

Group+

Business Travel Accident Policy Conditions

V.2018-08



Group+ Business Travel Accident Policy

This insurance is underwritten by AIG Europe S.A., an insurance company incorporated under the laws of Luxembourg with R.C.S. Luxembourg number B218806. AIG Europe S.A. has its head office at 35D Avenue J.F. Kennedy, L-1855 Luxemburg. <http://www.aig.lu/>

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With respect to risks located in the Netherlands, AIG Europe S.A. also has to comply with the financial conduct rules deriving from the Dutch Financial Supervision Act, which are supervised by the Autoriteit Financiële Markten. Contact details of the

Autoriteit Financiële Markten can be found at www.afm.nl. In some or all respects, the regulatory systems applying in other countries where the Dutch branch of AIG Europe S.A. does business will be different from that of Luxembourg.

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

Uncertainty provision

Unless the parties have expressly agreed otherwise, this agreement complies with the uncertainty requirement as envisaged in section 7:925 of the Dutch Civil Code, if and to the extent that the damage suffered by a third party for which compensation is claimed vis-à-vis an insured, is the result of an event of which it was not certain to the parties at the time when the insurance was taken out that any damage had arisen to such third party from such occurrence, or would still arise according to the normal course of affairs. Any damage that does not meet the above-mentioned requirement of uncertainty shall not be covered.

Translation

This document has been translated from the original Dutch wording. In case of discrepancies between the wording of this document and the original Dutch wording, the Dutch wording shall prevail.



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AIG Assistance

 The AIG Assistance helpline is available 24 hours a day, 365 days a year via: **+31 (0)10 453 5656**

When calling AIG Assistance, the *Insured* should provide the following information:

- 1 *Insured's* name and the policy number;
- 2 Telephone number on which the *Insured* can be reached;
- 3 Nature of the assistance required;
- 4 Location (city/country) of the *Insured*;
- 5 Name of the *Insured's* employer, company or organization.

In case of *Kidnapping, Ransom, Extortion* and *Crisis Management* calls the *Insured* with the Crisis helpline

 The Crisis helpline is available 24 hours a day, 365 days a year via: **+1 713 260 5500**

Assistance is available for medical emergencies or requests, as well as for travel advice before, during and after *Business trips* while on a Business trip. Below are some of the services we can provide:

Modules	Medical assistance services	Description
Core	24-Hour phone assistance	Access to Assistance 24 hours a day, 365 days a year by multi-lingual assistance coordinators, experienced in the procedures of <i>Hospitals</i> and clinics worldwide.
Core	Medical expertise	AIG Assistance is available at any time to ensure that the best medical treatment and medical advice is provided.
Core	Direct payment to <i>Hospitals</i>	AIG Assistance arranges for <i>hospitals</i> or clinics to bill the <i>Insurance Company</i> directly where possible and applicable.
Core	Repatriation	AIG Assistance organizes repatriation in emergency situations, including medically required transport (by air) depending on the circumstances of the case and if necessary, fully equipped with a medical team. On return, suitable transportation will be provided to bring an <i>Insured</i> to a <i>Hospital</i> or his/her home address in his/her <i>Country of Domicile</i> , in so far this is necessary.

Modules	Other assistance services	Description
Core	Medical referral	Referral to a suitable hospital or clinic or dentist for treatment.
Core	Emergency medical supplies	Assistance in locating and shipment of medicine, blood or medical equipment necessary for treatment if unavailable locally. AIG Assistance will help locate and dispatch a prosthesis, contact lenses and/or glasses if unavailable locally. The <i>Insurance Company</i> shall only pay for the shipment charges.
Core	Emergency message relay	In an emergency this service passes on messages to family and business associates.
Core	Emergency travel service	The arranging of travel in emergencies in liaison with the <i>Medical practitioner, Hospital</i> or <i>Insured's Relatives</i> . The service encompasses costs of travel, accommodation, guides, interpreters, taxi's, and telephone and childcare expenses for which proof is submitted and which were incurred on the recommendation of the AIG Assistance <i>Medical Consultants</i> and within the constraints of the policy. Anyone who is required to travel abroad to visit an ill or hospitalized <i>Insured</i> will be insured under section 2 - <i>Medical expenses</i> .
Core	Transport of human remains	AIG Assistance organises the repatriation of human remains and arranging the necessary import/export documents.
Plus	Emergency cash advance	AIG Assistance aids with replacement of <i>Money</i> that has been lost or stolen <i>Abroad</i> and provides advice on cancellation of lost or stolen payment cards or traveler's checks. Any <i>Money</i> amount that is replaced will be deducted from any subsequent valid claim made under section 9 - <i>Benefit for loss of Money</i> or must otherwise be reimbursed to the <i>Insurance Company</i> .
Plus	Port/Airport assistance	AIG Assistance liaises with the carrier and gives advice if an <i>Insured</i> has been delayed on the way to departure point and, if necessary, makes onward travel arrangements.

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Modules	Other assistance services	Description
Plus	Replacement travel documents	AIG Assistance provides aide in arranging replacement passports, visas, and other travel documents if lost or stolen whilst on a Business trip and can also arrange travel and accommodation alterations in connection with a claim under section 8 - Baggage .
Plus	Baggage	Assistance for Insured business travelers in connection with a claim under section 8 - Baggage . The Insurance Company will however not arrange for the work to be carried out.

Modules	Travel advice services via App and Website	Description
Core	Pre-Travel advice	This service provides helpful and relevant information to aid in preparation for the journey.
Core	Email travel alerts	This service sends regular alerts to the Insured's by email, so they are notified of altered political situations or severe weather conditions that might disrupt travel.
Core	Security awareness training	Access to an e-learning program for security and situation awareness that can help the Policyholder to comply with their duty of care to the Insured during a Business trip . This program provides practical advice about personal security, preparation and arrival, travel health risks, getting around at the destination, street crime, robbery, Kidnapping , Terrorism and unrest. The program provides a verifiable audit trail that allows the Policyholder to benchmark awareness levels.


www.aig.com/nl/travelguard

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Claims Procedure

How to react in any other situation

- In the following cases, the Insured is requested to contact the Crisis Hotline directly:
 - Kidnapping, Ransom and Extortion
 - Crisis Management

How to contact the Crisis Hotline

The Insured can call the Crisis Hotline 24 hrs a day, 365 days a year:

Emergency Crisis Helpline +1-713 260 5500

- For all other urgent claims, see the section on AIG Assistance.
- For all other claims, the *Insured* just needs to register the claim upon his/her return, so it can be settled in accordance with the applicable policy conditions (including the General Conditions).

How to claim expenses?

The *Insurance Company* differentiates between two possible situations:

- In case of medical treatment, hospital admittance/ stay:
 - The *Insured* should contact AIG Assistance as soon as possible. Once cover is confirmed, the expenses can be paid directly by AIG Assistance to the health care provider(s).
- In other cases:
 - The *Insured* must pay the expenses him/herself and submit an expenses claim to the *Insurance Company* upon his/her return.

How to register a claim?

The Insured may obtain a claim registration form by contacting claims.nl@aig.com. The claim form should be completed and signed. The form can be returned to the *Insurance Company* by email together with the documents specified on the claim registration form plus any other documents requested by the *Insurance Company*.

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Period of Cover

The *Insured* is only covered for the period of time specified on the *Policy Schedule*. The period of cover as mentioned on the *Policy Schedule* is as described below.

OT1 - Business Travel (excluding domestic Business Trips)

When an *Insured* is on a *Business Trip* outside his/her *Country of Domicile*, the period of cover commences from the time the *Insured* leaves his/her habitual place of residence or place of work, whichever occurs last, and ends at the moment the *Insured* returns to his/her habitual place of residence or place of work, whichever occurs first.

OT2 - Business Travel (including domestic Business Trips)

When an *Insured* is on a *Business trip*, the period of cover starts from the time the *Insured* leaves his/her habitual place of residence or place of work, whichever occurs last, and ends at the moment the *Insured* returns to their habitual place of residence or place of work, whichever occurs first. Domestic or in-country *Business trips* are included, so long as one of the following conditions is fulfilled:

- a. The travel includes at least one prebooked overnight stay in a hotel; or
- b. The travel is by scheduled flight; or
- c. The travel is by high speed train; or
- d. The destination is more than 150 kilometers from the regular place of work.

The following types of cover do not apply to *Business trips* within the *Country of Domicile*:

Medical expenses, urgent travel expenses, cost for after-care in the *Country of Domicile*, *Funeral expenses*, *Legal expenses*, Personal Liability and Evacuation due to political risks and *Natural Disasters*.

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General Definitions **A - C**

In this policy certain terms and expressions are used, which have a specific meaning. In some cases the meaning in question is unique to this policy. Below you will find these terms. Every time one of these terms is used in the *Policy Schedule* or policy conditions (or any endorsements); it is in **Italic with a Capital Letter**. Plural forms of the words defined have the same meaning as the singular form.

Abroad

Any country other than the *Country of Domicile*.

Accident

An *Event* with an external cause and which causes the Insured to suffer bodily Injury.

Act of war

Extraordinary circumstances such as armed conflict, civil war, uprising, civil disturbances, riot and mutiny. These six cited forms of Acts of war, as well as the definitions thereof, form part of the text filed by the Dutch Association of Insurers on 2 November 1981 with the court registry of The Hague District Court, and as such form part of this insurance contract.

Additional travel expenses

Costs that are paid in advance for the *Insured's Business Trip*, including but not limited to overnight hotel stays, rental vehicles, *Conveyance*, vehicles and aircraft, registration costs, visa's, other administration costs, and insurance premiums not included under *Additional Travel Expenses*.

Adverse publicity

Negative reporting in local, regional or national media (including but not limited to radio, television, newspaper or magazines) that has potential to cause a *Material* interruption.

Annual salary

- For insured amounts: the *Insured's* salary, as declared to the Tax and *Customs Administration* for the twelve-month period immediately prior to the *Accident*. If employment has not existed for a full twelve-month period, it will be derived as if employment had existed for the period referred to.
- For calculation of the insurance premium: the *Insured(s)'s* total annual salary that must be declared to the *Tax and Customs Administration*.

Limit per accident

The maximum amount that the *Insurance Company* will pay in total based on the schedule of cover, including that which is described in 1.2 Additional cover of Section 1 Personal Accidents.

App (applicable to section 9)

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

Baggage

The *Personal Property* taken on a trip by the *Insured* for his/her personal use, as well as items purchased during the trip, as well as *Business Equipment* belonging to the *Policyholder* and taken or purchased by the *Insured* during the *Business Trip*.

Bodily injury

Injury for which the nature and location on the *Insured's* body can be identified medically and is directly and exclusively caused by the *Accident*, not resulting from an *Illness* or disease and is not the result of a *Gradually* operating cause.

Business equipment

Property (other than money, vehicles, bicycles, drones, vehicle parts or accessories) of the *Policyholder*, for which the Insured is responsible.

Business trip

Any trip undertaken during the *Period of Insurance* primarily in connection with the *Policyholder's* activities and scheduled to last for a maximum duration of twelve months. Additional non-business activities are also covered when undertaken prior to, during or after a business trip.

Conveyance

An aircraft, vessel, train, coach, or similar *Conveyance* that operates under a scheduled published timetable and charters.

Country of domicile

The country where an Insured is registered in the population register and where he/she has his/her primary place of residence.

Crisis

A potential loss directly connected with a claim for *Personal Accidents* or *Medical Expenses* on the basis of this Policy resulting in a decisive, unstable or critical period in the *Policyholder's* affairs or activities that:

- (i) has directly caused a *Material interruption*; or
- (ii) has the potential to cause:
 - a. imminent *Financial loss*; or
 - b. adverse publicity for the *Policyholder* if no action is taken.

Crisis consultants

The independent *Crisis Consultants* previously approved by the *Insurance Company* in writing for consultation by the *Policyholder* in connection with a *Crisis*.

Crisis coverage period

The period of time commencing when the *Crisis* is first reported to the *Insurance Company*, on condition that this is done within 24 hours of media reporting, and ending not later than thirty days thereafter.

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General Definitions **D - H**

Departure

The travel date upon which the *Insured* is scheduled to depart, as indicated on the ticket or in the *Travel* itinerary.

Detention

The holding under duress, in excess of 12 hours, of an Insured for whatever reason, other than *Kidnapping*, and irrespective of whether the *Insured* is held by government authorities in a place of custody or by other parties.

Director

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

Disablement

Loss of limb, *Loss* of sight, *Loss* of hearing, *Permanent Partial Disablement*, *Permanent Total Disablement*, *Paraplegia*, *Quadriplegia*, *Hemiplegia*, and *Triplegia*.

Employee

Any person who has concluded a contract of employment, contract of service or apprenticeship with the *Policyholder*.

Event

A sudden and unexpected event or series of connected events giving rise to *losses* outside the control of the *Insured* and/or *Policyholder* and occurring at an identifiable time and place. The duration and scope of an *Event* is *limited* to 72 consecutive hours and within a 15-kilometer radius of the event.

Extortion or Personal extortion

A threat or connected series of threats communicated to the *Policyholder* or to an *Insured* for the purpose of demanding *Ransom Monies*, to *kill*, physically injure or *Kidnap* an *Insured* provided that Ransom Monies are not in the possession of the *Insured* at the time of the threat.

Felonious assault

Wilful and/or unlawful use of force upon the *Insured* (1) that results in *BODILY INJURY* to the *Insured*; and (2) is a criminal offence in the country, province or region in which it occurs.

Financially Dependent Child

Any of an *Insured's* unmarried children (including step or legally adopted children) who are under 27 years of age and who are financially dependent on the *Insured*.

Financially dependent parent

A parent, parent-in-law, grandparent, grandparent-in-law, (great) great grandparent or (great) great grandparent-in-law (whether natural, step or adoptive) if that person is primarily dependent on the *Insured* for maintenance and support, as documented in national tax returns or official equivalent.

Financial loss

- (i) a 10% decrease within a 48 hour period of the price per share of the *Policyholder's* common stock, after deduction of the change in the Standard & Poor's Composite Index or any other comparable index used to measure the value of assets of the stock exchange in which the *Policyholder* lists their common stock; or
- (ii) a decrease greater than 20% of the *Policyholder's* consolidated revenues.

