations. The Insurer can share data for processing to the necessary extent with third parties in Switzerland and abroad, in particular the Issuer, coissuers and reinsurers, service providers as well as domestic and foreign companies belonging to the Insurer which are involved in processing the contract. In addition, the Insurer can obtain relevant information from official agencies and other third parties, particularly with regard to claims experience. The Insured Person has the right to demand from the Insurer and Issuer information provided for by law regarding the processing of data relating to the Insured Person.

Terms and Conditions of Insurance for Charge and Credit Cards issued by Swisscard AECS GmbH

I. Structure of the Conditions/Introduction/Definitions

A. Structure of the Conditions

The Terms and Conditions of Insurance are composed of the following sections:

I. Structure of the Conditions/Introduction/Definitions

II. Table of Benefits

III. General Terms and Conditions of Insurance (GTC)

IV. Special Terms and Conditions (STC)

V. Claims Table

A definitive list of insurance benefits covered supplementary to the General Terms and Conditions of Insurance and the Special Terms and Conditions is provided in the Table of Benefits.

The General Terms and Conditions of Insurance are always applied if no other regulation is provided in the Special Terms and Conditions. In the event of inconsistencies, the Special Terms and Conditions apply.

Finally, the Claims Table lists the forms of evidence to be submitted when an insured event occurs. In the event of inconsistencies, it has precedence over the General and Special Terms and Conditions of Insurance.

B. Introduction

The Issuer has concluded a group insurance contract with the Insurer, through which Cardholders and other persons entitled to claim, on affiliation to the group insurance contract, and other Insured Persons are entitled to claim certain benefits **from the Insurer, although not from Swisscard AECS GmbH and/or third parties charged with processing the contractual relationship.**

The Principal Cardholder is obliged to inform the other Insured Persons where applicable (in particular the Additional Cardholders) about the main features of the insurance cover and obligations incumbent upon them in an insured event, and also that the General Terms and Conditions of Insurance can be obtained at any time from Swisscard AECS GmbH, Neugasse 18, CH-8810 Horgen or on the internet under www.swisscard.ch **Insured events must be reported without delay and directly to the Insurer as soon as the insured claim becomes known, as otherwise entitlement to benefits may be reduced.**

C. Definitions

For ease of readability, differentiated gender designations have been avoided.

Meanings of terms used in the Terms and Conditions of Insurance:

Abroad

All countries outside the national territory in which the Insured Person is normally domiciled.

Additional Cardholder

The person to whom the Issuer issued an additional Card at the request of the Principal Cardholder.

Advances

Advance for claims that are not covered by the insurance policy, and that the Insured Person must repay to the Insurer within one month of the advance or return to the state of residence.

Alternative means of transport

Alternative means of transport with public transport, in order to travel from the originally booked starting point to the originally booked place of destination.

Breakdown

A breakdown means any sudden and unforeseen failure of the insured vehicle caused by an electrical or mechanical defect that makes it impossible to continue the journey, or that means the continued journey is no longer permitted by law. The following are equivalent to a breakdown: tyre defect, fuel shortage, vehicle key locked inside the vehicle, or flat battery. Theft, loss or damage of the vehicle key or filling the tank with the wrong fuel do not count as breakdowns.

Card

The charge, credit card or other cashless payment method issued by the Issuer.

Cardholder

The holder of a Card.

Claims adjuster

The Insurer specified in the claims table.

Close relatives

Spouse, registered partner or life partner, children, parents, siblings, parents-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, grandparents, grandchildren and children of registered partner or of life partner.

GTC

The General Terms and Conditions of Insurance applicable to all insurance benefits (Part III).

Insurer

For all insurance benefits:

AWP P&C S.A., Saint-Ouen (Paris), Wallisellen Branch (Switzerland).

Insured amount

Level of the maximum financial benefits or compensation entitlement pursuant to the Table of Benefits.

Insured event

The incident leading to a loss covered by the insurance.

