

**Allianz** 

**TUI Extra  
Travel Insurance**



## COVERAGE SUMMARY

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
<b>Medical/ Dental care</b>	<b>You have to pay for emergency medical or dental treatment while on your trip.</b> Reimbursement of minor medical expenses for which <i>you</i> are responsible Reimbursement of the deductible you are liable for on your main travel insurance.	<b>1.500 SEK</b>
<b>Trip Interruption</b>	<b>Trip curtailment</b> <i>You have to end your trip early and need to recover non-refundable unused trip costs.</i> <b>Early/Delayed Return</b> <i>You have to end your trip earlier or later than originally planned and need to recover additional transportation costs for your return home.</i> <b>Trip Continuation</b> <i>Your travel plans are interrupted, but you continue your trip.</i> <b>Extended Stay</b> <i>Your travel plans are interrupted and you need to recover additional accommodation and transportation costs you have incurred (unlimited days if you extend your stay due to your illness or injury).</i> <b>Other Coverage (under the limit for Trip Curtailment)</b> - Confinement on medical advice during your trip – <b>450 SEK per day</b> - Unable to do trip activities – <b>225 SEK per day</b> - Quarantine – <b>450 SEK per day</b> - Excursions – sublimit <b>2.400 SEK</b> Replacement Holiday – <b>70.000 SEK</b>	<b>70.000 SEK</b>  <b>At cost</b>  <b>At cost</b>  <b>1.200 SEK per day / max. 2 days</b>
<b>Travel Delay</b>	<b>Your travel plans are delayed while you are on your trip.</b> Maximum reimbursement per 24-hour period of delay: “No Receipts Daily Limit” – <b>600 SEK</b> “With Receipts Daily Limit” – <b>1.200 SEK</b> Minimum Required Delay - <b>6 hours</b> In case of Trip Abandonment after 24 hour delay – <b>max. 70.000 SEK</b>	<b>23.000 SEK</b>
<b>Baggage</b>	<b>Your baggage is lost, damaged, or stolen while on your trip.</b>	<b>1.500 SEK</b>
<b>Baggage Delay</b>	<b>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</b> Reimbursement for expenses for the essential items you need until your baggage arrives Minimum Required Delay – <b>4 hours</b> No receipts sublimit- <b>1.200 SEK per 24 hours</b>	<b>3.600 SEK</b>
<b>Loss of travel documents</b>	<b>Your travel document is lost, stolen, or damaged during your trip.</b>	<b>3.600 SEK</b>
<b>Personal money</b>	<b>Your personal money is lost or stolen during your trip.</b>	<b>2.400 SEK</b>
<b>Insurance excess</b>	<b>An excess is applied on to one or more of your domestic insurance policies</b> Sub limit per domestic insurance policy- <b>10.000 SEK</b>	<b>30.000 SEK</b>

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Rental Vehicle Damage	Collision Damage Waiver excess / Rental Vehicle Additional Coverage	23.000 SEK

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

## IMPORTANT NOTICES

- **This policy does not provide assistance during *your trip*. You should have a main travel insurance policy that provides you with at least medical assistance.**
- **Residency requirement:** This policy is only valid for *residents* of Sweden.
- **Insurer:** AWP P&C S.A. – Dutch Branch, trading as Allianz Partners.
- **Mode of travel:** valid for all modes of travel
- **Insured duration of travel:** see TUI booking confirmation. The insurance policies are valid for the duration of the *trip* (from commencement of the *trip* to the time of return), a maximum of 45 days is possible. For Rental Vehicle damage a maximum rental period of 31 days applies.
- **Coverage limits:** If not otherwise specified the coverage limits shown above are per named insured
- **Area of cover:** You will not be covered if you travel outside the area you have chosen, as shown on your insurance confirmation.
  - Europe: Mediterranean islands, Albania, Algeria, Andorra, Armenia, Austria, Azerbaijan, Azores, Balearic Islands, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canary Islands, Croatia, Cyprus, Czech Republic, Denmark, Egypt, Estonia, Faroe Islands, Finland, France, Georgia, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland (Republic of), Isle of Man, Israel, Italy, Kosovo, Lapland, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russia-West of Urals, San Marino, Serbia, Slovenia, Slovakia, Spain, Switzerland, Tunisia, Turkey, Ukraine and the United Kingdom.
  - Worldwide: All countries in the world.
- **Notes on the conclusion of insurance:** The insurance is only valid for the booked travel as described in the travel confirmation. the insurance cover begins at the time of commencement of the insured travel, and ends at the agreed point in time. The insurance cover will end at the very latest with the completion of the insured travel. In the following case, the insurance cover will be extended beyond the agreed point in time: if *you* have insured the entire planned *trip*, and the end of the *trip* is delayed for reasons outside of *your* control.
- **PLEASE NOTE: If the insured event occurs, we will only be obliged to provide indemnity if the premium has been paid, or if you, as the policyholder, are not at fault for the non-payment of the premium.**