Fracture

A complete fracture of a bone, or a compound fracture where the bone breaks the skin.

Funeral or Cremation expenses

Reasonable and necessary expenses related to the preparation of the *Insured's* body for cremation or burial, coffin or urn expenses, hearse leasing and/or burial fees.

Gradually operating cause

A cause that is the result of a non-sudden event or events that occur or develop over time that cannot be wholly attributable to a single *Accident*.

Hemiplegia

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

Hijacking

The unlawful seizure of, or wrongful taking control of the *Conveyance* in which the *Insured* is travelling.

Hospital

A *Hospital* is an establishment duly constituted and registered as a facility for the care and treatment of sick or injured persons as paying bed patients, and which:

- a. has organized diagnostic and surgical facilities,
- b. provides 24 hour a day nursing services by *Registered Nurses*,
- c. is supervised by a staff of *Medical Practitioners*, and
- d. is not a nursing home, rest home, convalescence home, place for custodial care, home for the elderly, institution for mental healthcare or behavioral disorders, preventorium, sanatorium, or a place for the treatment of alcoholics or drug addicts, even if located at the same place.

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General Definitions I - L

Illness

Harm to the health of the insured not caused by an **Accident** with indisputable objective symptoms as determined by a **Medical practitioner**.

Immediate Relative

Partner, father, mother, sister, brother, child, grandchild, grandparent of the insured.

Infectious Disease or Virus Testing

Expenses for a test or tests performed on an **Insured** to detect the presence of antibodies, antigens or other indicators of the presence of an **Infectious Disease** or virus, on condition that they (1) are ordered and administered under the care or supervision of a **Medical Practitioner** and carried out by a licensed medical institution; (2) do not exceed the usual level of charges for similar tests in the locality where the expenses are occurred; (3) meet generally accepted standards of medical practice and (4) do not include charges that would not have been incurred if no insurance had existed.

Informant

Any person, other than an **Insured**, providing information not otherwise obtainable, solely in return for a reward offered by the **Policyholder**.

Inpatient

An **Insured** for whom a clinical case record has been opened with a **Hospital** and who has been registered with a **Hospital** for a minimum stay of 24 hours for the medical care and treatment of **Bodily** injury and/or illness.

Insurance Company

AIG Europe, Netherlands.

Insured

The person or persons described on the **Policy Schedule** or any endorsements attached to the **Policy**.

Kidnapping

Any **Event** or connected series of **Events** of detaining, holding or carrying away one or more **Insured(s)** for the purpose of demanding **Ransom Monies**. This definition does not concern the taking of a minor by his or her parent.

Legal expenses

The costs, fees, expenses and other amounts reasonably incurred by the **Legal** representative on behalf of the **Insured** in connection with any claim or legal proceedings.

Legal representative

A lawyer (or other qualified person) who is designated and authorized to act on behalf of and for the account of the **Insured**.

Loss of hearing

Permanent, total and irrecoverable **Loss Of Hearing** resulting in inability of the **Insured** to hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz when tested by an accredited audiologist.

Loss of limb

In the case of loss of a leg or lower limb:

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

In the case of loss of an arm or upper limb:

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

Loss of sight

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

The **Insurance Company** will consider **Loss Of Sight** to be substantial if sight remaining in one eye is assessed at 3/60 or less on the **Snellen** scale after correction with spectacles or contact lenses (at 3/60 on the **Snellen** scale a person can see at 3 meters something that a person who has not suffered loss of sight should be able to see at 60 meters).

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Material interruption

A disruption in the continuity of the *Policyholder's* normal business operations, which:

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

Medical consultant

A *Medical Practitioner* (other than an Insured, a *Relative* of an Insured, or any *Employee* of the *Policyholder*) who holds a medical specialist accreditation issued in accordance with *European Union's* medical directives (or foreign equivalents) or by another similarly recognized body, and who specializes in assessing patients' medical data. For dental treatment, the definition is a dental practitioner who holds a specialist dental accreditation or who specializes in a specific branch of dentistry, and specializes in assessing patients' medical data.

Medical expenses

The reasonable and necessary costs incurred by an Insured outside the *Country of Domicile*, for medical, surgical or other remedial attention or treatment given or prescribed by a *Medical practitioner*, and any *Hospital*, nursing home and ambulance charges. Medical expenses include optical and pregnancy/ childbirth expenses and dental expenses on condition that they are incurred as a result of an emergency or if they are the result of *Bodily* injury.

Medical practitioner

A doctor of medicine who has graduated from a medical school listed in the '*Directory of Medical Schools of the World Health Organization*', and holds a license from the medical authorities in the country in which he/she practices, and who practices within the framework of the applicable license and training.

Mobile Payment Technology

Technology for mobile payment via an *App*, browser or through a contactless terminal (e.g. Apple or Android Pay).

Money

Coins, bank or currency notes, negotiable instruments, bank drafts, letters of credit, meal vouchers, bank cards, telephone cards, postal or money orders, travelers' checks, travel tickets, petrol receipts or receipts with a monetary value or credit vouchers in the possession, management or supervision of the *Insured*, and only intended for business travel, meals, accommodation and personal expenses.

Natural Disaster

A volcanic eruption, flood, tsunami, earthquake, landslide, hurricane, tornado or wildfire.

Non-Scheduled Aircraft Accumulation Limit

The maximum amount the *Insurance Company* will pay in total under Section 1, including any additional cover and any other policy of personal *Accident* insurance issued by the *Insurance Company* in the *Policyholder's* name for all *Insureds* suffering *Bodily* injury in the same *Accident* involving an aircraft (not an *Accident* with a Scheduled *Aircraft*) contributed to or caused by the same original cause, Event or circumstance.

Paraplegia

Permanent and entire paralysis of both legs and (part of) the lower half of the body.

Partner

A person who is an *Insured's* husband or wife, fiancé or fiancée, or any civil or de facto partner with whom the Insured has continuously lived for at least three months at the same place of residence immediately prior to the commencement date of the *Business trip*.

Period of Insurance

The period of time during which the *Policy* is in place as specified on the *Policy Schedule*.

Permanent Partial Disablement

Permanent, partial and irrecoverable *Disablement* that is described in the schedule of cover and will, in all probability, continue for the remainder of the *Insured's* natural life as determined by a *Medical consultant*.

Permanent Total Disablement - applicable to Employees and/or Directors

A permanent, total and irrecoverable *Disablement* that is described in the schedule of cover and that fully prevents the Insured from working in their usual occupation, and which in all probability will continue for the remainder of their natural life as determined by a *Medical consultant*.

Personal Property

Property owned by and in the custody or control of the *Insured* during *Business* travel (other than money, vehicles, bicycles, vehicle parts and accessories or *Business* equipment).

Policyholder

The legal entity and/or affiliated legal entities specified on the *Policy Schedule* or in any latter endorsements.

Policy Schedule

The document that contains details about the *Period of Insurance* and the *Insured(s)*, including the sections of the *policy* and *Sums Insured*, and which should be read together with this document.

Psychological Therapy

Expenses incurred for any individual, joint or family psychological counselling on condition that this resulted from a referral by a *Medical Practitioner*; and (1) it meets generally accepted standards of medical practice and (2) does not include charges that would not have been made if no insurance had existed.

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Ransom Monies

Any monies which the *Policyholder* or the *Insured* has paid (or lost in-transit/delivery) under circumstances described in the description of cover, including cash, negotiable monetary instruments, gold bullion, or the fair market value of any securities, property or services.

Reasonable Additional Expenses

Expenses for meals, taxi journeys, essential telephone calls and accommodation that were necessarily incurred as the result of travel delay and that are in excess of any vouchers provided or costs borne by the *Travel* supplier or any other party.

Relative

The *Insured's* or *Partner's* aunt, brother, brother-in-law, child, grandchild, grandparent, nephew, niece, parent, parent-in-law, *Partner*, sister, sister-in-law or uncle.

Rental vehicle

A passenger car, mini van, mini-bus or 4x4 vehicle intended for passenger transport, hired from a licensed motor vehicle rental company for the sole purpose of carrying the *Insured* and their traveling companions on public roadways. It shall not include any other type of vehicle or vehicle use.

Quadriplegia

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

Scheduled Aircraft

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

Scheduled Aircraft Accumulation Limit

The maximum amount the *Insurance Company* will pay in total under *Section 1* including any extensions and any other policy of personal *Accident* insurance issued by the *Insurance Company* in the *Policyholder's* name for all *Insured* suffering *Bodily* injury in the same *Accident* or series of *Accidents* involving a *Scheduled Aircraft* contributed to or caused by the same original cause, *Event* or circumstance.

Sexual assault

Any involuntary sexual act in which a person is coerced or physically forced to engage against their will.

Sum insured

The set payable amount as specified on the *Policy Schedule* or maximum payable amount per *Event*.

Terrorism

Violent acts and/or activities committed outside of the scope of one of the forms of Act of war stated in Section 38 of Book 3 of the Dutch Financial Supervision Act, in the form of an attack or a series of attacks coordinated in time and nature, causing injury and/or harm to health, whether or not fatal, and/or damage to property, or otherwise affecting economic interests, whereby it can be assumed that the attack or series was planned and/or carried out, whether or not by an organization, with the aim of achieving particular political and/or religious and/or ideological aims.

Third Degree Burns

Burns that have resulted in the complete destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands) down to the subcutaneous fatty tissue, and that require surgery or a skin grafting to treat.

Travel itinerary

The schedule of the *Insured's* intended *Business trip*.

Travel supplier

Any legal entity that provides travel arrangements for the *Insured's Business trip*.

Triplegia

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

Victim

An *Insured* who is the subject of a valid claim.

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Core Module

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

- SECTION 1** Personal Accidents
- SECTION 2** Medical Expenses
- SECTION 3** Repatriation and other Emergency Travel Expenses
- SECTION 4** Personal Liability
- SECTION 5** Trip Cancellation
- SECTION 6** Travel Interruption or Rearrangement

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Section 1: Personal Accident

1.1 Death and Permanent Disablement caused by an accident

Description of coverage

If, during the *Period of Insurance* and the period of cover as specified on the *Policy Schedule*, the *Insured* sustains **Bodily** injury, which within two years of the date of the **Accident**, solely and independently of any other causes, results in death or **Disablement** as listed in the schedule of cover shown below, the *Insurance Company* will pay the applicable percentage of the **Sum** insured as shown on the *Policy Schedule*.

Coverage under this section is included for the items specified in the schedule of cover. The amount payable for each **Bodily** injury is payable as a percentage of the **Sum** insured shown on the *Policy Schedule*.

Extensions to the definition of accident

If an *Insured* suffers **Bodily** injury as a direct result of the situations listed below, the *Insurance Company* will pay the applicable percentage of the **Sum** insured shown in the schedule of cover.

- a. The consequences of inappropriate medical treatment, wound infection or blood poisoning directly connected with a covered **Accident**;
- b. The consequence of lawful self-defense, rescue (or attempted rescue) of endangered persons, animals or goods;
- c. The acute and unwitting consumption of solid/liquid substances and/or inhalation of gaseous substances that are harmful to health;
- d. Animal and insect bites in so far as physically evident effects can be identified as a result of the bite;
- e. Spraining or tearing a muscle, tendon, ligament or capsule as a result of a sudden exertion, sprain, twisting or dislocation;
- f. Fatigue and deprivation when separated from the outside environment as a result of a disaster (flood, shipwreck, emergency landing, collapse, etc.), exceptional weather conditions, freezing temperatures, heat stroke, accidental drowning, accidental suffocation (not as a result of illness), lightning strike, sunstroke;
- g. Bacterial poisoning due to accidentally falling into a solid or liquid substance;
- h. Cowpox, anthrax, foot and mouth disease, scabies, trichophytia and bovine brucellosis (Bang's disease);
- i. Lumbago, tenosynovitis (tendovaginitis crepitans), tennis leg (coup de fouet), tennis elbow (epicondylitis humeri), hernia umbilicalis (exomphalos) and hernia inguinalis (inguinal hernia) and enterocele on condition of operation;
- j. An **Accident** caused by an illness other than a mental illness or psychological condition.

Disappearance

If an *Insured* disappears and after 12 consecutive months it is reasonable for the *Insurance Company* to believe they have died due to a **Bodily** injury, the *Insurance Company* will pay to the *Policyholder* and/or the beneficiaries the amount resulting from applying the percentage to the **Sum Insured** shown on the *Policy Schedule* for Item 1.0 - **Accidental Death** specified in the schedule of cover. If it is discovered after this payment that the *Insured* is still alive, then all amounts paid by the *Insurance Company* for settlement of the aforementioned claim must be repaid to the *Insurance Company*.

Schedule of Cover

Item	Description of accident cover levels	Percentage payable per claim
1.0	Death	100%
1.1	Permanent Total Disablement	100%
1.2	Irrecoverable insanity	100%
1.3	Permanent total Loss of sight	100%
1.4	Permanent total Loss of one limb	100%
1.5	Permanent total Hearing loss in both ears	100%
1.6	Permanent total loss of speech	100%
1.7	Third Degree Burns and/or resultant disfigurement which extend to cover more than 40% of the entire external body	50%
1.8	Permanent total loss of function of the back or spine below the neck without damage to the spine	40%
1.9	Permanent total Hearing Loss in one ear	30%
1.10	Permanent total loss of one thumb	30%
1.11	Permanent total loss of lower jaw as a result of surgery	30%

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Item	Description of accident cover levels	Percentage payable per claim
1.12	Permanent total loss of function of the neck or cervical vertebrae without damage to the spine	30%
1.13	Permanent total loss of an index finger	20%
1.14	Permanent total loss of a kidney	20%
1.15	Permanent total loss of a big toe	15%
1.16	Permanent total loss of sense of taste or smell	10%
1.17	Permanent total loss of a finger other than index finger	10%
1.18	Permanent total loss of any toes other than big toe	5%
1.19	Permanent total loss of a spleen	5%
1.20	Loss of at least 50% of healthy and natural teeth and capped or crowned teeth but excluding milk teeth and dentures (percentage shown is per tooth)	1% up to a total <i>Sum Insured</i> of €10,000 for all lost teeth
1.21	Shortening of the leg by at least 5 cm	10%
1.22	<i>Permanent Partial Disablement</i>	A percentage of the <i>Sum Insured</i> that corresponds to the percentage reduction of overall physical function, taking account of the percentages shown for items 1.2 - 1.19. The extent of <i>Disablement</i> is determined in accordance with the most recent edition of the 'Guide to the Evaluation of Permanent Impairment' of the American Medical Association (A.M.A.) plus the guidelines of the Dutch associations of specialists.