Insured Persons

The Principal Cardholder or Additional Cardholder of a Card, his spouse, registered partner or life partner who cohabits with him, his children and the children of his spouse, of his registered partner or life partner who are entitled to support, up to the age of 25, irrespective of their place of residence.

Insured trip

A trip is a stay lasting more than one day at a place that is at least 30 km away from the normal place of residence, excluding journeys to work. Insurance cover is limited to trips abroad in respect of certain insurance benefits.

Issuer

Swisscard AECS GmbH, the issuer of the Cards and third parties mandated by the issuer to process card purchases.

Minimum claim

Claim sum from which insurance protection exists.

Place of residence or customary place of residence

Place where the Insured Person mostly stays or stayed in a calendar year.

Principal Cardholder

The person who received the principal Card issued by the Issuer and who may apply for additional Cards under their own responsibility and at their own cost.

Public transport

The following officially licensed and scheduled public transport for which payment is required, on land, water or in the air: railway, tram, underground train, elevated railway, omnibus, ship or aircraft licensed for civil aviation, as well as taxis and hire cars, i.e. motor vehicles rented for money.

The following are not considered public transport within the terms of these conditions:

- Rail vehicles in pleasure parks or similar facilities;
- Ski lifts;
- Buses and aircraft operating sightseeing trips/flights (arriving and departing from the same place);
- Aircraft whose owner or lessee is the Cardholder;
- Rented (chartered) aircraft (not aircraft providing scheduled flights);
- Spacecraft, aircraft operated by armed forces or aircraft for the operation of which special authorisation is required;
- Other means of transport principally used as dwellings, e.g. cruise ships, motor homes, caravans, house boats, etc.

State of residence

The country in which the Insured Person has his customary place of residence.

STC

The Special Terms and Conditions which are valid for specified insurance benefits (Part IV).

Travel allowance

Compensation sum for travel expenses in conjunction with the insured purpose or for insured benefits.

II. Table of Benefits

Table of Benefits	Insured sums in CHF per insured event and Insured Person			Geographic scope
	Travel Protect	Travel Comfort	Travel Comfort Plus	
IV. A Travel Cancellation and Curtailment Insurance (indemnity insurance) For the cost of travel and/or accommodation				
<ul style="list-style-type: none"> • Cancellation or curtailment of travel due to death, accident, illness, natural catastrophe, terrorism, etc. • Delayed arrival > 12 hours • Missed arrival due to vehicle breakdown, accident, strike, bad weather, etc. 	15,000	x	15,000	worldwide
IV. B Travel Baggage Insurance (indemnity insurance)				
Personal travel baggage per insured trip	x	6,000	6,000	worldwide
Transport costs after recovery of lost luggage	x	1,000	1,000	worldwide

Versicherer:



AWP P&C S.A., Saint-Ouen (Paris)
Zweigniederlassung Wallisellen (Switzerland)
Richtiplatz 1, 8304 Wallisellen
Tel. +41 44 283 38 39, Fax +41 283 33 83
info.ch@allianz.com, www.allianz-travel.ch

III. General Terms and Conditions of Insurance and Customer Information (GTC)

1 When does insurance cover start and end?

- 1.1 The insurance cover begins on the day agreed between the Cardholder and Issuer under the terms of affiliation to the group insurance contract. Affiliation to the group insurance contract is valid for one year from the date given in the confirmation for the SWISS Miles & More Travel Package (insurance confirmation). After that, the insurance included in the Travel Package is extended by one month pursuant to the terms and conditions of the SWISS Miles & More Travel Package and may be terminated by the Insured Person in writing as of the end of a month after the first year subject to a notice period of 30 days.
- 1.2 Insurance cover ends in any event upon termination of the relevant SWISS Miles & More Travel Package as part thereof.

2 In what circumstances does cover not apply, or only limited cover apply?

2.1 Similar claims

If the Insured Person is entitled to claim from another insurance contract (voluntary or obligatory private or social insurance), the cover provided by the Insurer shall be limited to the portion of the insurance benefits that exceed those of the other insurance contract. Costs shall be reimbursed only once in total.