## IMPORTANT CONTACT DETAILS

### Customer services: (for queries about your insurance)

Phone: +46 771 84 01 00

Online: <https://www.tui.se/kundservice/kontakta-oss/>

### Claims:

Online: <https://claims.sos.eu/>

Phone: +45 3848 8481

Email: [claims@sos.eu](mailto:claims@sos.eu)

**24-hour emergency medical assistance:**

For medical emergencies or if you need to cut your trip short you must contact your main travel insurance company's emergency centre. Please ensure you take the correct contact details and policy number with you when you travel.

## GENERAL CONDITIONS

### WHO WE ARE

We are a Dutch branch of AWP P&C S.A., which has its registered office in Saint-Ouen-sur-Seine, France. We also operate under the trading name Allianz Partners.

Our business address is:  
Poeldijkstraat 4  
1059 VM Amsterdam  
The Netherlands

Our postal address is:  
PO Box 9444  
1006 AK Amsterdam  
The Netherlands

AWP P&C S.A. – Dutch Branch, trading as Allianz Partners, is an insurer licensed to act in all EEA countries and located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands operating in freedom of services, with corporate identification No 33094603, and registered at the Dutch Authority for the Financial Markets (AFM) No 12000535.

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

### ABOUT THIS POLICY

This *policy* is *our* contract with *you* that offers insurance coverage for a specific *trip* where both have been purchased from the *travel supplier*. Please read it carefully. We have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, *we* are available during our working hours listed in the Coverage Summary. Just send *us* an email or give *us* a call using the contact information listed in the Coverage Summary. And, if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

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

### WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

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

*Your policy* consists of two parts:

1. The Certificate of Insurance and TUI booking confirmation
2. This document, which describes the coverages (including the Coverage Summary, which provides the particular list of coverages and benefits covered), main provisions, and conditions that govern this policy as well as the Privacy Notice.

#### NOTE:

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

## CANCELLATION RIGHTS

If *your* cover does not meet *your* requirements, please notify TUI no later than the day before *your trip* starts.

In addition to the above, if the duration of *your trip* is more than 1 month *you* will still be able to terminate the insurance on or after the day *your trip* starts. *You* will only receive a refund of the premium *you* have paid for remaining days. *Your* premium will be refunded unless *you* have made a claim, or intend to make a claim, in which case no refund will be due.

## MAKING A COMPLAINT

*We* always aim to provide *you* with first-class service. However, *we* know that things can sometimes go wrong and there may be times when *you* feel *we* have not done so. If this is the case, please tell *us*, so that *we* can do our best to sort out the problem.

Online: <https://www.sos.eu>

Write to:

**Complaints Department**  
**SOS International**  
**Arne Jacobsens Allé 7**  
**2300 Copenhagen S**  
**Denmark**

Or email: [quality@sos.eu](mailto:quality@sos.eu) with "COMPLAINT" in the subject.

To help SOS International deal with *your* complaint as quickly and efficiently as possible, please tell them your name, address, phone number, booking number and claim reference and enclose copies of relevant correspondence.