Conditions

- The *Sum* insured in Item 1.0 for an *Insured* child is limited to € 15,000, except for *Insured* aged 16 to 18 years inclusive who are working for the *Policyholder* on the date of the *Accident* resulting in the *Bodily Injury*.
- The *Sum* insured in Item 1.0 or *Disablement* will be reduced by 50% or to € 100,000, whichever is lower, once the *Insured* has reached 85 years of age.
- If an *Insured* had an existing physical impairment or existing medical condition prior to the date of the *Accident*, the calculation of the benefit payable for Items 1.1 to 1.21 of the schedule of cover will be based on the difference between the *Insured's* physical impairment or medical condition before and after the covered *Accident*.
- This assessment will be made by the *Insured's Medical* practitioner or *Medical* consultant or an independent *Medical* consultant as determined and appointed by the *Insurance Company*, which will determine the percentage to be applied to the *Sum* insured shown on the *Policy Schedule*.
- Limitation on multiple benefits. If an *Insured* suffers one or more *Bodily Injuries* from the same *Accident* for which amounts are payable under more than one of the benefits as listed on the schedule of cover, the maximum amount payable under all of the benefits combined will not exceed 100% of the *Sum* insured as shown on the *Policy Schedule*.
- The maximum amount that the *Insurance Company* will pay under this and any other travel insurance issued by the *Insurance Company* in the name of the *Policyholder*, for all *Insured* that have suffered *Bodily Injury* as a result of the same *Accident* or series of *Accidents*, caused by or as a result of the same *Event*. The resulting reduction of liability relating to the *Scheduled Aircraft Accumulation Limit*, the *Non-Scheduled Aircraft Accumulation Limit* or the any one accident limit shown on the *Policy Schedule*, will be charged on proportionately in the amounts payable for each *Insured*.
- Item 1.1 shall only apply to *Employees and Directors* of the *Policyholder*.

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1.2 Additional Benefits & Cover

If, during the *Period of Insurance* and the period of cover as specified on the *Policy Schedule*, an *Insured* sustains *Bodily* injury, which within two years of the date of the *Accident*, results in death or *Disablement* as listed in the schedule of cover shown below, the *Insurance Company* will pay the following additional cover. Payment shall be made to the *Policyholder* unless the *Policyholder* and the *Insurance Company* agree otherwise.

1.2.1 Benefits for survivors of an Accident

1.2.1.1 Cosmetic Surgery, prosthesis, Psychological Therapy and wheelchair Benefits

In the event of *Bodily* injury sustained by an *Insured* results in compensation under the schedule of cover in Article 1.1 and treatment includes any of the following as prescribed by a *Medical* practitioner, the *Insurance Company* will pay an additional benefit as follows:

Benefit	Description of Cover	Maximum Amount Payable per Person per Accident
Cosmetic Surgery	If cosmetic reconstructive treatment is required as a result of an <i>Accident</i> , the <i>Insurance Company</i> will pay costs for cosmetic surgery carried out or prescribed by a <i>Medical Practitioner</i> if it is reported within 730 days of the <i>Accident</i> .	Up to € 10.000
Prosthesis	If a prosthesis is required as a result of <i>Loss Of Limbs</i> as a result of an <i>Accident</i> , the <i>Insurance Company</i> will pay the costs for providing this prosthesis, on condition that this is reported within 730 days of the <i>Accident</i> .	Up to € 10.000
Psychological Therapy	Reimbursement for costs of professional <i>Psychological Therapy</i> incurred within 365 days of an <i>Accident</i> , where the benefit payable is more than 50% of the <i>Sum</i> insured shown on the <i>Policy Schedule</i> .	Up to € 10.000
Wheelchair	Reimbursement of costs for a wheelchair incurred within 12 months of an <i>Accident</i> . Loss of mobility must be solely and directly caused by an <i>Accident</i> and wheelchair Benefit is not payable if the <i>Insured</i> already required usage of a wheelchair prior to the <i>Accident</i> .	Up to € 1.500

1.2.1.2 Domestic Help and Home and Car Alteration Benefits

In the event *Bodily* injury sustained by an *Insured* results in a benefit under the schedule of cover, the *Insurance Company* will pay an additional benefit as follows:

Benefit	Description of Cover	Maximum Amount Payable per Person per Accident
Domestic Help Benefit	Reimbursement of the reasonable and necessary expense of an outside service for in-home domestic services while recovery is in progress for a valid claim under Item 1.1 of the schedule of cover and/or the reasonable and necessary expense for transport to and from the <i>Insured's</i> usual place of work if the <i>Insured</i> is medically certified as being unable to drive a vehicle or travel on public transport. Payment will cease when a benefit is paid as per the schedule of cover.	5% of the <i>Sum</i> insured up to a maximum of €10,000 for all expenses incurred
Home and Car Alteration Benefit	In the event that the <i>Insured</i> suffers <i>Bodily Injury</i> as a result of an <i>Accident</i> , and consequently requires alterations to his/her house and/or car (including but not limited to the installation of ramps for external and internal wheelchair access, internal guide rails, emergency alarm system and similar disablement aids) to enable him/her to carry out everyday activities (such as washing, cooking, bathing and dressing) and stay in and around his/her house, on condition that such alterations are carried out with the prior written agreement of the <i>Insurance Company</i> and are agreed to by the <i>Medical Practitioner</i> treating the <i>Insured</i> .	The reasonable costs incurred up to a maximum of €10,000 for all expenses incurred

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1.2.1.3 Hospitalization, Hospital Visitor Expense and Coma Benefits

In the event of **Bodily** injury sustained by an **Insured** that results in a benefit under the schedule of cover and the **Insured** being admitted to a **Hospital**, the **Insurance Company** will pay as follows:

Cover	Description of Cover	Maximum Amount Payable	Maximum Period Payable per Person per Accident
Cover for hospitalisation	Benefit payable for each day an Insured is admitted to a Hospital as an Inpatient .	Flat amount of € 50 per day of Hospitalization .	365 Days
Cover for Hospital Visitors' Expenses	Reimbursement of cost of transportation for the Partner and/or Financially Dependent Child of the Insured to the Hospital if an Insured is admitted as an Inpatient in a Hospital that is more than 250 kilometers from the Insured's place of residence.	Actual expenses up to € 250 per visit and up to € 2,500 for all visitors for any one Hospital admission	N/A
Cover for Coma	In the event of Bodily injury sustained by an Insured that results in the continuous unconscious state of the Insured , the Insurance Company provides cover. Any claim the Company pays under this additional cover is in addition to any amount paid under section 2 - Medical expenses .	Flat amount of €100 per day	11 months

1.2.1.4 Burns, Facial Scarring and Fracture Benefits

In the event an **Insured** sustains **Bodily** injury resulting in one of the specific injuries listed below, as confirmed by a **Medical** practitioner to the **Medical Consultant**, the **Insurance Company** will pay the benefit shown for that injury and the extent of such injury:

Schedule of Specific Injuries

Third Degree Burns Cover	Additional benefit per person per Accident
Covering more than 27% but less than 40% of the body surface	€ 10.000
Covering between 18% and up to 27% of the body surface	€ 5.000
Covering between 9% and up to 17% of the body surface	€ 1.500
Permanent Facial Scarring Cover	
Permanent Facial Scar that is over 5 centimeters in length or 5 square centimeters in area	€ 5.000
Permanent Facial Scar that is 2.5 to 5 centimeters in length or 2.5 to 5 square centimeters in area	€ 2.500
Fracture	
Neck or spine	€ 3.500
Hip or pelvis	€ 1.500
Skull (excluding jaw, cheekbone or nose) or shoulder blade	€ 650
Collar bone or upper leg	€ 650
Upper arm, kneecap, forearm or elbow	€ 500
Lower leg, jaw, wrist (excluding Colles' fracture), cheekbone, ankle, hand or foot	€ 350
Ribs (per rib)	€ 135

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Fracture Cover	
Fracture of finger, thumb, toe (per finger, thumb, toe)	€ 100
Maximum <i>Benefit for Fractures</i> in any one accident	€ 3.500

Additional conditions applicable to the Schedule of specific injuries:

- For those *Insureds* who were diagnosed with osteoporosis prior to the date of the *Accident* or as the result of the Accident, the *Fracture Benefit* will only be payable once during the lifetime of this Policy.
- The maximum amount payable for all claims from any one accident under the *Burns, Facial Scarring* and/or *Fracture Benefit's* will be € 15,000.
- In no event will a benefit be payable for *Third Degree Burns, Facial Scarring* or *Fractures* if a benefit is payable on the grounds of death as a result of an *Accident*.

1.2.1.5 Sexual assault and Felonious assault Benefits

In the event that during a *Business trip* an *Insured* suffers psychological trauma as a result of being a *Victim of Sexual* assault or *Felonious* assault or witness to a murder, or witness to violent armed robbery or an act of *Terrorism* the *Insurance Company* will pay as follows:

Cover	Description of Cover	Maximum Amount Payable	Max. Amount Payable per Person per claim
Cover for Psychological Therapy	Reimbursement of <i>Psychological Therapy Expenses</i> incurred within 365 days of the reported incident of <i>Sexual Assault or Felonious</i> assault or documentation of witness to murder, witness to violent armed robbery or of an act of <i>Terrorism</i> .	€ 200 per session	€ 5.000
Cover for hospital visitor's expenses	If, due to <i>Sexual or Felonious</i> assault or violent armed robbery or an act of <i>Terrorism</i> , an <i>Insured</i> is admitted to a <i>Hospital</i> more than 25 kilometers from his/her regular place of residence, the <i>Insurance Company</i> will pay the reasonable expenses incurred to bring one person as chosen by the Insured to the area where the <i>Hospital is located</i> . <i>Reasonable</i> expenses are payable for transportation to and from the <i>Hospital</i> and accommodation and meals for up to 7 days.	€ 500 per day	€ 3.500
Cover for Infectious Disease or Virus Testing	Reimbursement of costs incurred for an <i>Insured</i> undergoing <i>Infectious Disease</i> or <i>Virus Testing</i> within 60 days after the date of a <i>Sexual or Felonious assault</i> .	€ 500 per test	€ 1.500

Additional condition that applies to the above cover for *Sexual Assault*:

- The following is required as evidence of the *Sexual Assault*: (1) a police report, (2) a declaration by a *Medical Practitioner* providing treatment.

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1.2.2 Family Care Benefits

1.2.2.1 Funeral expenses and transport of human remains, additional payment for Financially Dependent Children, Common Disaster Additional Payment, Childcare Expenses, Tuition Benefit for Financially Dependent Children, elder survivor benefit, Tuition Benefit for Partner, and Executor Expenses

In the event of *Bodily injury* of an Insured that results in a payment for *Accidental Death the Insurance Company* will pay an additional benefit as follows:

Cover	Description of Cover	Maximum Amount Payable	Cumulative Amount or max. duration
Funeral expenses and transport of human remains	Reimbursement of reasonable and necessary expenses for transportation of the deceased from the site of death to the funeral service site, a container or casket for the deceased's remains to be placed in, and basic services of the funeral home and staff including but not limited to embalming, burial or cremation.	Reimbursement of actual expenses up to € 7.500 per <i>Insured per Event</i>	Not applicable
Additional Payment for Financially Dependent Children	If an <i>Insured</i> and/or his/her <i>Partner</i> dies during an <i>Accident</i> , an additional amount will be payable for each <i>Financially Dependent Child</i> of an <i>Insured</i> .	5% of the <i>Sum</i> insured for each <i>Financially Dependent child</i> , with a minimum of € 5,000	€ 50,000 for all <i>Financially Dependent</i> children
Additional Payment for Common Disaster	In the event that the <i>Insured</i> and his/her <i>Partner</i> die in the same <i>Accident</i> and there are <i>Financially Dependent</i> children, an additional amount will be payable for each <i>Financially Dependent child</i> .	10% of the <i>Sum</i> insured with a minimum of € 25,000 per <i>Dependent child</i>	€ 100,000 for all <i>Financially Dependent</i> children
Childcare Expenses	Reasonable and necessary additional expenses incurred by the <i>Partner</i> of the deceased <i>Insured</i> for approved, official childcare for each <i>Financially Dependent child</i> under the age of five years who resides with the <i>Partner</i> .	€ 2.750 per <i>Financially Dependent</i> child per month	Amount is payable up to a maximum period of 12 months

Tuition Benefit - <i>Financially Dependent child</i>	An additional amount will be payable for each Financially Dependent child enrolled in a full-time institution for learning to cover the education costs.	Reasonable, actual expenses up to € 5,000 per <i>Financially Dependent child</i> per <i>Accident</i>	
Elder Survivor Benefit	An additional amount will be payable for each financially dependent elder of the <i>Insured</i> . The benefit will be payable in equal shares if there are multiple surviving <i>Financially Dependent Elders</i> .	Up to € 300 per month	24 consecutive months or until the death of the last surviving <i>Financially Dependent Elder</i> , whichever occurs first, up to a maximum of 5% of the <i>Sum Insured for death</i> for the entire period.
Tuition Benefit - Partner	Reimbursement of the costs of education incurred if the <i>Partner</i> is already enrolled in an institution of higher education, or professional or trade training, or enrolls within four months of the date of the <i>Accidental Death</i> of an <i>Insured</i> .	Reimbursement of reasonable, actual expenses up to € 2.500 per year	Two years in total per claim.
Executor Expenses	Covers the reasonable and necessary administrative costs incurred by the Executor of the estate in connection with the settlement of the estate, including insurance payments.	Reimbursement of actual expenses up to € 1,000	

Additional condition applicable to *Financially Dependent children* and common disaster additional payment benefits:

- In the event that both additional payments for *Financially Dependent children* and Common Disaster are payable, only the highest of these amounts will be paid.