2.2 Third-party benefits

If the Insurer has provided benefits for a claim that was insured by another Insurer, these shall be treated as an advance. Repayment of the advance is through assigning the claims of the Insured Person vis-à-vis the other Insurer liable for benefits to the Insurer. The assignment shall be performed in place of the payment, and shall have the effect of discharging the obligations of the Insured Person.

2.3 Exclusions

- Apart from the limits and exclusions listed in the STC, it is essentially the case that no insurance cover shall be provided for losses:
- 2.3.1 that are intentionally caused by the Insured Person;
- 2.3.2 that the Insured Person causes by or during the wilful exercise of an offence or crime, or the wilful attempt to exercise an offence or crime;
- 2.3.3 arising through acts of war or civil war, whether war is openly declared or not; Entitlement to benefits from transport accident insurance exists, however, if the Insured Person is taken unaware by such acts of war or civil war while on a trip abroad. Entitlement to benefits is cancelled at the end of the 14th day after war or civil war commences in the national territory of the state in which the Insured Person is staying. This extension is not valid for trips to or through states in whose territory war or civil war already prevailed. Nor does it apply to active participation in war or civil war.
- 2.3.4 by nuclear energy;
- 2.3.5 that are directly or indirectly caused or caused in part by incidents with atomic, biological or chemical substances;
- 2.3.6 as a consequence of terrorist attacks, unrest of all kinds, natural catastrophes.
- 2.3.7 Also excluded are costs that would have been incurred if the insured event had not occurred.

3 What is the correct response to an insured event or to an insured incident? (Obligations)

The Insurer cannot issue a benefit declaration and consequently cannot provide benefits without the cooperation of the Insured Person.

The following obligations are imposed upon the Insured Person (in the event of the death of the Insured Person, the persons who are entitled to the lump sum payable at death are treated as equivalent to the Insured Person):

3.1 General:

- 3.1.1 to endeavour to the best of his ability to avert and reduce the damage;
 - 3.1.2 to inform the Insurer without delay, comprehensively and truthfully, providing all details, about any circumstance that may lead to benefits being owed by the Insurer;
 - 3.1.3 to submit to the Insurer the documents listed in the claims table (Part V) or to take steps to have these drawn up;
 - 3.1.4 to permit the Insurer to make reasonable enquiries to ascertain the cause and the scope of benefits payable;
 - 3.1.5 to heed instructions issued by the Insurer;
 - 3.1.6 to authorise third parties (e.g. physicians, other insurers, insurance carriers and authorities) to give information required if necessary;
 - 3.1.7 to inform the Insurer about the existence of other insurance policies providing cover for an insured event, and of any claims made on such policies and indemnities received and of any obligation to effect compensation resting on third parties;
- 3.2 Depending on the insured benefit in question:**

- 3.2.1 to consult a physician immediately after any accident that in all probability will lead to benefits being payable;
- 3.2.2 to follow the physician's instructions;
- 3.2.3 to submit to examinations by physicians acting on behalf of the Insurer;
- 3.2.4 to report cases of accidental death within 48 hours even if the accident has already been reported;
- 3.2.5 to furnish the Insurer with the right to have an autopsy performed by a physician appointed by the Insurer, where appropriate and necessary for the settlement of a claim, after an accident for which death benefit is claimed;
- 3.2.6 to report losses caused by crimes, fire or explosions without delay to the police at the competent police station and receive an authenticated copy of the report;
- 3.2.7 to take all measures necessary and reasonable to recover lost or stolen objects and to identify, apprehend and prosecute in the courts the guilty party(ies).

4 What are the consequences of non-observance of obligations?

If a breach of the obligations occurs after an insured event, the Insured Person shall lose the entitlement to the insurance benefit and the Insurer shall be entitled to curtail or reject benefits, assuming the Insured Person did not breach the obligation either wilfully or through gross negligence. In cases of gross or wilful negligence, the Insured Person shall retain entitlement to the insurance benefit provided the breach of the obligations neither influenced the determination of the insured event nor the assessment of the benefits due.