If *you* are not satisfied with the handling of a complaint *you* should write to:

**Allmänna Reklamationsnämnden,**  
**Box 174**  
**101 23 Stockholm**

Email: [arn@arn.se](mailto:arn@arn.se)

Website: [www.arn.se](http://www.arn.se)

Phone: 08-508 860 00

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## DEFINITIONS

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

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

	<i>member, a traveling companion's family member, the sick or injured person, or that person's family member.</i>
<b>Domestic insurance policies</b>	Your home insurance, motor insurance or home insurance extension for which premiums have been paid to cover <i>you</i> and/or <i>your</i> property and which are all issued by an authorised and regulated Swedish insurer
<b>Epidemic</b>	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
<b>Family member</b>	<p><i>Your:</i></p> <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union),</li> <li>2. <i>Cohabitants,</i></li> <li>3. Parents and stepparents,</li> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process,</li> <li>5. Siblings,</li> <li>6. Grandparents and grandchildren,</li> <li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent,</li> <li>8. Aunts, uncles, nieces, and nephews,</li> <li>9. Legal guardians and wards, and</li> <li>10. Paid, live-in caregivers.</li> </ol>
<b>First responder</b>	Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an accident or emergency to provide aid and relief.
<b>High-altitude activity</b>	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
<b>High value items</b>	Collectibles, jewellery, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment,</i> mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
<b>Hospital</b>	<p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> <li>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services,</li> <li>2. Have organized departments of medicine and major surgery, and</li> <li>3. Be licensed where required.</li> </ol>
<b>Illegal act</b>	An act that violates law where it is committed.
<b>Injury</b>	Physical bodily harm.
<b>Local public transportation</b>	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometres.
<b>Mechanical breakdown</b>	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).

<b><i>Natural disaster</i></b>	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
<b><i>Pandemic</i></b>	An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
<b><i>Personal Money</i></b>	Any of the following that are held for personal and not business purposes: cash, postal or money orders, current postage stamps, traveller's cheques, admission tickets, travel tickets, coupons, gift cards or vouchers which have a monetary value.
<b><i>Policy</i></b>	This travel insurance contract. The <i>policy</i> includes this General Conditions document and the certificate of insurance.
<b><i>Political risk</i></b>	<p>Any one or more of the following:</p> <ul style="list-style-type: none"> <li>• Any event, organized resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or organized political or ruling group;</li> <li>• Nationalization;</li> <li>• Confiscation;</li> <li>• Expropriation;</li> <li>• Deprivation;</li> <li>• Requisition;</li> <li>• Revolution;</li> <li>• Rebellion;</li> <li>• Insurrection;</li> <li>• Uprising;</li> </ul> <p>Military and usurped power.</p>
<b><i>Pre-existing medical condition</i></b>	<p>An <i>injury</i>, illness, or medical condition that, within the 180 days prior to and including the purchase date of this <i>policy</i>:</p> <ol style="list-style-type: none"> <li>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms, or</li> <li>3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).</li> </ol> <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 180 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to seek medical assistance during <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
<b><i>Primary residence</i></b>	<i>Your</i> permanent, fixed home address for legal and tax purposes.
<b><i>Quarantine</i></b>	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel

	on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.
<b>Refund</b>	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
<b>Rental vehicle</b>	An automobile or other vehicle designed for use on public roads that <i>you</i> have rented for the period of time shown in a <i>rental vehicle agreement</i> for use on <i>your trip</i> during <i>your scheduled rental period</i>
<b>Rental vehicle agreement</b>	The contract issued to <i>you</i> by the rental vehicle company that describes all of the terms and conditions of renting a <i>rental vehicle</i> , including <i>your</i> responsibilities and the responsibilities of the rental vehicle company.
<b>Resident</b>	A person who has their <i>primary residence</i> , and is registered with a <i>doctor</i> , in Sweden and has not spent more than 6 months abroad during the year before the <i>policy</i> was issued.
<b>Return Date</b>	The date on which <i>you</i> are originally scheduled to end <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<b>Scheduled rental period</b>	The date(s), during which <i>you</i> will be renting the <i>rental vehicle</i> to use for <i>your trip</i> , as shown on <i>your rental vehicle agreement</i> .
<b>Service animal</b>	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
<b>Severe weather</b>	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
<b>Sporting equipment</b>	Equipment or goods used to participate in a sport.
<b>Terrorist event</b>	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of your country of residence and is committed for political, religious, ethnic, and/or ideological purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include <i>political risk</i> .
<b>Traffic Accident</b>	An unexpected and unintended traffic-related event, other than <i>mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
<b>Travel carrier</b>	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> <li>1. Rental vehicle companies,</li> <li>2. Private or non-commercial transportation carriers,</li> </ol>