Additional condition applicable to common disaster additional payment benefits:

- In order for common disaster to be payable, both the Insured and his/her *Partner* must be the legal parents or guardians of the Financially Dependent Children.

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1.2.2.2 Paralysis, Independent Financial Advice and retraining for Partners

In the event of **Bodily** injury being sustained by an **Insured** that results in a benefit for a specified **Event**, the **Insurance Company** will pay an additional benefit as follows:

Cover	Description of Cover	Maximum Amount Payable
Paralysis	Automatic extension of coverage for Partners and Financially Dependent children who suffer Bodily injury resulting in Paraplegia, Hemiplegia, Triplegia or Quadriplegia if the Accident occurs while accompanying the Insured on a Business trip .	Amount in the case of complete: Paraplegia/Hemiplegia: € 50,000 Triplegia: € 75,000 Quadriplegia: € 100,000
Independent Financial Advice	In the event of a benefit being paid for items 1.0 to 1.7 of the schedule of cover, the Insurance Company will pay an additional amount for reasonable and necessary expenses incurred for the professional financial, taxation and/or investment advice provided by a licensed and registered independent financial advisor in respect of the benefit paid by the Insurance Company .	Reimbursement of actual expenses up to € 2,000 per claim
Retraining Expenses - Partners	In the event of a claim being paid for item 1.1 for an Insured , the Insurance Company will pay at the request of the Policyholder the reasonable expenses incurred in training or retraining the Insured's Partner for gainful employment or to improve their employment prospects or to enable them to improve the quality of care they can provide for the Insured .	Reimbursement of actual expenses up to € 7,500 per claim

Additional condition applicable to Independent **Financial Loss**:

- In order for this benefit to be payable, the independent financial advisor cannot be an **Insured**, **Employee** of the **Policyholder** or a **Relative** of the **Insured**.

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1.2.3 Workplace Changes or Alteration Costs

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

In the event of **Bodily** injury being sustained by an Insured that results in a benefit, the **Insurance Company** will pay an additional benefit as follows:

Cover	Description of Cover	Maximum Amount Payable	Maximum Period Payable
Temporary Personnel Replacement Costs	Reasonable costs incurred by the Policyholder in the employment of a person on a temporary basis to directly replace the Insured who has submitted a valid claim under items 1.0 or 1.1 to 1.6 inclusive of the schedule of cover.	Reimbursement of actual expenses up to €10,000 for all expenses incurred for any one claim	Three months following date of Accident
Recruitment Costs	Recruitment Costs incurred by the Policyholder in the employment of a person on a permanent basis to replace the Insured for whom a valid claim has been paid under items 1.0 or 1.1 to 1.6 inclusive of the schedule of cover.	Reimbursement of actual expenses up to €10,000 for all expenses incurred for any one claim	Six months following date of Accident
Re-Training Costs	Reasonable and necessary retraining expenses incurred by the Policyholder to train the Insured for whom a benefit has been paid under items 1.4 to 1.19 of the schedule of cover for another occupation.	Reimbursement of actual expenses up to €10,000 for all expenses incurred for any one claim	Costs must be incurred within 12 months of the Accident
Workplace Alteration Costs	Reasonable and necessary workplace alteration expenses incurred by the Policyholder to make alterations to the Insured's normal place of business/work to accommodate the effects of permanent disablement for which a benefit was paid under items 1.6 to 1.19 of the schedule of cover.	Reimbursement of actual expenses up to €10,000 for all expenses incurred for any one claim	Costs must be incurred within 12 months following the Accident

Additional condition applicable to **Temporary Personnel Replacement Costs**:

- Costs must be incurred in the three-month period directly following the **Accident** of the **Insured**. Coverage will end after 90 days/three months or on the date payment is made under Item 1.0 or 1.1 to 1.6 of the schedule of cover, whichever is earlier.

Additional conditions applicable to **Recruitment Costs**:

- Costs must be reasonable, necessary, documented and agreed in writing in advance between the **Insurance Company** and the **Policyholder**.
- Costs must be incurred within six months after the date of the **Accident**.
- Recruitment costs are not payable in addition to any **Re-Training Costs**.

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

- Costs must be reasonable, necessary, documented and agreed in writing in advance between the **Insurance Company** and the **Policyholder**.
- Costs must be incurred within 12 months after the date of the **Accident**.

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Section 2: Medical Expenses

2.1 Cover

If an *Insured* is injured or suffers *Bodily Injury* or illness during the *Period of Insurance* and the period of cover as shown on the *Policy Schedule*, the *Insurance Company* will pay the reasonable and necessary *Medical expenses* incurred by the *Insured* solely and directly as a result of the *Bodily Injury*, for up to two years from the date of injury or first diagnosis of illness, up to the *Sum Insured* shown on the *Policy Schedule*. In as far as possible, AIG Assistance shall pay hospital bills directly.

2.2 Additional cover

In the event of that a valid claim is submitted under Section 2 of the policy conditions, the *Insurance Company* will pay additional benefits as follows:

Cover	Description of Cover	Maximum Sum insured	Benefit Period
Hospitalization Benefit	In the event that an <i>Insured</i> is admitted to a <i>Hospital</i> as an <i>Inpatient</i> as the result of an <i>Accident</i> or <i>Illness</i> as ordered by a <i>Medical practitioner</i> , the <i>Insurance Company</i> will pay a daily benefit up to the maximum period payable.	Fixed amount of € 50 per day of admission. The benefit cannot be combined with the benefit for the same cover provided under section 1.2.1.3 - <i>Hospitalization</i> .	365 days per Accident
Post-Hospitalization Convalescence	If, following a period of stay as an <i>Inpatient</i> at a <i>Hospital</i> , an <i>Insured</i> is advised by a <i>Medical practitioner</i> to further convalesce prior to resuming the <i>Business trip</i> , the <i>Insurance Company</i> will pay a daily benefit up to the maximum period payable. Coverage for the necessary <i>Medical Expenses</i> or necessary emergency dental expenses directly and solely related to the injury or illness requiring treatment to start during <i>business travel Abroad</i> , and which are incurred immediately following the date of return to the <i>Insured's Country of Domicile</i> .	Fixed amount of € 50 per day of convalescence.	7 consecutive days

Ongoing Medical Treatment in Home Country	As a condition of cover, the <i>Insured</i> should be able to derive rights from a health insurance policy concluded in the <i>Country of Domicile</i> or from registration with a different institution under public or private law that provides the same services as those under similar health insurance. The <i>Medical Expenses</i> cover provided by this policy only relates to costs that are not reimbursable under the aforementioned medical expenses insurance due to the applicability of a reimbursement limit, exclusion or limitation other than the rule on concurrence of insurance.	actual expenses up to a maximum of € 50,000 per injury or illness	6 months from date of return to <i>Country of Domicile</i>
Emergency Dental Expenses in the Country of Domicile	Reimbursement of unforeseeable emergency dental expenses <i>incurred</i> for the relief of pain incurred in the <i>Country of Domicile</i> provided that the <i>Insured</i> was on a <i>Business trip</i> involving travel of more than 150 kilometers from his/her regular place of residence, and the <i>Business trip</i> lasted more than 3 consecutive days.	Actual expenses up to € 500 per claim	Maximum of 6 months after the <i>Accident</i>

2.3 Conditions

The *Policyholder* or the *Insured* must contact the AIG Assistance as soon as possible in respect of injury or *Illness*.


 Emergency helpline: +31 10 453 56 56 (24 Hour)

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Section 3: Repatriation and other Emergency Travel Expenses

3.1 Cover

If an *Insured* is injured or suffers illness during the *Period of Insurance* and the period of cover as shown on the *Policy Schedule*, the *Insurance Company* will pay the care provider(s) directly or reimburse the *Insured* for any reasonable and necessary repatriation expenses and necessary *Emergency Travel Expenses* incurred solely and directly as a result of the injury or illness, for up to two years from the date of injury or first diagnosis of *illness* up to the *Sum insured* on the *Policy Schedule*.

The *Insurance Company* will reimburse:

- Repatriation expenses: for the cost of transportation of the *Insured* by any suitable means (including medical transport) to an appropriate *Hospital* or to an *Insured's* home in *Country of domicile* as recommended by the AIG Assistance in conjunction with the *local on-duty* or *treating Medical practitioner*.
- *Emergency Travel Expenses*: for the reasonable additional transport and accommodation expenses and telephone charges (less any possible refund received or saving made) incurred by the *Policyholder* or the *Insured*, for a person who needs to travel to, remain with, or escort the *Insured*.

3.2 Additional cover

In the event of a valid claim under Section 3 of the policy conditions for an *Insured* on a *Business trip*, the *Insurance Company* will pay the following additional benefits:

Cover	Description of Cover	Maximum Amount Payable
Funeral expenses**	In the event of the death of the <i>Insured</i> as the result of an insured <i>Accident</i> , the <i>Insurance company</i> will pay for the reasonable <i>Funeral expenses</i> .	Maximum of € 10,000 for all costs per claim. Not cumulative section 1.2.2.1 - Funeral expenses
Repatriation of remains and transportation of Baggage upon death	The <i>Insurance company</i> will pay for the reasonable and actual costs to repatriate the <i>Insured's</i> remains and <i>Baggage</i> to the <i>Insured's</i> <i>Country of domicile</i> if applicable; and/or for the additional travel and accommodation costs of the <i>Insured's</i> travelling companions to accompany the remains on return to the <i>Insured's</i> <i>Country of Domicile</i> .	Reasonable and actual costs
Family Visit	In the event an <i>Insured</i> is admitted to a <i>Hospital</i> for more than 5 days and is not expected to be discharged within 7 days, the <i>Insurance Company</i> will pay for the reasonable additional transport and accommodation expenses incurred by the <i>Insured's</i> <i>Partner</i> and up to three <i>Financially dependent children</i> or two other persons who are the <i>Insured's</i> immediate <i>relatives</i> to visit the <i>Insured</i> . In the event that only the <i>Insured's</i> <i>Partner</i> travels, the <i>Insurance Company</i> will pay for the reasonable, actual necessary additional costs incurred to engage the services of a registered childcare provider for their <i>Financially dependent children</i> during the period of the visit.	Reasonable and actual expenses up to € 10,000 for travel and childcare
Pet Care	If an <i>Insured</i> is admitted to <i>Hospital</i> as an Inpatient and this results in the return trip being delayed for more than 24 consecutive hours at the end of the originally pre-booked <i>Business Trip</i> , the <i>Insurance Company</i> will pay a benefit for the reasonable additional costs that the <i>Insured</i> must incur to engage the services of registered pet care for pets owned by the <i>Insured</i> .	Maximum of € 300

** The Assistance Center can arrange the funeral/cremation and transportation of the *Insured's* body.

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Section 4: Personal Liability

4.1 Cover

The cover in this section only applies to *Business Trips* of the *Insured Abroad*.

The *Insurance Company* will cover the *Insured* for any statutory liability on the part of the *Insured* as a result of unintentionally causing *Bodily Injury* to, making ill or killing a third party or third parties, or causing material damage to the property of a third party or third parties during a *Business Trip*.

In addition, the *Insurance Company* will pay the reasonable costs in connection with civil actions and the fees and costs of lawyers and experts, but only to the extent that such costs are incurred by the *Insurance Company* or with its prior written consent.

4.2 Additional cover

Cover	Description of Cover	Maximum Amount Payable
Court Attendance Benefit	In the event that a court requires an <i>Insured</i> to attend in connection with an <i>Event</i> that resulted in a valid claim under this section of the policy conditions, the <i>Insurance Company</i> will pay the additional travel and accommodation expenses reasonably and necessarily incurred by the <i>Insured</i> to attend court, up to the Sum Insured.	Reasonable and actual expenses up to a maximum of € 5,000 per claim

4.3 Conditions

- No admission of liability, offer, promise or payment may be made without the *Insurance Company's* prior written consent.
- From the date when the *Insurance Company's* benefit is due, and provided that it is called upon to do so, the *Insurance Company* will take over and conduct the defense of any claim against the *Insured* and for that purpose may use the *Insured's* name. The *Insurance Company* may conduct the defense however it sees fit. In the course of conducting the defense, the *Insurance Company* may also pursue, at its own expense and for its own benefit, a claim against the other person(s).
- The *Policyholder* and the *Insured* must give the *Insurance Company* full cooperation in defending or commencing any claim and agree to provide the *Insurance Company* with any necessary information and documents available.
- The maximum amount the *Insurance Company* will reimburse for an individual insured *Event* is the *Sum Insured*, even if said individual insured *Event* results in more than one *Bodily injury*, loss or incident or damage or if more than one *Insured* could be held liable.

4.4 Exclusions

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

- Bodily injury* or accidental loss or damage claims of any *Employees* of the *Policyholder* arising from or in the course of performing business activities;
- Bodily injury* or accidental loss or damage claims of a co-worker or traveling companion of the *Insured* on the same trip;
- Liability arising directly or indirectly, by or through, or in connection with any mechanically or electrically propelled vehicle, aircraft, hovercraft or watercraft;
- Liability arising directly or indirectly, by or through, or in connection with any of the following:
 - the ownership, possession or use of land, buildings, immoveable property or caravans other than occupying a temporary residence,
 - any willful, malicious or criminal act,
 - the *Insured's* business or trade, or as a result of professional advice given by the *Insured*,
 - racing competitions,
 - the use of firearms (other than sports guns being used for sport);
- Loss or damage to property belonging to, or in the custody or control of the *Policyholder* or the *Insured* or any of their *Employees* including domestic staff, or any member of the *Insured's* family or household;
- Liability of the *Policyholder* or the *Insured* under an express wording of any contract, unless liability would have been attributed to the *Policyholder* or *Insured* irrespective of the express wording;
- Any claim arising while the *Insured* suffered from a psychological condition or which results from his or her being under the influence of or affected by drugs (other than agents taken under and at the direction of a *Medical practitioner*) or other agents;
- Any claim resulting from or as a consequence of the *Insured* having transmitted an *Illness* to another person via infection or otherwise;
- Loss or damage to property owned by or under the control of the *Insured* or any member of their family ordinarily residing with the *Insured* or loss or damage caused by the *Insured's* domestic animals;
- Bodily injury* to the *Insured* or *immediate relatives* ordinarily residing with the *Insured*, during the *business trip*;
- Any claim for damages not of a compensatory nature with a punitive or exemplary purpose;

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Section 5: Trip Cancellation

5.1 Cover

If an *Insured* has to cancel a *Business trip* prior to the date of departure the *Insurance Company* will reimburse the Insured for non-recoverable deposits and advance payments for the ticket up to the maximum *Sum insured* for trip cancellation stated on the *Policy Schedule*, which have been paid, or are payable under contract, and cannot be recovered elsewhere, if the cancellation is due to unforeseen circumstances occurring outside the control of the *Policyholder* and/or associated companies and/or the *Insured*, other than those circumstances described or excluded under these policy conditions, and in so far as the costs cannot be recovered from a third party.