5 When does a claim for benefits expire?

The statutory limitation period is five years for claims arising out of the insurance contract. The period starts on occurrence of the insured event.

6 Which court is responsible?

- 6.1 The place of jurisdiction for disputes brought by the Insured Person or the legitimate claimant in conjunction with these Terms and Conditions of Insurance may be chosen as follows:
 - the registered domicile of the Swiss branch office of the Insurer;
 - with jurisdiction at the residence or domicile of the Insured Person and/or legitimate claimant under civil law in Switzerland.
- 6.2 The place of jurisdiction for claims brought by the Insurer is the place of residence of the Insured Person pursuant to civil law.
- 6.3 Mandatory place of jurisdiction provisions remain reserved in all cases.

7 How should the Insurer be informed?

What applies when a change of address occurs?

- 7.1 All notifications or declarations intended for the Insurer must be made in writing (e.g. letter, fax, e-mail). They must be sent to the contact address of the Insurer specified on page 5.
- 7.2 If neither the Insurer nor the Issuer have been notified of a change of address, then it shall be sufficient on their part to send any declaration of

intent by registered letter to the last address known to the Insurer. The declaration becomes effective on the date it would have been delivered under normal conditions if the address had not been changed.

8 What applies in the event of amendments to the Terms and Conditions of Insurance

Amendments to these terms and conditions and insurance sums may be agreed by the Insurer and Issuer (as the policyholder). They shall be notified to the Principal Cardholder in writing at least three months prior to the amendment coming into force. They are considered as having been approved by the Principal Cardholder if he does not terminate his affiliation to the insurance contract in writing prior to the amendment coming into force. The termination shall be valid if it is received by the Issuer on the last day prior to the amendment coming into force at the latest.

9 Which legal system is applicable?

This contract is governed by Swiss law.

The provisions of the Swiss Insurance Policies Act [Bundesgesetz über den Versicherungsvertrag – («VVG»)] remain reserved, insofar as its non-mandatory regulations have not been amended in these GTC.

10 Ombudsman for private insurance and Suva

The ombudsman for private insurance and Suva is available to Insured Persons as a neutral arbitrator. The ombudsman is only competent to advise and mediate and can therefore make no decision in litigation. This is reserved for the law courts.

Contact address in German-speaking Switzerland (head office):

P.O. Box 2646, CH-8022 Zurich
Tel.: +41 44 211 30 90, Fax: +41 44 212 52 20
E-mail: help@versicherungsombudsman.ch

Succursale Suisse Romande:

Chemin Des Trois-Rois 2
Case postale 5843
CH-1002 Lausanne
Tél.: +41 21 317 52 71, Fax: +41 21 317 52 70
E-Mail: help@ombudsman-assurance.ch

Succursale Svizzera Italiana:

Via G. Pocobelli 8, Casella postale
CH-6903 Lugano
Tel.: +41 91 967 17 83, Fax: +41 91 966 72 52
E-Mail: help@ombudsman-assicurazione.ch

11 How does the Insurer handle personal data?

The Insurer shall be entitled to procure and process essential data from involved third parties (e.g. the Issuer). The Insurer shall also be authorised to procure all pertinent information necessary from such third parties and to inspect official files as required to administer the contract and to process claims.

The Insurer shall undertake to treat all such information confidentially. Data will be stored physically and/or electronically.

If required, data shall be passed on to third parties, namely to coinsurers, reinsurers and to other involved insurers, to service providers, the Issuer as well as insurers in Switzerland and abroad. In addition, information may be passed on to other liable third parties and their liability insurers to assist in the enforcement of claims for recourse.

The Insurer is authorised to inform third parties (specifically the responsible authorities, official agencies and the Issuer), to whom insurance was confirmed of the suspension, alteration or cessation of the insurance, and of the refusal to pay a claim.