	<p>3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator, or</p> <p>4. <i>Local public transportation</i>.</p>
<b><i>Travel supplier</i></b>	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
<b><i>Traveling companion</i></b>	A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
<b><i>Trip</i></b>	<i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> , which is originally scheduled to begin on <i>your departure date</i> and end on <i>your return date</i> . It must be booked with the <i>travel supplier</i> , from which <i>you</i> purchased this <i>policy</i> . It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work, and it cannot last longer than 45 days.
<b><i>Uninhabitable</i></b>	A <i>natural disaster</i> , fire, flood, burglary, or <i>vandalism</i> (except where <i>vandalism</i> is a part or a result of a cause of loss excluded under this <i>policy</i> ) has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their <i>primary residence</i> or <i>accommodations</i> inaccessible or unfit for use.
<b><i>Vandalism</i></b>	Any <i>illegal act</i> that intentionally causes damage to or destruction of public or private tangible property.
<b><i>War</i></b>	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
<b><i>We, Us, or Our</i></b>	AWP P&C S.A. – Dutch Branch, trading as Allianz Partners.
<b><i>You or Your</i></b>	All persons listed as insureds in the certificate of insurance e.g. in your TUI booking confirmation as having purchased the insurance.

## WHEN YOUR COVERAGE BEGINS AND ENDS

*You* are only eligible for coverage if *we* accept *your* request for insurance and send *you* an official confirmation of that. *Your policy's* coverage effective date and coverage end date are indicated in *your* certificate of insurance. The *policy* is effective on the day *we* receive the order and *you* pay the full premium. The order must be received and the full premium must be paid on or before the *departure date*.

Coverage is only provided for losses that occur while *your policy* is in effect.

The *departure date* and *return date* that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

*Your policy* ends on the coverage end date listed in *your* insurance confirmation.

Additionally, your policy will end on the earliest of:

1. At 23:59 on the day you cancel your policy;
3. At 23:59 on the day you end your trip, if you end your trip early;
4. At 23:59 on the day you arrive at a medical facility for further care if you end your trip due to a medical reason; or
5. At 23:59 on the 45<sup>th</sup> day of the trip.

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

Please note that this *policy* applies for a specific *trip* and cannot be renewed.

## DESCRIPTION OF COVERAGES

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

### A. MEDICAL/DENTAL ABROAD

**IMPORTANT:** *We do not provide assistance during your trip and will not cover any costs that are recoverable from your main travel insurance policy. If you are taken into hospital or you think you may have to come home early or extend your trip, you must contact your main travel insurance company's emergency centre.*

*We* will reimburse you or your personal representatives one of the following necessary and unforeseen emergency expenses if *you* die, are injured, have an *accident* or are taken ill (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19) during *your trip*.

#### Medical and dental treatment

Up to the up to the maximum benefit listed in your Coverage Summary for:

- medical, surgical, medication costs, hospital, nursing home or nursing services; or
- emergency dental treatment to relieve sudden pain.

#### Excess on your main travel insurance policy

Up to the maximum benefit listed in *your* Coverage Summary for the excess amount that is applied to *your* main travel insurance policy. *We* will do this if, during *your trip*, a claim incident occurs and settlement is made by *your* main travel insurance policy that is more than the excess amount of that policy.