The maximum *Sum Insured* for this section is €50,000 per insurance year and includes a combined limit for Sections 5, 6 and 10 Conditions.

5.2 Conditions

- 1 The *Policyholder* or Insured must notify the *Insurance Company* of a claim as soon as reasonably possible. The *Insurance Company* shall not be liable for any penalty charges that would not have been imposed if the *Insurance Company* had been notified as soon as reasonably possible.
- 2 The *Insurance Company* reserves the right to request any other document or item of evidence that is necessary to validate the claim and to determine the claim amount.

5.3 Exclusions

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

- 1 The *Insured* deciding not to travel or being unwilling to travel prior to commencement unless this decision is made as a result of the government of his/her *Country of Domicile* issuing a warning or advisory against all but essential travel (or similar advice) to a destination and such advice or warning was not issued prior to the booking of the trip.

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Section 6: Travel Interruption or Rearrangement

6.1 Cover

If an *Insured* has to interrupt/cut short or rearrange pre-booked travel and/or accommodation arrangements whilst on a *Business trip*, the *Insurance Company* will pay the irrecoverable deposits or advance payments and/or additional costs of travel or accommodation that are reasonably and necessarily incurred up to the maximum *Sum insured* stated in the *Policy Schedule* to enable the *Insured* to return to his/her *Country of Domicile* or continue on the *Business trip* if the interruption or rearrangement is due to unforeseen circumstances occurring outside the control of the *Policyholder* and/or associated companies and/or the insured, other than those circumstances described or excluded under these policy conditions, in so far as the costs cannot be recovered from a third party/parties.

If an *Insured* has to interrupt/cut short a *Business trip* to return to his/her *Country of Domicile* and the *Policyholder* has to send a replacement *Employee* on a *Business trip* to assume the duties of that *Insured*, the *Insurance Company* will reimburse the *Policyholder* for any reasonable and necessary additional costs incurred to send the replacement *Employee* on the *Business Trip*, up to a maximum of € 10,000 less any refunds or credits from previous paid amounts or amounts recoverable elsewhere.

The maximum *Sum Insured* for this section is € 50,000 per insurance year and includes a combined limit for sections 5, 6 and 10.

6.2 Conditions

- 1 The *Policyholder* or Insured must notify the *Insurance Company* as soon as reasonably possible in the event of a claim. The *Insurance Company* will not be liable for any additional penalty charges incurred that would not have been imposed had the *Insurance Company* been notified as soon as reasonably possible.
- 2 The *Insurance Company* reserves the right to request any other document or item of evidence that is necessary to validate the claim and to determine the claim amount.

6.3 Exclusions

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

- 1 Regulations made by any public authority or government or persons with authority under legislation or license to make regulations;
- 2 The *Insured* deciding not to continue travelling or being unwilling to continue travelling during the trip, unless this decision is made as a result of the government of his/her *Country of Domicile* issuing a warning or advisory against all but essential travel (or similar advice) to a destination and such advice or warning was not issued prior to the booking of the trip

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Plus Module

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

- SECTION 7** Legal Expenses
- SECTION 8** Baggage
- SECTION 9** Compensation for loss of Money
- SECTION 10** Travel Inconvenience Benefits
- SECTION 11** Rental Vehicle Deductible Expenses

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Section 7: Legal Expenses

7.1 Cover

The *Insurance Company* will reimburse the *Policyholder* or the *Insured* up to the *Sum Insured* shown on the *Policy Schedule* for legal expenses incurred by or on behalf of an *Insured* in pursuit of a claim for damages or compensation against a third party who has caused physical injury to, or death or illness of, the *Insured* from an incident occurring during the Period of *Insurance* and the period of cover as shown on the *Policy Schedule*.

7.2 Extensions

Cover	Description of Cover	Maximum Amount Payable
Detention	The <i>Insurance Company</i> will at the request of the <i>Policyholder</i> pay the costs for a local <i>Legal representative</i> to defend the <i>Insured</i> in the event that an <i>Insured</i> is placed or is threatened to be placed in Detention by a government or local civil authority whilst on a <i>Business trip</i> .	Actual expenses up to a maximum of € 10,000 per claim
Bail Bond	In the event that an <i>Insured</i> is placed or is threatened to be placed in <i>Detention</i> by a government or local civil authority whilst on a <i>Business trip</i> , the <i>Insurance Company</i> will provide a required bail bond with the agreement of the <i>Policyholder</i> . The <i>Policyholder</i> must repay the amount loaned by the <i>Insurance Company</i> within 3 months of the date of payment, or immediately upon repayment by the local authorities or if the bail bond is forfeited by failure of the <i>Insured</i> to appear in court. The <i>Company</i> will require a satisfactory financial guarantee from the <i>Policyholder</i> to repay it. This cover will not be provided if the bail bond is obtainable under another insurance program. To access this service the <i>Policyholder</i> must contact AIG Assistance.	The cost of the Bail Bond up to a maximum of € 50,000 per claim
Court Attendance	The <i>Insurance Company</i> will reimburse the <i>Policyholder</i> for additional travel and accommodation expenses reasonably and necessarily incurred if a court requires an <i>Insured</i> to attend in connection with an incident that has resulted in a valid claim under this section of the <i>Policy</i> .	Actual expenses up to a maximum of € 1,000 per claim

7.3 Conditions

- If it is necessary to resort to judicial, administrative or arbitral proceedings, the *Insured* is free to choose, a lawyer or any other person having the qualifications required by the law applicable to the proceedings to defend, represent and serve its interests and, in the case of an arbitration, mediation or other recognized non-judicial means of dispute settlement, a person with the required qualifications and designated for that purpose. Whenever a conflict of interest arises with the *Insurance Company*, the *Insured* is free to choose, for the protection of his interests, a lawyer or, if he prefers, any other person with the qualifications required by the law applicable to the procedure.
- Without prejudice to the possibility of initiating legal proceedings, the *Insured* may consult a lawyer of his choice in the event of a difference of opinion with the *Insurance Company* that led to a dispute and after written notification from the *Insurance Company* that it does not share the *Insured's* view. If the lawyer confirms the position of the *Insurance Company*, the *Insurance Company* shall reimburse the *Insured* for half of his/her lawyer's fees. If the *Insured* disagrees with the opinion of that lawyer and, in undertaking judicial, administrative or arbitration proceedings at his own expense, obtains a better result than he would have obtained if he had accepted the *Insurance Company's* view, the *Insurance Company* shall be obliged to provide cover and to reimburse the *Insured's* lawyer's fees in full. If the lawyer consulted confirms the *Insured's* opinion, the *Insured Company* is obliged, irrespective of the outcome of the proceedings, to provide cover, including the costs and fees of the consultation.
- All claims, including any appeal against a judgment, resulting from the same original cause, *Event*, or circumstances, will be regarded as one claim.

7.4 Exclusions

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

- Legal expenses* incurred in the defending of any civil claim or legal proceedings made or brought against the *Insured*;
- Fines or other penalties imposed by a court of criminal jurisdiction;
- Legal expenses* incurred in connection with any criminal act deliberately or intentionally committed by the *Insured*;
- Legal expenses* incurred in pursuing any claim against any travel agent, tour operator, insurer or their agents;
- Any claim or circumstance reported to the *Insurance Company* more than three years after the incident from which the cause of action arose or where the *Policyholder* or the *Insured* failed to notify the *Insurance Company* of the incident giving rise to a claim within a reasonable time and the *Insurance Company* believes this failure has prejudiced its position;
- Legal expenses* incurred by an *Insured* making a claim against the *Policyholder*, the *Insurance Company* or any organization or person involved in arranging this *Policy*;
- Legal expenses* incurred before the *Insurance Company* has given its written consent.

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Section 8: Baggage

8.1 Cover

The *Insurance Company* will reimburse the *Policyholder* or the *Insured* for the cost of replacement or repair of *Baggage* that is lost, stolen or accidentally damaged up to the maximum *Sum Insured* stated in the *Policy Schedule*. The *Baggage* must be in the care and custody of the *Insured* while on a *Business trip*.

8.2 Extensions

Cover	Description of Cover	Maximum Amount Payable
Lost Keys	If, while on a <i>Business trip</i> , the keys to the regular place of residence of an <i>Insured</i> are lost or stolen, the <i>Insurance Company</i> will pay for the replacement keys or cost of replacing the locks.	Actual replacement costs up to a maximum of € 250 for any one set of keys and up to € 750 per claim
Replacement Travel Documents	If, while on a <i>Business trip</i> , the passport, required visa or other essential travel documents of the <i>Insured</i> are lost, stolen or damaged, the <i>Insurance Company</i> will pay for the reasonable and necessary non-recoverable costs of replacement items for the trip to continue.**	Actual expenses up to € 2,500 per claim
Baggage delay	If the <i>Insured's Baggage</i> is temporarily lost for more than four hours during a <i>Business trip</i> , the <i>Insurance Company</i> will reimburse the reasonable expenses towards the reasonable costs of buying essential replacement items. If the <i>Baggage</i> that has been temporarily lost becomes permanently lost and this results in a claim, the <i>Insurance Company</i> will deduct the amount already paid for temporary loss from the final payment.	Actual expenses up to € 1,500 per claim

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

8.3 Conditions

- The *Insured* shall exercise all reasonable care for the safety, security and supervision of all *Baggage* at all times and must not leave property unattended in a public place or in any unlocked vehicle, room or building.
- All loss or damage attributable to theft or vandalism must be reported to the local police or competent authority within 48 hours after the discovery of the loss. Loss, damage or delay caused by carriers must be reported to the carrier within 48 hours of discovery. The written acknowledgement of this report must be provided to the *Insurance Company*.
- The basis of settlement will be the replacement value of items.

8.4 Exclusions

This section of the policy does not provide cover for:

- Any loss due to chipping, scratching, or breakage of glass, china or other fragile articles, unless due to fire, theft, or *Accident* involving the *Conveyance* in which they were being carried;
- Loss or damage due to:
 - Moths, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration;
 - Mechanical or electrical failure or breakdown;
 - Any process of cleaning, dying, restoring, repairing or alteration;
- Loss or damage caused by delay, detention or seizure by order of any government or public authority;
- Loss due to theft by an *Insured's* family member or any other travelling companion;
- Loss or damage to vehicles, bicycles, drones, vehicles parts and/or accessories.

Property Excluded

This section of the policy does not provide cover for:

- Loss of *Money* (as described under the Benefit for loss of Money), bonds, negotiable monetary instruments and/or securities of any kind; or
- Loss of or damage to *Baggage* sent as freight or under any airwaybill or bill of lading.

The *Insurance Company* will not pay more than € 2,500 for any item unless the *Policyholder* or the *Insured* bears the first 25% of any amount in excess of € 2,500, up to the replacement value or the maximum cover limit stated in the *Policy Schedule*, whichever is lower.

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Section 9: Loss of Money

9.1 Cover

The *Insurance Company* will pay up to the maximum limited stated in the *Policy Schedule* for the loss or losses shown below as suffered by the *Insured* while on a covered *Business trip*, subject to the loss(es) being reported to the police or competent authorities within 48 hours of the incident and a written copy of the report being obtained.

- 1 Physical loss or theft of *Money* that was in the possession of the *Insured* at the time of loss or secured in a hotel safety deposit or locked safe; and/or
- 2 *Financial Loss* suffered as the result of fraudulent use of credit, debit or charge cards by a third party;
- 3 Fraudulent use by a third party of Mobile Payment Technology on a mobile phone that is the property of the *Policyholder* or the *Insured*;
- 4 Fraudulent use by a third party of a mobile phone owned by the *Policyholder* or *Insured* to make calls or send data.

9.2 Additional cover

Cover	Description of Cover	Maximum Amount Payable
Theft of foreign currency	Foreign currency purchased for a <i>Business trip</i> is covered from the start of the <i>Business trip</i> until the end of the <i>Business trip</i> , subject to loss being reported to the police and a written copy of the report obtained.	€ 2.500

9.3 Conditions

- 1 Any loss attributable to fraudulent use of a credit, debit or charge card must also be reported to the issuing company and appropriate cancellation measures taken in order to block the card. This cover is in addition to and after deduction of the compensation offered to the Insured by the financial institution issuing the card. This cover shall only be granted if the *Insured* has complied with all terms and conditions under which this card was issued.
- 2 Any loss attributable to fraudulent mobile phone use must also be reported to the mobile phone provider and/or *Mobile Payment Technology* provider, and appropriate cancellation measures taken.
- 3 The *Policyholder* or *Insured* must provide supporting documents from their bank, credit card issuer, mobile phone provider or Mobile Payment Technology provider as evidence of any loss being claimed under this Policy. The *Insurance Company* reserves the right to request any other document or item of evidence that is necessary in order to validate the claim and to determine the amount of the claim.