IV. Special Terms and Conditions (STC)

IV.) A. Travel cancellation and curtailment insurance

1. What is covered when and where?

Costs incurred in conjunction with travel benefits are insured according to the following provisions. The precondition is that the Insured Person is affected by one of the following unforeseen events:

1.1 Cancellation or curtailment of travel due to:

- death, serious accident, sudden and unexpected onset of a serious illness, complications in the pregnancy of the Insured Person or a person with whom the Insured Person intends to travel, provided the latter is named in the travel confirmation documents;
- complications in the pregnancy of the spouse, registered partner or life partner of the Insured Person;
- death, serious accident, sudden and unexpected onset of a serious illness of a close relative of the Insured Person;
- death, serious accident, sudden and unexpected onset of a serious illness of a person with whom the Insured Person was intending to stay during the journey, insofar as a suitable alternative cannot be found;
- loss of permanent employment of the Insured Person, insofar as the latter can claim Swiss unemployment benefit or equivalent benefit in the country of residence of the Insured Person;
- unforeseen acts of war or unrest in the destination country posing a specific risk to the life of the Insured Person, provided the booked trip is due to start within two weeks of the initial outbreak of the war or unrest;
- unforeseen terror attacks in the destination posing a specific risk to the life of the Insured Person, provided the terror attack in question occurs within 30 days of the start of the booked trip or during the journey itself;
- unforeseen natural catastrophes in the destination country and/or the scheduled travel route which would make further travel impossible or jeopardise the life of the Insured Person;
- unforeseen events declared as an official epidemic by the WHO in the destination country and which pose a specific threat to the life of the Insured Person;
- an unexpected notice issued by the Federal Department of Foreign Affairs (FDFA) or a similar institution in the country of residence of the Insured Person warning against travelling to the country to which the Insured Person had intended to travel (with the exception of all events excluded under 2.3 GTC and 3 STC); allergic reaction of the Insured Person to vaccines or prophylactics;
- an unexpected requirement of the Insured Person to appear before an ordinary court as a witness or member of the jury (not, however, in a professional or advisory capacity);
- serious damage to the home or habitual place of business of the Insured Person caused by theft, flooding, fire and natural disasters, or if the police demand the premature return of the Insured Person to his place of residence or place of business in conjunction with such events;
- delay and failure of the means of transport en route if the journey booked could not be started due to the delay or failure of the means of public transport used to travel to the starting point arranged for the journey;
- failure of the vehicle en route if the private vehicle or taxi used to reach the starting location as per the travel arrangements becomes unroad-worthy due to an accident or breakdown (non-availability of keys or running out of petrol are not insured);
- strikes, if strikes (excluding strikes by the travel company and/or its service providers) make the journey impossible;
- theft of passport or identity card, if the Insured Person's passport or identity card is stolen and, as a result, they are unable to travel (note: there are emergency passport offices at some airports).

1.2 Delayed departure

The flight, ship or train on which the Insured Person is travelling is unexpectedly delayed by more than 12 hours.

1.3 Missed departure

The Insured Person misses his flight, ship or train on the outbound jour-

ney due to:

- unforeseen breakdown or unforeseen accident involving the passenger car used for the outbound journey;
 - unforeseen cancellation or unforeseen restriction of scheduled public transport services due to:
 - bad weather,
 - strikes or labour disputes,
 - machinery breakdown or accident,
- insofar as this was not known to the Insured Person before the journey was commenced.

2 What benefits are available?

The following benefits shall be rendered up to the limit specified in the Table of Benefits:

2.1 In the event of cancellation as per 1.1 STC

The costs incurred by the Insured Person in non-commencing/cancelling travel arrangements, i.e. the costs the Insured Person is obliged to pay by way of contract for cancelling a booked journey.

2.2 Curtailment of travel as per 1.1 STC, delayed departure as per 1.2 STC or missed departure as per 1.3 STC

The costs that can be proven to have been incurred by the Insured Person when cancelling travel and/or hotel arrangements, i.e. the costs the Insured Person is obliged to pay by way of contract for cancelling a booked journey and/or accommodation. Calculation of the indemnification payable is based on the total cost of the journey, minus any services/benefits already used. The remaining costs will be reimbursed proportionately in the ratio of unused days to the total number of days of travel. The total cost of the journey is the price contractually agreed for the Insured Person's travel and accommodation, including rental cars and other services and benefits contained in the price. In addition to forgone travel and/or accommodation services/benefits, costs for rebooking the travel may also be refunded.