#### Special conditions and notes

- This is not a private medical insurance policy and only gives cover for minor medical treatment if *you* have an accident or suffer an unexpected illness during *your trip*.
- With *your* or *your* personal representative's written permission, *we* may contact your *doctor* to confirm *your* medical history to help *us* deal with any claim.

### B. TRIP INTERRUPTION

**IMPORTANT:** *We do not provide assistance during your trip and will not cover any costs that are recoverable from your main travel insurance policy. If you are taken into hospital or you think you may have to come home early or extend your trip, you must contact your main travel insurance company's emergency centre.*

#### Trip Curtailment

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, *we* will reimburse *you*, less available *refunds*, up to the maximum benefits for trip curtailment coverage listed in *your* Coverage Summary, for the prorated portion of your insured unused non-refundable trip payments and deposits.

**IMPORTANT:** *You must notify all of your travel suppliers within 48 hours of discovering that you will need to end your trip (this includes being advised to interrupt your trip by a doctor). If you notify any travel suppliers later than that and get a smaller refund as a result, we will not cover the difference. If a serious illness, injury, or medical condition prevents you from being able to notify your travel suppliers within that 48-hour period, you must notify them as soon as you are able.*

**NOTE: will not reimburse *you* for the unused non-refundable portion of *your* original return ticket under trip curtailment coverage if *we* have paid or reimbursed *you* for a travel *carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage.**

### **Early/Delayed Return**

If *you* have to return earlier or later than *your* original *return date* due to one or more of the *covered reasons* listed below, *we* will reimburse *you* for, less available *refunds*, a travel *carrier* ticket(s) for *your* return travel to *your primary residence* in the same class of service that *you* originally booked, up to the maximum benefit for early/delayed return coverage listed in *your* Coverage Summary.

**NOTE: *We* will not reimburse *you* for a travel *carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage if *we* have reimbursed *you* for the unused non-refundable portion of *your* original return ticket under trip curtailment coverage.**

### **Trip Continuation**

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

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

### **Extended Stay**

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

### **Covered reasons:**

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your* trip (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).  
The following condition applies:
  - a. A *doctor* must either examine or consult with *you* or the *traveling companion* before *you* make a decision to interrupt the *trip*.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).  
The following condition applies:
  - a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, or require hospitalization.
3. *You*, a *traveling companion*, *family member*, or *your service animal* dies during *your trip*.
4. *You* or a *traveling companion* is *quarantined* during *your trip* due to having been exposed to:
  - a. A contagious disease other than an *epidemic* or *pandemic*, or
  - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
    - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*, and
    - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home,

or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.

5. *You* or a *traveling companion* is in a *traffic accident* during *your trip*. One of the following conditions must apply:
  - a. *You* or a *traveling companion* needs medical attention, or
  - b. The vehicle needs to be repaired because it is not safe to operate.
6. *You* are legally required to attend a legal proceeding during *your trip*. The following condition applies:
  - a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).
7. *Your primary residence* becomes *uninhabitable* during *your trip*.
8. *You* or a *traveling companion* is a traveller on a hijacked aircraft, train, vehicle, or vessel.
9. *You*, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.
10. *You* miss at least 50% of the length of *your trip* due to one of the following:
  - A. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
  - B. A strike, unless threatened or announced prior to the purchase of *your policy*;
  - C. A *natural disaster*;
  - D. Roads are closed or impassable due to *severe weather*;
  - E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
    - i. *You* must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents through appropriate authorities
  - F. *Civil disorder*, unless it rises to the level of *political risk*.
11. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

#### **Confinement on medical advice during *your trip***

If *you* are admitted to *hospital* or are unable to leave *your* room within *your trip accommodation* on the advice of the treating *doctor*, as a result of an *injury* or illness (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19) *you* sustain during *your trip* we will pay *you* the amount per day listed in *your* Coverage Summary.

We will also pay this amount per day for one *travelling companion* (who is insured under this *policy*) to stay with *you* if *you* are confined as described above when

- a. *you* are admitted to *hospital*;
- b. your treating *doctor* advises in writing *you* should not be left alone; or
- c. *you* are aged 11 years or under.