9.4 Exclusions

This section of the policy does not provide cover for:

- 1 Seizure or retention of *Money* by customs or other government officials;
- 2 Any fraudulent use for which charges are deducted from the *Insured's* or *Policyholder's* account; Loss due to devaluation of *Money* or shortages due to errors or omission on the part of the *Insured* and/or *Policyholder* during monetary transactions;

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Section 10: Travel Inconvenience

10.1 Cover

The *Insurance company* will pay for *Reasonable Additional Expenses* up to € 250 for every full four consecutive hours of delay up to a maximum amount per delay of € 3,000, if departure of the Conveyance by which the *Insured* is meant to travel in order to reach his/her destination is delayed for more than 4 hours at the start, during or at the end of a *Business Trip*, as a result of unforeseen circumstances outside of the control of the *Policyholder* and/or associated companies and/or the *Insured*, except for the circumstances described or excluded in these policy conditions, and in so far as the costs cannot be recovered from a third party.

The maximum *Sum Insured* for this section is € 50,000 per insurance year and includes a combined limit for sections 5, 6 and 10.

10.2 Extensions

Cover	Description of Cover	Maximum Amount Payable
Overbooked Flight	The <i>Insurance Company</i> will reimburse the travel, accommodation and meal expenses reasonably and necessarily incurred (less any compensation provided by the carrier) as a result of an <i>Insured</i> being denied boarding on a scheduled flight due to overbooking, if the carrier does not provided alternative <i>transportation</i> scheduled to depart within eight hours of the originally scheduled departure time, provided the <i>Insured</i> held a confirmed seat on the flight. This does not include any stand-by, companion or airline staff travel arrangement where a seat had not been guaranteed.	€ 500

10.3 Conditions

- 1 The *Policyholder* or *Insured* must notify the *Insurance Company* as soon as reasonably possible in the event of a claim. The *Insurance Company* will not be liable for any charges incurred that would not have been imposed had notice been provided to the *Insurance Company* as soon as reasonably possible.
- 2 In the event of a claim, the *Insurance Company* reserves the right to request any other document or item of evidence that is necessary in order to validate the claim and to determine the amount of the claim.
- 3 In the event of a claim, the *Policyholder* or *Insured* must submit a written or published declaration from the operator of the *Conveyance* or handlers describing the number of hours' delay or the reason for the delay.

10.4 Exclusions

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

- 1 Regulations made by any public authority or government or persons with the authority under legislation or license to make regulations;
- 2 The *Insured* deciding not to travel or being unwilling to travel prior to commencement unless this decision is made as a result of the government of his/her *Country of Domicile* issuing a warning or advisory against all but essential travel (or similar advice) to a destination and such advice or warning was not issued prior to the booking of the trip;

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Section 11: Rental Vehicle Deductible

11.1 Cover

The *Insurance Company* will reimburse up to the maximum amount stated in the *Policy Schedule* per claim and € 25,000 in total per policy year for any excess or deductible which the *Policyholder* or the *Insured* becomes legally liable to pay under a rental agreement in respect of loss or damage to a rental vehicle during the rental period.

Return of Rental vehicle

The *Insurance Company* will reimburse the actual costs necessarily incurred if an *Insured* is certified by a *Medical practitioner* and confirmed by the *Medical Consultant* and/or AIG Assistance as being unfit to drive as a result of *Bodily Injury* or *Illness* and there is no replacement driver available and is therefore unable to fulfil their contractual obligations in returning a rental vehicle to the rental organization's nearest depot.

11.2 Conditions

- 1 As part of the rental or hire arrangement, the *Insured* must purchase comprehensive *Insurance cover* (not merely third party cover) as provided by the rental agency to protect against loss or damage to the rental vehicle during the rental period.
- 2 The *Insured* must comply with all requirements of the rental organization under the rental agreement and of the rental insurer under such rental insurance.

11.3 Exclusions

The *Insurance Company* will not cover any claim, expense or loss caused by or resulting either directly or indirectly from or involving:

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

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Assured Module

This section of the Policy only applies if it has been selected by the Policyholder, and the appropriate premium paid.

The Assured module consists of

- SECTION 12** Hijacking
- SECTION 13** Kidnap, Ransom and Extortion
- SECTION 14** Crisis Management
- SECTION 15** Search and Rescue
- SECTION 16** Evacuation for political risks or Natural Disasters

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Section 12: Hijacking

The *Insurance Company* will pay the *Policyholder* € 500 for each period of 24 hours that an Insured is forcibly or illegally detained as the result of a *Hijacking* that starts during the *Period of Insurance* and the period of cover as shown on the *Policy Schedule* up to the amount specified on the *Schedule*. The *Insurance Company* will also pay for reasonable expenses of the *Insured's Partner* for return travel to and accommodation in the area where the *Insured* is released, up to the maximum amount stated in the *Policy Schedule*.

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Section 13: Kidnap, Ransom and Extortion

13.1 Cover

If a (suspected) *Kidnapping* or *Personal Extortion* occurs during the *Period of Insurance* and the period of cover as shown on the *Policy Schedule*, the *Insurance Company* will indemnify the *Policyholder* up to the maximum amount stated in the *Policy Schedule* for the following:

- 1 *Ransom Monies* paid by the *Policyholder* or an *Insured*.
- 2 In-transit/delivery loss due to destruction, disappearance, confiscation or wrongful appropriation of *Ransom Monies* while being delivered to person(s) demanding the *Ransom Monies* by anyone who is authorized by the *Policyholder* or an *Insured* to have custody of them, provided, however, that the *Kidnapping* or *Personal Extortion* that gave rise to the delivery is covered by this section.
- 3 Any reasonable and necessary expenses incurred and paid by the *Policyholder* or an *Insured* solely and directly as a result of (suspected) *Kidnapping* or *Personal Extortion* covered under this section, including but not limited to:
 - a. The amount paid by the *Policyholder* or an *Insured* as reward to an *Informant* for information relevant to (suspected) *Kidnapping* or *Personal Extortion*;
 - b. Interest costs for a loan from a financial institution made to the *Policyholder* or an *Insured* for the purpose of paying *Ransom Monies*;
 - c. Costs of travel and accommodations as follows:
 - i. Costs incurred by the *Policyholder* or an *Insured* while attempting to negotiate an incident constituting (suspected) *Kidnapping* or *Personal Extortion*.
 - ii. Travel costs of a *Victim* to join their immediate family upon their release, and the travel costs of an *Employee* to replace the *Victim*.
 - d. Rest and rehabilitation expenses, including travel, accommodation and meals for the *Victim* and the *Victim's Partner* and/or any *financially dependent children*, up to a maximum of € 5,000 in total;
 - e. Fees and expenses of a qualified interpreter assisting the *Policyholder* or the *Insured* following (suspected) *Kidnapping* or *Personal Extortion*.
- 4 (Extra)judicial costs (with the *Insured Company's* written consent) incurred as a result of any claim or suit brought by or on behalf of an *Insured* (or the heirs, estate, or legal representatives of an *Insured* person) against the *Policyholder* solely and directly as a result of a *Kidnapping* or *Extortion*, provided such suit or claim is made within 12 months of the release or death of the *Insured* or the last credible *Extortion* threat made during the *Period of Insurance*, but no later than 60 months after the commencement of the *Kidnapping* or *Extortion*. As additional conditions precedent to the *Insurance Company's* obligation to provide cover, the *Policyholder* will:
 - a. Immediately notify the *Insurance Company* of the claim or suit;
 - b. Not admit liability; and
 - c. Co-operate with the *Insurance Company* in conducting the defense of the claim or suit. The *Insurance Company* will have the right to investigate, negotiate or settle the claim or suit or to take over the conduct of the defense, and the *Policyholder* and the *Insured* (or the heirs, estate, or legal representatives of an *Insured*) must co-operate with the *Insurance Company* in this regard.

5 Consultancy Support

In the event of an incident, situation or *Event* that may give rise to (suspected) *Kidnapping* or *Personal Extortion*, then as part of the *Policy* coverage the *Insurance Company* will:

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

The *Insurance Company* has dedicated a 24-hour crisis response contact telephone number which the *Policyholder* or *Victim* may contact in the event of an incident, situation or *Event* that may give rise to (suspected) *Kidnapping* or *Personal Extortion*, as follows:

Emergency Crisis Helpline: +1 713 260 5500

This number is a dedicated crisis response contact and should only be used for notification of an incident, situation or *EVENT* that may give rise to (suspected) *Kidnapping* or *Personal Extortion*.

It is understood and agreed that:

- a. the consultant will be appointed to perform crisis management services;
- b. the consultants are retained to advise, update and inform the *Policyholder* in the event of an incident, situation or event that may give rise to (suspected) *Kidnapping* or *Personal Extortion* and to enable the *Policyholder* to manage and respond to the said crisis;
- c. the consultant's role is limited to providing immediate assistance and guidance to the *Policyholder* to enable them to manage and minimize the effects of an incident, situation or event that may give rise to (suspected) *Kidnapping* or *Personal Extortion*;
- d. the consultants have no authority on behalf of the *Insurance Company* to make any admissions which may prejudice the *Insurance Company's* rights or to deal with matters concerning *Policy* coverage or the application of any facts and circumstances of any incident, situation or *Event* which has been reported and which may give rise to (suspected) *Kidnapping* or *Personal Extortion* to the *Policy* terms, conditions and exclusions;
- e. the consultants shall give such information and assistance to the *Insurance Company* as may reasonably be required to enable the *Insurance Company* to investigate and determine the *Insurance Company's* obligation to pay under the *Policy*;
- f. the provision and/or the use of these services is not, is not intended to be and shall not be regarded as an admission of or an acceptance by the *Insurance Company* of any obligation to pay the *Policyholder* under the *Policy* and is without prejudice to all of the *Insurance Company's* rights under the terms, conditions and exclusions of the *Policy*;
- g. notification to the dedicated crisis response contact number of an incident, situation or event that may give rise to (suspected) *Kidnapping* or *Personal Extortion* does not constitute a notification under the *Policy*. The *Policyholder* must file a detailed, written and sworn statement of claim with the *Insurance Company* as soon as possible after the claim.
- h. upon notification by the *Insurance Company* to the *Policyholder* that it rejects the claim, the *Insurance Company* will no longer have any obligation under this section and will not pay any fees or expenses of the said consultant/s that are incurred after such notification is given.

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13.2 Conditions

- 1 As a condition precedent to the *Insurance Company's* obligation to pay for (suspected) *Kidnapping* or *Personal Extortion*, the *Insurance Company* must have approved the payment of the *Ransom Monies* in advance and in writing.
- 2 Prior to the payment of *Ransom Monies*, the *Policyholder* must make every reasonable effort to:
 - a. determine that (suspected) *Kidnapping* or *Personal Extortion* has actually occurred;
 - b. give immediate verbal and written notice to the *Insurance Company* with periodic and timely updates concurrent with activity occurring during the incident; and
 - c. if it appears to be in the *Policyholder's* and the *Victim(s)* best interests, notify the national or other appropriate law enforcement agency having jurisdiction over the matter.
- 3 The *Policyholder* and the *Victim(s)* must make all reasonable efforts not to disclose the existence of this Section to third parties. For each covered loss the maximum limit and aggregate limit of the *Company's* liability shall not exceed the *Sum* insured(s) stated in the *Policy Schedule* by reason of any one covered claim, except where stated to the contrary. All covered losses will be deemed to have been incurred during the Period of Insurance and the period of cover as specified in the *Policy Schedule* in which the (suspected) *Kidnapping* or *Personal Extortion* occurred.
- 4 The *Policyholder* and the *Victim(s)* must use due diligence and do and concur in doing all things reasonably practicable to avoid or minimise any loss(es) insured under this Section.
- 5 The *Policyholder* must file a detailed, sworn statement of claim with the *Insurance Company* as soon as possible after the date of claim.
- 6 Notice to any of the *Insurance Company's* representatives or knowledge possessed by any representative or by any person will not create a waiver or a change in any part of this section or stop the *Insurance Company* from asserting any right under the terms of this section, nor will the terms of this section be waived or changed unless agreed to in writing by the *Insurance Company*.
- 7 Except as indicated to the contrary, all notices, applications, demands and requests provided for in this section shall be made in writing and must be given to or made upon either party at its address shown in the *Policy Schedule*.
- 8 Regardless of the number of years this Policy will remain in force, or the amount of premiums that are payable or paid or of any other circumstances whatsoever, the *Insurance Company's* liability under this Policy with respect to any loss(es) shall not be cumulative from year to year or period to period. When there is more than one *Insured*, the *Aggregate Limit of Liability* for loss(es) sustained by any or all of them shall not exceed the amount for which the *Insurance Company* would be liable if all loss(es) were sustained by any one of them.

Territorial limits

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

- 1 the *Insured's Country of Domicile*; and
- 2 Travel and/or a stay in the following countries/regions: Iraq, Libya, Somalia, Philippines (but only the southern archipelago of Mindanao), Venezuela, Pakistan, Nigeria, Afghanistan, Sudan, Iran and Yemen.

13.3 Exclusions

The *Insurance Company* shall not provide cover for loss caused by or resulting either directly or indirectly from or involving:

- 1 The fraudulent, dishonest, or criminal acts of the *Policyholder*, any Insured, or any person authorized by the *Policyholder* to have custody of *Ransom Monies*.
- 2 *Monies* or property surrendered away from the *Policyholder's* premises in any face to face meeting involving the use or threat of force or violence unless surrendered by a person in possession of such monies at the time of such surrender for the sole purpose of conveying it to pay an *Extortion* or demand for *Ransom Monies* previously communicated to the *Policyholder* or an *Insured*.
- 3 *Monies* or property surrendered on the *Policyholder's* premises unless brought onto the premises after receipt of an *Extortion* or demand for *Ransom Monies* for the purpose of paying that demand.
- 4 Actual loss of or damage to property of any description, including intellectual property, as a result of an (suspected) *Kidnapping* or *Personal Extortion* or the carrying out of a *Personal extortion* threat. This exclusion does not apply to in-transit / delivery loss of ransom and/or *Extortion* monies as described under covered in section 13.1.2.
- 5 Any loss if the *Insured* is permanently residing or is staying for more than 180 consecutive days in the country where the (suspected) *Kidnapping* or *Personal Extortion* occurs.

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Section 14: Crisis Management

14.1 Cover

The *Company* will reimburse the *Policyholder* for *Crisis* consultant fees and costs incurred up to the amount specified in the *Policy Schedule* as a direct result of a *Crisis* that starts during the *Period of Insurance* and the period of cover reported to the *Insurance Company* in accordance with this *Policy*.