2.3 In the event of missed departure pursuant to 1.3 STC

In addition to the benefits specified under 2.2 STC, the Insurer shall provide the following benefits if the Insured Person misses the outbound journey for the insured trip booked in advance:

2.3.1 Notification of the transport company and/or tour company about the delayed arrival of the Insured Person;

2.3.2 Organisation and assumption of the cost of alternative and additional travel options and hotel stays (although not exceeding the level of costs that would have been incurred if the booked travel destination had been reached using the most direct route).

3 In which circumstances does cover not apply? (Exclusions)

In addition to the exclusion pursuant to No. 2.3 GTC, there shall be no insurance cover for the following insured events or incidents:

3.1 Insured events caused by gross negligence on the part of the Insured Person; or if the Insured Person has intentionally attempted to deceive the Insurer (for all benefits).

3.2 The following cases or situations are excluded in the case of travel cancellation and travel curtailment:

- cancellation or curtailment brought about by a pregnancy within a period of eight weeks before the estimated date of birth, insofar as the pregnancy was known at the time of the booking of the trip;
- if an illness or the consequences of an accident, an operation, or a medical intervention already existed at the time the trip was booked, if the Insured Person is under medical treatment and the illness is not healed by the travel date. The exclusion mentioned above shall not apply, however, if an accredited physician attests in writing that the Insured Person is fit to travel within 30 days prior to the booking of the journey. If an insured event occurs, the Insured Person must be able to present this attestation to the Insurer;
- additional costs arising out of the booking agency or travel company not being notified immediately of the plans to cancel or curtail the travel arrangements;

- withdrawal or curtailment due to booking travel to or within a country for which the Federal Department of Foreign Affairs (FDFA) or a similar institution in the country of residence of the Insured Person issued a warning prior to the booking of the travel;
- restrictive laws or actions enforced by the government of any country;
- any claim arising out of the Insured Person not being able to embark on the journey because of failure to obtain a valid passport or visa in time;
- strikes which started or whose start was announced before the journey was booked and/or embarked upon;
- acts of war, unrest, terror attacks, natural catastrophes and epidemics, which occurred prior to the journey being booked.

3.3 In the case of delayed and missed departures, insured cover does not extend to:

- insured events arising out of strikes or labour disputes, which began on or were announced for a date prior to the commencement of the travel;
- insured events arising out of an aircraft, ship or railway train on which the Insured Person had booked a trip being taken out of service on the instruction or recommendation of an official body in any country. In this case, the Insured Person shall direct any claims for compensation to the relevant transportation company;
- insured events arising out of the non-provision of services or transport (whether it be due to error, insolvency, omission, delay or any other reason) by the travel organiser for any part of the booked journey, with the exception of events that are expressly listed as insured;
- insured events arising out of the Insured Person failing to do his utmost to ensure that he checks in at the specified time;
- insured events arising out of the Insured Person refusing the offer of comparable, alternative conveyance.

3 In what circumstances will cover not apply, or only limited cover apply? (Exclusions)

In addition to the exclusions referred to in No. 2.3 GTC, insurance cover shall not extend to loss:

- caused by failure on the part of the Insured Person to take ordinary precautions to secure his personal luggage and property; for instance if left in an area accessible to the public, where the item is not in the direct care of the Insured Person;
- caused by leaving, parting with or dropping luggage;
- with regard to spectacles, contact lenses, all kinds of prostheses, securities, debentures, bonds, cash, travellers' cheques, stamps, documents of any kind, animals, musical instruments, glass, china, antiques, merchandise used for trade fairs and exhibitions, pictures, sports equipment while in use, bicycles, hearing aids, trade samples or merchandise and items which are used for trade or other business activities, television sets, vehicles or related apparatus, boats and/or auxiliary equipment;
- caused to an object loaned or entrusted to the Insured Person or rented by him;
- in respect of which no police report or report from the public transportation company has been presented to the Insurer;
- of personal items of luggage while in transit, which is not reported immediately to the public transportation company;
- due to confiscation or requisition by customs officials or other government authorities;
- due to electrical or mechanical failure, general wear and tear, denting, scratching or any type of dyeing or cleaning process;
- to fragile or easily destructible items other than through fire or due to an accident involving a vessel, aircraft or motor vehicle;
- caused by theft from unsupervised motor vehicles, trailers, mobile homes, caravans, water sport craft and tents; however, insurance cover exists (except for valuables, computers and mobile phones) if the stolen luggage was kept in a locked glove box, boot of the automobile or in the storage space of a caravan or mobile home or in a fixed mounted locked luggage box of an automobile such that it was invisible from outside;
- theft of valuables, computers and mobile phones from surrendered luggage or from unsupervised motor vehicles; valuables include jewellery, furs, valuable items containing precious metal or precious stones, watches, radios, binoculars, audio equipment, photographic equipment and video equipment, printers and games consoles.

IV.) B. Travel baggage insurance

1. What is covered when and where?

If, during the course of the insured trip, the personal travel baggage of the Insured Person is:

- lost, i.e. cannot be found, is stolen or its contents taken;
- damaged or
- destroyed;

the compensation listed below shall be paid to the Insured Person.

2 What benefits are available?

2.1 Cost of replacement

Reimbursement of the cost of replacing the insured travel baggage of the Insured Person as new, up to the sum specified in the Table of Benefits, less an amount for prior wear and tear and any thirdparty benefits.

2.2 Transport costs for relocated luggage

If lost or stolen luggage belonging to the Insured Person is relocated, the costs of transporting the luggage back to the place of residence of the Insured Person are reimbursed up to the amount stated in the Table of Benefits, insofar as these expenses are not borne by the transportation company itself.

2.3 If a stolen item is returned to the Insured Person after he has been reimbursed by the Insurer, the Insured Person may elect either to repay the reimbursed sum or to hand over the items to the Insurer. The Insurer may require the Insured Person to make the decision within two weeks. Once this period has elapsed, the Insurer may decide.

IV. Claims table

Please note the obligations which apply upon occurrence of an insured event as per No. 3 of the GTC (Part III).

In order to be able to process the insured event, the Insurer requires evidence about the occurrence of the loss event, its cost etc. The documents are listed in the following table, which must be submitted to the Insurer to receive benefits as quickly as possible. Of course, only the documentary evidence relevant to the insurance benefit(s) being claimed by the Insured Person need to be submitted. In case of doubt, please contact the claims adjuster, who will tell you which documents are required.

Claim	Documents required for the insurance benefit
General	<ul style="list-style-type: none"> • First and last digits of the card number • Notice of claim that has been completed comprehensively and truthfully • Original receipts of the expenses for reimbursement (photocopies are sufficient if the originals are being processed by third parties) showing the purchase price and the date of purchase, as well as the relevant card statement if applicable • Proof of payment for the public means of transport/ticket/contract or service • Name of the physician providing the treatment and the document releasing this individual from the duty of professional confidentiality • Police report insofar as the police were involved • Your bank details • Evidence of expenses met by third parties (e.g. an airline, other insurers)
Travel cancellation, travel curtailment <i>Claims adjuster:</i> Allianz Assistance	<ul style="list-style-type: none"> • Unused tickets or travel vouchers/invoices • In the case of e-tickets: confirmation from the airline that the ticket was not used and the costs reimbursed • Booking and cancellation receipts of the travel company • Medical certificates • Independent documentation, providing evidence of the reasons for delayed or missed arrival or travel cancellation or curtailment
Travel baggage insurance <i>Claims adjuster:</i> Allianz Assistance	<ul style="list-style-type: none"> • Evidence of the damage/destruction/loss of luggage • List of damaged/destroyed/lost items and their original purchase price and the date of purchase • In the case of a criminal offence, fire or explosion: a certificate from the local police force • If the insured event occurred on public transport, the report from the public transportation company • Submission of the damaged or destroyed items upon request