#### **Unable to do *trip* activities**

We will pay the amount per day listed in *your* Coverage Summary per day if *you* are ordered to refrain from undertaking your planned trip activities (for example an excursion, swimming or sunbathing) on the advice of the treating *doctor*, as a result of an *injury* or illness *you* sustain during *your trip*.

## Excursions

We will reimburse up to the amount listed in *your* Coverage Summary for *your* excursions that have been paid for and that cannot be recovered from anywhere else, if *you* get written advice from a *doctor* that *you* cannot go on them, because of an *injury* or illness during *your trip*.

## Quarantine

We will pay:

1. The amount per day listed in *your* Coverage Summary if *you* or a *travelling companion* is quarantined during *your trip* by order or other requirement of a government or public authority, based on their suspicion that *you* or a *travelling companion*, specifically, have been exposed to a contagious disease (including an *epidemic* or a *pandemic* disease such as COVID-19);
2. Additional accommodation costs during *your quarantine* and the cost for *you* to return home after *your quarantine*.

This does not include any *quarantine* that applies generally or broadly to some or all of a population, vessel or geographical area, or that applies based on where the person is travelling to, from or through.

## Replacement holiday

If *you* are admitted to *hospital* or are unable to leave *your room* within *your trip accommodation* on the advice of the treating *doctor*, as a result of an *injury* or illness (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19) for more than half of the length of *your pre-booked trip*, or have had to cut *your trip* short with more than half of the length of *your pre-booked trip* remaining, *you* can choose a replacement holiday for *you* and either one *travelling companion*, or the *family members* that were with *you* on *your original trip and are insured under this policy*.

We will reimburse up to the amount listed in *your* Coverage Summary for Replacement holiday, but not more than your original trip cost.

## Special conditions and notes applying to this coverage

- *You* must contact the 24-hour emergency assistance service of *your* main travel insurance before *you* return home and they must agree to the reason for cutting the *trip* short.
- If *you* have to cut short *your trip*, we will work out the unused value of *your trip* from the date it is necessary for *you* to return to *your primary residence* early or the date *you* go into *hospital* as an inpatient, for the rest of *your trip*.
- We will pay unused *trip* costs (but not *your* unused return travel tickets if we paid for new tickets) based on each complete 24-hour period *you* have lost. For package trips the *trip* per day cost is calculated by dividing the total cost of *your trip* by the planned length of *your trip* in days.
- We will not pay more than one of the benefits per day of *your trip*.
- We will pay unused *trip* costs when initially settling the claim. If *you* choose a replacement holiday, we will deduct any payments already made for *your original trip* under Trip interruption from the payment towards the replacement holiday.
- The replacement holiday must be booked within one year of *your original departure date* and must be booked through TUI or Nazar. The new *trip* is not transferable to another person.

## C. TRAVEL DELAY

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

- i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication and transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary, as follows:
  - a. If *you* provide receipts, the “With Receipts” Daily Limit applies or
  - b. If *you* do not provide receipts or did not incur additional costs, the “No Receipts” Daily Limit applies.
- ii. If the delay causes *you* to miss the departure of your cruise, tour, or connecting flight necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination or return home.
- iii. If the delay causes *you* to miss the departure of your flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

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

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

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

### **Abandoning your trip**

In case *you* abandon *your trip* after a delay of more than 24 hours or if *you* are unable to arrange alternative transportation to your destination within the first half of *your trip* *we* will reimburse *you* for the lost prepaid *trip* expenses up to the maximum benefit for Trip abandonment shown in *your* Coverage Summary (but not more than the original *trip* cost). The delay must be due to one of the *covered reasons* listed above.

## D. BAGGAGE

**NOTE** Baggage coverage applies if *you* do not make a claim through *your* home insurer. If *you* claim through *your* home insurer *you* can make a claim for the deductible applied under section H “Insurance excess”

If *your baggage* is lost, damaged, or stolen while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for baggage coverage in *your* Coverage Summary (*high value items* are subject to the maximum sublimit listed for *high value items*):

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

The following conditions apply:

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

The following items are not covered:

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

## E. BAGGAGE DELAY

**NOTE: Only available for *your* outbound travel (not *your* return travel).**

If *your baggage* is delayed by a *travel supplier* during *your trip*, we will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* Coverage Summary for Baggage delay.