Any fees and costs must be approved and paid by the *Policyholder* and submitted to the *Insurance Company* for approval and reimbursement under this *Policy*. Crisis consultant costs are limited to fees or costs that are incurred within the *Crisis* coverage period. The maximum amount payable under this section is the amount specified in the *Policy Schedule* for any one *Event* and in all *Events* in total (aggregate limit) during any one *Period of Insurance* for all *Crisis* that start during the *Period of Insurance*.

Claims Notification and Consultancy Support

In the event of an incident, situation or *Event* that may give rise to a *Crisis*, then as part of the *Policy* coverage, the Insurance Company will:

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

The *Insurance Company* has a dedicated 24-hour crisis response contact telephone number, which the *Policyholder* may contact in the event of an incident, situation or *Event*, which may give rise to a valid claim. The number is as follows:

Emergency Crisis Helpline: +1 713 260 5500

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

14.2 Conditions

- 1 The *Policyholder* shall bear 20% of the costs incurred as a result of each *Crisis*. The *Insurance Company* shall pay the costs incurred as specified in the *Policy Schedule* for *Crisis* consultants after deducting 20% and observing the limited stated in the *Policy Schedule*.
- 2 Any crisis arising from, based upon or attributable to related, continuous or repeated notifications under Section 14 of the *Policy* shall be considered a single crisis. The *Policyholder* must give immediate notice to the *Insurance Company* of any *Crisis* by telephoning the *Crisis Hotline*.
- 3 Any *Event* that meets the following conditions must be reported to the *Insurance Company* in the time period indicated:
 - a. any *Event* that results in regional or national media coverage (print, radio or television) and relates to a *Crisis*, must be reported to the *Insurance Company* within 24 hours of the media coverage, if not previously notified by the *Policyholder*;
 - b. any *Event* that results in the filing of a claim or litigation against the *Policyholder* and relates to a *Crisis*, must be reported to the *Insurance Company* within 48 hours of the claim/litigation filing, if the *Insurance Company* has not previously been notified by the *Policyholder*. No claim will be paid if the *Insurance Company* is not notified as described above.

14.3 Exclusions

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

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

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Section 15: Search and Rescue

15.1 Cover

The *Insurance Company* will reimburse the necessary and reasonable search and rescue costs incurred up to the maximum amount stated on the *Policy Schedule* if an Insured is reported as missing outside his/her *Country of Domicile*, and it becomes necessary for police authorities, a recognized rescue provider or an official search organization to launch a search and rescue operation where:

- 1 it is known or believed that the Insured may have sustained *Bodily injury* or become ill; or
- 2 weather or safety conditions make it necessary to do so in order to prevent the Insured from sustaining *Bodily injury* or becoming ill.

15.2 Conditions

The following conditions apply to all cover types under Section 15 in addition to the general conditions applying to all sections of the Policy:

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

15.3 Exclusions

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

The *Insurance Company* shall not be obliged to pay for any claim, expense or loss caused by or resulting either directly or indirectly from or involving:

- 1 The *Policyholder* or an Insured failing to comply with local safety advice and/or adhering to any recommendations that are in force during an *Insured's Business trip*.
- 2 An *Insured* knowingly endangering his/her own life or the life of any other Insured.
- 3 An *Insured* engaging in activities where his/her experience or skill level falls below those reasonably required to participate in such activities.
- 4 Costs relating to search and rescue of any person not insured under this Policy.
- 5 Additional costs incurred on or after the *Insured* is recovered by a search and rescue operation or incurred after the time where the recognized rescue provider or police authorities advised that continuing the search was no longer viable.

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Section 16: Evacuation for political risks and Natural Disasters

16.1 Cover

The *Insurance Company* shall pay for the reasonable and necessary costs to return the *Insured* to his/her *Country of Domicile* using scheduled transport where available, or the reasonable and necessary costs of accommodation actually incurred, up to a maximum period of 14 days if the Insured is unable to return to his/her *Country of Domicile*, due to one of the following *Events* while an Insured is on a *Business Trip* outside his/her *Country of Domicile*

- 1 Officials in the country where the *Insured* is located recommend that certain categories of persons, which include the *Insured*, should leave that country;
- 2 The *Insured* is expelled from or declared persona non grata in the country where they are located;
- 3 A major *Natural Disaster* has occurred in the country the Insured is in necessitating his/her immediate evacuation in order to avoid risk of *Bodily injury* or illness to him-/herself; or
- 4 There is total seizure, confiscation or expropriation of property, plant or equipment belonging to the *Policyholder* or the *Insured*.

16.2 Conditions

The *Insurance Company* and/or AIG Assistance will, at their sole discretion, decide where to send the *Insured*.

16.3 Exclusions

The *Insurance Company* shall not provide cover for any claim, expense or loss caused by or resulting either directly or indirectly from or involving:

- 1 The *Insured* violating the laws or regulations of the country from which they are to be evacuated.
- 2 The *Policyholder* or the *Insured* failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation.
- 3 The *Policyholder* or the *Insured* failing to honor any contractual obligations or bond, or to obey any conditions in a license.
- 4 Debt, insolvency, bankruptcy, the repossession of any property by a titleholder or any other financial cause.
- 5 Accommodation for a period in excess of 14 days for each Insured for any one *Event*.
- 6 Expenses that would have been incurred as part of the original travel budget or costs the *Policyholder* or the *Insured* would have had to pay regardless, such as the cost of meals.

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General Exclusions

The *Insurance Company* shall not be obliged to pay any benefit or cover any loss, injury, damage or legal liability directly or indirectly by or caused by or arising directly or indirectly from:

- 1 Intentionally self-inflicted injury, suicide or suicide attempt of an *Insured*.
- 2 Training for or participation in professional sports of any kind.
- 3 *Accidents* occurring during the preparation of or participation in crimes or criminal offences.
- 4 Intentional act of the *Policyholder*, an *Insured* or a beneficiary.
- 5 The *Insured* being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization.
- 6 An *Insured* travelling against the advice of a *Medical* practitioner.
- 7 Flights, except as a paying passenger of a public means of *Conveyance* that is operated by a commercial airline registered to transport passengers according to published, fixed schedules.

General Policy Conditions

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

The *Policyholder* must comply and ensure that *Insured* also comply with the general policy conditions and the additional conditions and provisions detailed in each section of this *Policy*.

1 Assignment

The *Policy* cannot be assigned or transferred unless agreed by the *Insurance Company* in writing.

2 Associated companies

If relevant and subject to the *Insurance Company's* prior written consent, this *Policy* will cover a company or organization that is an associated company or a subsidiary of the *Policyholder*, or for any other business entity, as long as they are based in the same country and the *Policyholder* owns 50% or more of the shares. Foreign branches shall only be included under the insurance if this has been expressly agreed with the *Insurance Company* and this is stated as such on the *Policy Schedule*.

3 Change in risk

The premium and conditions apply to the *Policyholder's* capacity/activities as stated upon concluding the insurance.

- a. The *Policyholder* is obliged to notify the *Insurance Company* as soon as possible in writing or by email of its intention to change the insured capacity and the associated business activities.
- b. If this change increases the risk in such a way that the *Insurance Company* only wishes to continue this insurance policy with an amendment to the premium and/or conditions, the *Insurance Company* shall notify the *Policyholder* thereof within 1 month of receiving the written notification referred to under a. The *Policyholder* shall be entitled to cancel the insurance policy on the day on which the amendment takes effect, and in any case within 1 month after it was notified of the amendment.
- c. If this change increases the risk in such a way that the *Insurance Company* can no longer be expected to be bound to the agreement, the *Insurance Company* shall be entitled to cancel the insurance policy prematurely, subject to a notice period of 2 months following receipt of the written notification under a.
- d. In the event that the *Policyholder* and/or the *Insured* fails to notify the *Insurance Company* of the change referred to under a, or in the event that the *Policyholder* or the *Insurance Company* has made use of its entitlement to cancel the insurance policy in accordance with the provisions under b and c respectively, the *Insurance Company* shall only be obliged to compensate for those losses, including those that would have been borne by the *Insurance Company*, if the insured capacity and the associated business activity/ies had not been changed.

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4 Payment of premiums

Should the *Policyholder* fail to comply with its obligation to pay the premium payable, cover shall be suspended 15 days after the *Insurance Company* issues a demand for payment to the *Policyholder*. This shall be without prejudice to the *Insurance Company's* right to terminate the insurance policy on the grounds of non-payment of the premium. During the period in which cover is suspended, no cover shall be provided under this insurance policy. The premium payable must still be paid, after which cover will take effect again from the day following the day on which the *Insurance Company* received the premium payable.

5 Change of premium and/or conditions

In the event that the *Insurance Company* announces a revision of the premium and/or conditions for insurance policies of the same type as this insurance policy, the *Insurance Company* shall be entitled to alter this insurance policy in accordance with that/those change(s) with effect from the next premium due date after announcing the revision. In the event that it exercises this right, the *Insurance Company* shall notify the *Policyholder* thereof in writing no later than 2 months prior to the aforementioned premium due date.

In the event that the *Insurance Company* amends the conditions of the insurance agreement to the detriment of the *Policyholder* or the beneficiary, the *Policyholder* shall be entitled to cancel the insurance agreement with effect from the day on which the amendment takes effect, and in any case within one month after it was notified of the amendment.

6 Duration and end of insurance

- a. The insurance shall enter into force on the date shown on the *Policy Schedule*, and will be automatically renewed each time after the contract expiry date for a 12-month period or for a period stated on the *Policy Schedule*, unless the *Insurance Company* or the *Policyholder* has cancelled the insurance agreement with effect from the contract expiry date subject to a notice period of two months.
- b. The *Insurance Company* may cancel the insurance agreement:
 - At the end of the insurance period, on condition that the agreement was cancelled by registered letter at least two months in advance
 - In the event of the *Policyholder's* insolvency, but no earlier than three months after the declaration of insolvency
- c. The *Policyholder* may cancel the insurance agreement:
 - At the end of the insurance period, on condition that the agreement was cancelled by registered letter at least two months in advance

7 Claims notification and evidence

- a. As soon as the *Policyholder* or the beneficiary become aware of the materialization of the risk, or are expected to be, it is obliged to notify the *Insurance Company* of said materialization, and must do so as soon as reasonably possible.
- b. The *Policyholder* and the beneficiary are obliged to provide the *Insurance Company* with all information and documents that are important to enable the *Insurance Company* to assess its obligation to pay a benefit, and must do so within a reasonable period.
- c. In the event that the *Policyholder* and/or the beneficiary, following a claim, failed to comply with an obligation arising from the insurance agreement or the law, or to provide all information and documents to the *Insurance Company* that are important in enabling the *Insurance Company* to assess its obligation to pay a benefit, with the intention of deceiving the *Insurance Company*, any right to a benefit shall lapse, except in so far as said deception does not justify the lapse of the right to a benefit.
- d. The party (*Policyholder* and/or beneficiary) that is culpable for said deception shall also compensate the *Insurance Company* for losses that it has suffered as a result, and the *Insurance Company* may also offset said losses against any benefit, if the deception involved the beneficiary.

8 Cover under more than one category

Where an *Insured* is covered under more than one *Policy* category of Insured as shown on the *Policy Schedule* and is entitled to more than one benefit item as shown on the *Policy Schedule* or any attached endorsement in relation to a single *Event*, the *Insurance Company* will only pay the *Sum* insured for cover under one category of *Insured* for the loss sustained.

9 Limitation period

The right to a benefit on the grounds of this insurance contract shall expire after three years from the start of the day following that on which the beneficiary became aware of the benefit being due and payable.

10 Currency

Claims involving foreign currency shall be converted into the currency in which the premium and benefits/*Sum Insured* are shown, at the selling rate of exchange published on: www.oanda.com/ currency/converter on the day of the loss or the next business day. Unless specifically agreed otherwise, claims will be paid in the country where the *Policy* is issued.

11 Obligations and provisions

The *Policyholder*, *Insured* and/or beneficiary must comply with the obligations and provisions set out in the *Policy*. In the event that the *Policyholder*, *Insured* and/or beneficiary fail to do so, the *Insurance Company* may reduce a benefit by the amount of losses that it suffers as a result.

12 Amount of compensation

Payments shall be determined on the basis of medical and factual data in the possession of the *Insurance Company*. The *Insured* and/or the beneficiary/beneficiaries shall be entitled to accept or reject these. In the latter case, he/she/they must notify the *Insurance Company* of his/her/their objection in writing as soon as possible.

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13 Beneficiary/ies in the event of Death resulting from an accident

Any individual named as such in the Policy; in the absence thereof: the *Insured's* spouse or legally registered *Partner*; in the absence thereof: the legal heirs with the exclusion of the state.

14 Change of premium and/or conditions

The *Insurance Company* shall be entitled to amend the premium and/or conditions of particular insurance policies in bulk. If this insurance policy is included in such a group, the *Insurance Company* shall be entitled to alter the premium and/or conditions of this insurance policy in accordance with that amendment on a date of its choosing. The *Insurance Company* shall notify the *Policyholder* of the amendment(s) in writing at least 2 months prior to the effective date of the amendment. The *Policyholder* shall be regarded as having agreed to the amendment(s) unless it cancels the agreement within 1 month of being notified of the amendment(s). The option of cancellation shall not apply if the amendment concerns a reduction of the premium and/or an extension of cover.

15 Obligations following a claim/recovery from third parties

In the event that the Insured has claims for compensation against third parties other than on the grounds of insurance as a result of losses that it has suffered, those claims shall pass by means of subrogation to the *Insurance Company*, in so far as it covers said losses, whether or not it is required to do so. Once the risk has materialized, the *Insured* must refrain from any conduct that impairs the *Insurance Company's* right against those third parties. The *Insurance Company* shall waive the right to appeal in respect of (a) liable third party/ies for the cover types death as a result of an *Accident* and *Permanent Disablement* after an *Accident* (Section 3).

16 Sanctions

The *Insurance Company* shall not be obliged to provide cover or to pay any compensation or provide any benefit to the extent that the provision of such cover, payment of such compensation or provision of such benefit would expose the *Insurance Company*, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, legislation and regulations of the European Union, the Netherlands, the United Kingdom or the United States of America.

