

Information for persons insured under 'collective insurance and Terms and Conditions of Insurance

Travel Cancellation and Curtailment Insurance – optional

(valid as of November 1, 2016)

The following customer information provides an overview of the identity of the *insurer* and key content of the insurance contract (Art. 3 para. 3 of the Federal Law on Insurance Contracts [hereinafter: "VVG"]). 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 (VVG).

1. Contracting parties

Swisscard AECS GmbH, as *issuer* (hereinafter: "*issuer*") of charge and credit cards (hereinafter: "*card/s*"), has concluded a collective insurance contract with the following *insurer*, giving the *cardholder* the option to join the collective insurance contract. Joining the collective insurance scheme provides the insured parties (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 Global Assistance

AWP P&C S.A., Saint-Ouen (Paris), Wallisellen Branch (Switzerland), with registered domicile at Hertristrasse 2 in CH-8304 Wallisellen hereinafter called: "AGA" or "the *insurer*").

The *insurer* may delegate tasks to service-provider third parties within the context of the rendering of its performances.

2. Insured persons

The *insured persons* are derived from the definition on page 5 of the Terms and Conditions of Insurance.

3. Insured risks, scope of insurance cover and assistance benefits

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 (page 6).

4. How is the premium calculated?

You will be expressly informed in advance of the premium for optional insurance benefits subject to payment when you take out the insurance.

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 *insurer's* investigations, e.g. in case of a claim, and must submit all necessary documentation (obligation to cooperate).
- In case 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 www.swisscard.ch

6. Duration of the insurance cover

The insurance cover applies as long as the *card* contract remains in force and the individual remains affiliated to the collective insurance contract. Special provisions on terminating the insurance cover can be found in the contract conditions.

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

The *insurer* and the *issuer* can amend the Terms and Conditions (incl. sums insured) in accordance with the General Terms and Conditions (see III GCI (8)).

8. Information on the processing of person-related data

The *insurer* processes data that result from the contract documentation or contract processing and uses these data particularly for calculating the premium, for risk evaluation, for processing claims, for statistical analyses, and for marketing purposes. The data are collected, stored, and deleted personally or physically or electronically in accordance with legal regulations. The *insurer* can exchange and/or transfer data for contract processing to the necessary extent with third parties in Switzerland

and *abroad*, in particular the *issuer*, with co-insurers and reinsurers, service providers as well as domestic and foreign companies belonging to the *insurer*. In addition, the *insurer* can obtain relevant information from official agencies and other third parties, particularly with regard to the claim event. The *insured person* has the right to

demand from the *insurer* the 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/Introductions/Definitions

I.) 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 Insurance Benefits
- III. General Terms and Conditions of Insurance (GCI)
- IV. Special Conditions of Insurance (SCI)
- V. Claims Table

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

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

I.) B. Introduction

Swisscard AECS GmbH has concluded a collective insurance contract with the *insurer*, through which *cardholders* 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 lost.

I.) 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*: tire 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 and/or credit *card* 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.

GCI

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

Insured event

The incident leading to a loss covered by the insurance.

Insured person

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 sum

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

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.

Insurer

For all insurance benefits, with the exception of legal assistance:

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

Only for legal assistance:

CAP Rechtsschutz-Versicherungsgesellschaft AG.

Issuer

Swisscard AECS GmbH, the *issuer* of the *cards* and third parties mandated to process *card* services.

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 submitted the application for the principal *card* with the *issuer* and who, at his own responsibility and cost, may apply for additional *cards*.

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 rental 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 authorization is required;
- Other means of transport principally used as dwellings, e.g. cruise ships, motorized homes, caravans, house boats, etc.

SCI

The Special Conditions of Insurance which are valid for specified insurance benefits (Part IV).

State of residence

The country in which the *insured person* has his *customary place of residence*.

Travel allowance

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

II. Table of Insurance Benefits

	Table of Insurance Benefits Depending on the <i>insured event</i> and insured person	<i>Insured sum</i> in CHF	Geographic scope
Travel Cancellation and Curtailment Insurance For the cost of travel and/or board/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 • Delayed arrival due to vehicle <i>breakdown</i>, accident, strike, bad weather, etc. 	15,000	worldwide

Insurer:



AWP P&C S.A., Saint-Ouen (Paris),
 Wallisellen Branch (Switzerland)
 Hertistrasse 2, 8304 Wallisellen,
 Tel. +41 44 283 38 39
info@allianz-assistance.ch, www.allianz-assistance.ch

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

1 When does insurance cover commence and when does it terminate?

- 1.1 The insurance cover begins on the day when the *cardholder* and *issuer* agree on terms to join the group insurance contract. Affiliation to the collective insurance contract incepts one year from the date given in the insurance confirmation. On expiry of the agreed duration, affiliation is tacitly extended by a year if the *cardholder* or *issuer* fails to give written notice of termination subject to a notice period of three months.
- 1.2 Insurance cover ends definitively upon termination of the *card* agreement, as set out in the General Terms and Conditions of the *issuer* or at the end of the affiliation to the collective insurance contract.