17 Fraud

In the event that the *Policyholder* and/or a beneficiary has failed to comply with a stated obligation or to provide the *Insurance Company* with all information and documents that are important in enabling it to assess its obligation to pay a benefit within a reasonable period of time, with the intention of deceiving the *Insurance Company*, the right to a benefit shall lapse, except in so far as said deception does not justify the lapse of the right to a benefit. The party (*Policyholder* and/or beneficiary) that is culpable for said deception shall also compensate the *Insurance Company* for losses that it has suffered as a result, and the *Insurance Company* may also offset said losses against any benefit, if the deception involved the beneficiary.

18 Concurrence of insurance policies

In the event that losses covered under this insurance agreement are also covered under one or more other insurance agreements (whether or not older), or would be covered if the present insurance agreement had not existed, the present insurance agreement shall serve as a top-up in excess of the cover that the other insurance agreements have provided or would have provided if the present insurance agreement had not existed.

19 Start and finish of insurance policy

The insurance policy shall commence on the date stipulated in the *Policy Schedule* and is valid for a fixed period of 12 months unless stated otherwise. The insurance policy is automatically renewed each time for successive periods of 12 months or a period stated otherwise, unless the *Insurance Company* or the *Policyholder* cancels the insurance policy at least 2 months prior to the end of said period in writing or by email.

20 Cancellation in the event of Act of war

The *Insurance Company* and the *Policyholder* may cancel the cover for losses as a result of *Act of war* once such a risk materializes or if said risk is imminent, subject to a notice period of seven days.

21 Statutory interest

In the event that it is not possible to determine the level of *Permanent Disablement* within 730 days following the *Accident* for medical reasons, the *Insurance Company* shall pay the *Insured* statutory interest on the benefit for *Permanent Disablement* resulting from an *Accident*, to be counted from the 731st day.

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22 Personal Data

How we use your Personal Data

We, the Netherlands' branch office of AIG Europe S.A., also trading under the name of AIG Europe, Netherlands, endeavor to protect the privacy of clients, insured and other business contacts.

'**Personal Data**' identifies you and relates to you or other individuals (e.g. your partner or other family members). When you provide **Personal Data** regarding another individual, you must inform this individual of the content of this declaration and our Privacy Policy (unless we have agreed otherwise) and (if possible) obtain his/her consent to share his/her Personal Data with us.

The types of Personal Data that we collect and why - Depending on our relationship with you, the collected **Personal Data** may include the following: contact details, financial details and account details, credit details and creditworthiness, sensitive information concerning health or medical condition (collected with your consent where this is required under applicable law), as well as **Personal Data** that you provide or we collect in connection with our relationship with you. Personal Data may be used for the following purposes:

- Management of insurance contracts, e.g. communication, processing and handling of claims and payments
- The assessment of and making of decisions regarding the provision of cover, the insurance conditions and the claim settlement
- Support and advice relating to medical and travel matters
- Management of our commercial activities and IT infrastructure
- Prevention, detection and investigation of offences, e.g. fraud and money laundering
- Filing, pursuing or substantiation of legal action
- Compliance with legislation and regulations (including compliance with laws and regulations outside of the country in which you are based)
- Monitoring and recording telephone calls for quality, training and security purposes
- (Internal) auditing
- Marketing, market research and analysis

If you no longer wish to receive marketing communications, please send an email to us at: gegevensbescherming.nl@aig.com or write to us at: AIG Europe, Netherlands, F.A.O. The Data Protection Officer, Rivium Boulevard 216 - 218, 2909 LK Capelle aan den IJssel, The Netherlands. Should you no longer wish to receive marketing communications, we may still send you other important service and administration notifications in connection with services that we provide to you.

Sharing of Personal Data - Personal Data may be shared for the above purposes with the companies in our group and third parties (such as brokers and other insurance intermediaries, insurers and reinsurers, credit reference agencies, medical experts and other service providers). If required by legislation and/or regulations, Personal Data will be shared with other third parties (including government bodies).

Personal Data (including information regarding personal injury) may be stored in the Central information system of insurance companies operating in the Netherlands (Stichting CIS), Bordewijklaan 2, 2591 XR The Hague. The CIS database is consulted by insurers and authorized agents, among others, in order to prevent, detect and investigate fraud, or to verify your claims history or that of any other individual who was (likely to be) involved in the policy or claim. See www.stichtingcis.nl for further information.

Personal Data may be shared with (potential) buyers and be transferred during the sale of our company or the transfer of our assets.

International transfer - In view of the global nature of our activities, your **Personal Data** may be transferred to parties based in other countries (including the United States, China, Mexico, Malaysia, the Philippines, Bermuda, and other countries where privacy legislation differs from that in the country in which you are based). In the event of such transfer, we will always take steps to ensure that your **Personal Data** is sufficiently secured and sent in accordance with the requirements under privacy legislation. Further information regarding international transfer can be found in our Privacy Policy (see below).

Security of Personal Data - Appropriate technological and physical security measures are used to keep your **Personal Data** safe and secure. Whenever we pass on **Personal Data** to a third party (including our service providers) or make use of a third party in order to collect **Personal Data** on our behalf, this third party will be carefully selected and required to take appropriate security measures.

Your rights - You have a number of rights under privacy legislation in connection with our use of **Personal Data**. It may be the case that these rights only apply under certain circumstances, and are subject to certain exceptions. These rights may include, but are not limited to, a right to view **Personal Data**, a right to have inaccurate data amended, a right to have data erased, or a right to limit the processing of **Personal Data**. These rights may also include a right to arrange the transfer of your **Personal Data** to a different organization, a right to object to the use of your **Personal Data**, a right to request that particular automated decisions made by us involve human intervention, a right to withdraw your consent, and a right to submit a complaint to the supervisory authorities. Further information about your rights and how you can exercise them can be found in our Privacy Policy (see below).

Privacy Policy - Further information about your rights and how we process your **Personal Data** can be found in our full Privacy Policy at <https://www.aiginsurance.nl/privacybeleid>. You may also request a copy by writing to: AIG Europe, Netherlands, F.A.O. The Data Protection Officer, Rivium Boulevard 216 - 218, 2909 LK Capelle aan den IJssel, The Netherlands, or by sending an email to: gegevensbescherming.nl@aig.com.

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Disputes and Complaints

Complaints

In the event that the complainant disagrees with the insurer's settlement of a complaint, he/she may contact the KiFID (Netherlands' Financial Services Complaints Board) within three months of the date on which the insurer's definitive viewpoint is issued:

KiFID

Postbus 93257, 2509 AG The Hague, The Netherlands
 Telephone: +31 (0)70 - 333 89 99 email: consumenten@kifid.nl
 www.kifid.nl

The KiFID can assist if the policyholder has concluded an insurance agreement with the insurer in the capacity of a consumer, if a natural person derives a personal right of claim from an insurance agreement with the insurer, or if a natural person has a privacy complaint against the insurer. It is also able to assist legal entities whose purpose is to serve the private interests of one or more natural persons who are shareholders or directors or members of this legal entity to the extent that said legal entity may be regarded as an extension of those natural persons.

Should the complainant not wish to make use of these complaint settlement options, or the handling or outcome of the complaint is unsatisfactory, the complainant may bring the dispute before the competent court.

Applicable law and competent court

The insurance agreement shall be governed by Dutch law. Any disputes arising from or in connection with this insurance agreement may only be brought before the competent court in the Netherlands.

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By the Dutch Terrorism Risk Reinsurance Company (NHT) (Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschaden N.V.)

1 Definitions

Where they appear in this clauses sheet and the provisions based thereupon, the following terms shall, unless otherwise stipulated, be understood to mean:

1.1 Terrorism

Any violent act and/or conduct - committed outside the scope of one of the six forms of acts of war as referred to in article 3:38 of the Act on Financial Supervision [Wet op het financieel toezicht] - in the form of an attack or a series of attacks connected together in time and intention as a result whereof injury and/or impairment of health, whether resulting in death or not, and/or loss of or damage to property arises or any economic interest is otherwise impaired, in which case it is likely that said attack or series - whether or not in any organizational context - has been planned and/or carried out with a view to effecting certain political and/or religious and/or ideological purposes.

1.2 Malevolent contamination

The spreading (whether active or not) - committed outside the scope of one of the six forms of acts of war as referred to in article 3:38 of the Act on Financial Supervision - of germs of a disease and/or substances which as a result of their (in)direct physical, biological, radioactive or chemical effect may cause injury and/or impairment of health, whether resulting in death or not, to humans or animals and/or may cause damage to property or may otherwise impair economic interests, in which case it is likely that the spreading (whether active or not) - whether or not in any organizational context - has been planned and/or carried out with a view to effecting certain political and/or religious and/or ideological purposes.

1.3 Precautionary measures:

Any precautionary measures taken by the authorities and/or insured parties and/or third parties in order to avert the imminent risk of terrorism and/or malevolent contamination or - if such peril has manifested itself - to minimize the consequences thereof.

1.4 Dutch Terrorism Risk Reinsurance Company [Nederlandse Herverzekeringmaatschappij voor Terrorisemeschaden N.V.] (NHT):

A reinsurance company incorporated by the Association of Insurers (Verbond van Verzekeraars) in The Netherlands to which any liability to pay compensation under any insurance contract which, for the insurers authorized in The Netherlands, may arise either directly or indirectly from the manifestation of the risks referred to in Articles 1.1, 1.2, and 1.3, may be ceded.

1.5 Insurance contracts:

- a. Non-life insurance contracts insofar as, according to the provisions of Article 1:1 of the Act on Financial Supervision under 'state where the risk is situated' pertains to risks situated in The Netherlands.
- b. Life insurance contracts insofar as they are entered into with a Policyholder whose regular residence is in The Netherlands, or, if the policyholder is a legal entity, with the establishment of the legal entity to which the insurance contract pertains, whose registered office is in The Netherlands.
- c. Funeral in kind insurance contracts insofar as they are entered into with a policyholder whose regular residence is in The Netherlands, or, if the policyholder is a legal entity, with the establishment of the legal entity to which the insurance contract pertains, whose registered office is in The Netherlands.

1.6 Insurers authorized in The Netherlands:

Life insurers, funeral in kind insurers and non-life insurers who, based on the Act on Financial Supervision are authorized to carry on the insurance business in The Netherlands.

2 Limitation of the cover for the terrorism risk

2.1 If and insofar as, subject to the descriptions contained in articles 1.1, 1.2 and 1.3, and within the limits of the applicable policy conditions, cover is provided for the consequences of an event which is (directly or indirectly) related to:

- Terrorism, malevolent contamination or precautionary measures,
 - Any act or conduct in preparation for terrorism, malevolent contamination or precautionary measures, hereinafter to be collectively referred to as 'the terrorism risk', the liability to pay compensation on the part of the insurers in respect of any submitted claim to indemnity and/or benefit, shall be limited to the amount of the payment which the insurer receives in respect of said claim under the reinsurance of the terrorism risk with the NHT, in the event of an insurance with wealth creation increased by the amount of the wealth creation which has been realized under the insurance in question. With regard to life insurances the amount of the realized wealth creation shall be set at the premium reserve to be adhered to pursuant to the Act on Financial Supervision with respect to the insurance in question.

2.2 The NHT shall provide reinsurance cover for the aforementioned claims up to a limit of liability of EUR 1 billion in respect of any one calendar year. The aforementioned sum shall be eligible for annual adjustment and shall apply to all insurers associated with the NHT together. Any adjustment shall be announced in three national newspapers.

2.3 Contrary to the provisions contained in the aforementioned paragraphs of this article, the limit of indemnity under this contract with respect to any insurance pertaining to:
 - loss of or damage to immovable property and/or the contents thereof;
 - consequential loss due to loss of or damage to immovable property and/or the contents thereof, shall not exceed EUR 75 million in respect of any one policyholder and any one insured location per annum for all participating insurers as referred to in article 1 together, irrespective of the number of policies issued.

For the application of this paragraph insured location shall be understood to mean: all objects insured by the policyholder existing at the address of premises to which the insurance applies, as well as all objects insured by the policyholder located outside the address of premises to which the insurance applies whose use and/or purpose is in relation to the business activities at the address of premises to which the insurance applies. As such shall in any case be considered all objects insured by the policyholder which are located at a distance of less than 50 meters from each other and of which at least one is situated at the address of premises to which the insurance applies.

For the application of this paragraph it shall be provided that, with regard to legal entities and companies which are joined in a group, as referred to in Section 2 (24)(b) of the Netherlands Civil Code, all group companies together shall be regarded as one policyholder, irrespective of which group compan(y)(ies) belonging to the group has/have taken out the polic(y)(ies).

3 Payment Protocol NHT

3.1 The reinsurance of the insurer with the NHT shall be subject to the Claims Settlement Protocol (hereinafter to be referred to as the Protocol). On the basis of the provisions laid down in said protocol, the NHT shall be entitled to defer any payment of indemnity or the sum insured until such time as the NHT is able to determine whether and to which extent it has at its disposal sufficient financial resources in order to settle in full all claims for which the NHT provides cover in its capacity as reinsurer. Insofar as the NHT is found not to have sufficient financial resources at its disposal, it shall be entitled in accordance with the provisions in question to pay a partial compensation to the insurer.

3.2 The NHT shall, with due regard for what has been stated in provision 7 of the Protocol, be authorized to decide whether an event in connection with which a claim to compensation is made should be considered as a consequence of the manifestation of the terrorism risk. Any decision taken to that effect and in accordance with the aforementioned provision by the NHT shall be binding upon the insurer, policyholder, insured parties, and the parties entitled to compensation.

3.3 Not until the NHT has notified the insurer of the amount, whether as an advance or not, which will be paid in respect of any one claim to compensation, shall the insured or the party entitled to the payment be entitled to lay claim to the payment as referred to in article 2.18.3 in this respect towards the insurer.

3.4 The reinsurance cover by the NHT shall pursuant to provision 17 of the Claims Settlement Protocol only apply to claims for indemnity and/or benefit which are reported within two years after the NHT has established that a certain event or circumstance is regarded as a manifestation of the terrorism risk within the context of this Clauses Sheet.

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