2 In what circumstances will 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. In overall terms, costs shall be reimbursed only once.

2.2 Third-party benefits

If the *insurer* has provided benefits for a claim that was insured by another insurer, then 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 *SCI*, 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 willful exercise of an offense or crime, or the willful attempt to exercise an offense 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 from 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 endeavor 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 authorize 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 willfully or through gross negligence. In cases of gross or willful 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 of two years applies to claims arising out of the insurance contract. The period starts when the *insured event* occurs.

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 insurance terms and conditions may be chosen as follows:
 - the registered domicile of the Swiss branch of 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, email). They must be sent to the contact address of the *insurer* specified on page 6.
- 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 insurance terms and conditions?

Amendments to these terms and conditions and the insurance sums may be agreed by the *insurer* and by the issuer (as the policyholder). They will be notified in writing to the *principal cardholder* at least three months before coming into force. They are considered as having been approved by the *principal cardholder* if he does not terminate the cover prior to the amendment coming into force (the termination date is the date when the *issuer* receives notice of termination).

9 Which legal system is applicable?

This contract is governed by Swiss law. The provisions of the Swiss Insurance Contract Act [Bundesgesetz über den Versicherungsvertrag – ("VVG")] remain reserved, insofar as its mandatory regulations have not been amended in these GCI.

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
Email: help@versicherungsombudsman.ch

Branch in French-speaking Switzerland:

Chemin Des Trois-Rois 2
Case postale 5843
CH-1002 Lausanne
Tel.: +41 21 317 52 71, fax: +41 21 317 52 70
Email: help@ombudsman-assurance.ch

Branch in Italian-speaking Switzerland:

Via G. Pocobelli 8, P.O. Box

CH-6903 Lugano

Tel.: +41 91 967 17 83, fax: +41 91 966 72 52

Email: 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*) for contract and claims processing. The *insurer* shall also be authorized 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* shall be authorized 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 Conditions of Insurance (SCI) – 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 trip reserved occurs within two weeks of the initial outbreak of the war or unrest;
- unforeseen terror attacks in the destination, which pose a specific risk to the *insured person's* life, provided the terror attacks in question occur within 30 days of the start of the reserved trip or directly during the journey;
- unforeseen natural catastrophes in the destination country and/or the scheduled travel route, which would make further travel impossible or jeopardize 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 *insured person's* life;
- 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 traveling to the country to which the *insured person* had intended to travel (with the exception of all events excluded under 2.3 GCI and 3 SCI);

- 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 unroadworthy due to an accident or *breakdown* (non-availability of keys or running out of gas 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 plane, ship or train on which the *insured person* is traveling is unexpectedly delayed by more than 12 hours.

1.3 Missed departure

The *insured person* misses his flight, ship or train on the outbound journey 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 labor disputes,
 - machinery breakdown or accident, insofar as this was not known to the *insured person* before starting the journey.

2 What benefits are available?

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

2.1 **In the event of cancellation as per 1.1 SCI/**

The costs incurred by the *insured person*, i.e. the costs the *insured person* is obliged to pay by way of contract for not appearing for/cancelling a booked journey.

2.2 **Curtailment of travel as per 1.1 SCI, delayed departure as per 1.2 SCI/ or missed departure as per 1.3 SCI/**

The costs verifiably incurred by the *insured person* in 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 foregone 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 SCI/**

In addition to the benefits specified under 2.2 SCI, 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 organization 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 what circumstances will cover not apply? (exclusions)

In addition to the exclusion pursuant to No. 2.3 GCI, 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 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 arising out of travel having been booked to or within a country for which the Swiss Department of Foreign Affairs 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 were notified 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 late and missed departures, insured cover does not extend to:**

– insured events arising out of strikes or labor 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 organizer 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.

V. Claims Table

Please note the obligations which apply upon occurrence of an *insured event* as per No. 3 of the GCI/ (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 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.

Benefits	Documents required for the insurance benefit
<p>Generally</p>	<ul style="list-style-type: none"> • First and last digits of the <i>card</i> 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 <i>card</i> 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)
<p>Travel cancellation, travel curtailment</p> <p>Claims adjuster: Allianz Global Assistance</p>	<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