The following condition applies:

- a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under Baggage delay in *your* Coverage Summary.
- b. If *you* do not provide receipts, the maximum amount payable is the No Receipts Limit listed in *your* Coverage Summary.

## F. LOSS OF TRAVEL DOCUMENTS

If *your passport* or visa is lost, stolen or destroyed while *you* are on *your trip*, we will reimburse *you*, up to the maximum benefit for Loss of travel documents *shown* in your Coverage summary for the following:

1. The cost of *your* necessary extra travel and accommodation expenses as well as administration costs for the issuing of the emergency passport and/or visa *you* need to continue *your trip* or return to *your primary residence*; and
2. The equivalent cost (based on the current standard replacement costs) of the period remaining on *your* passport that is lost or has been stolen or destroyed.

**The following conditions apply:**

*You* must:

1. have taken necessary steps to keep *your* passport and/or visa safe and to recover it, where possible;
2. file and retain a copy of a police report in the case of theft;
3. have filed and retained a copy of a loss report from the consulate or embassy *you* reported it to; and
4. provide receipts for all expenses, including from the consulate or embassy confirming the cost of the replacement or emergency passport or visa.

**The following exclusions apply:**

1. Reimbursement, unless *you* can provide receipts for the expenses claimed.
2. Losses caused by differences in exchange rates.
3. Passports or visas left unattended in a motor vehicle or a public area.
4. Foreign currency transaction fees imposed by *your* bank or credit card issuer.
5. The cost of any upgrades, pre-checking services or postage fees.

## G. PERSONAL MONEY

If *your personal money* is lost or stolen while *you* are on *your trip*, we will reimburse *you*, up to the maximum benefit for Personal Money shown in *your* Coverage Summary.

**The following conditions apply:**

*You* must:

1. have taken necessary steps to keep *your personal money* safe and to recover it;
2. file and retain a copy of a police report in the case of theft;
3. have filed and retained a copy of a report giving the details of the *personal money* and its value with the appropriate local authorities, travel carrier, hotel or tour operator within 24 hours of discovery of a loss; and

4. provide documentary evidence of the value of the lost or stolen *personal money* as well as the original source for cash.

**The following exclusions apply:**

1. This policy will not pay for *personal money* if one of the following apply:
  - a. it is not being carried by *you*;
  - b. it is not locked in the secure private accommodation *you* are using on *your trip*; or
  - c. it is not locked in a safe or security deposit box.
2. Reimbursement, unless *you* can provide evidence of the amount of currency *you* had, from the place where *you* got the currency.
3. Losses caused by a drop in exchange rates or any shortage caused by mistakes made when exchanging currency.
4. *Personal money* left in a motor vehicle.
5. Loss or theft of traveller's cheques or other payment means if the issuing agent provides replacements or reimburses *you*.
6. More than the lowest market value of equivalent *personal money* (except cash), if paid for using frequent-flyer points, loyalty-card points, vouchers or another similar scheme.

## H. INSURANCE EXCESS

We will reimburse up to the amounts shown in *your* Coverage Summary (but not more than the total amount shown on *your* Coverage Summary) for the excess amount that is applied to one or more of *your* domestic insurance policies. We will do this if while *you* are on *your trip* a claim incident occurs, which is covered on one or more of *your* domestic insurance policies and a settlement is made by the insurer of that policy that is more than the excess amount of that policy.

### Home insurance

- Damage to your home or loss/theft/damage to possessions in your home in Sweden
- Personal possessions whilst abroad
- Personal liability, personal assault cover or legal expenses cover

### Motor insurance

- Vehicle damage

### Special exclusions applying to this coverage

1. Any reimbursement unless *you* have paid *your* full excess for your *domestic insurance policy*.
2. Any claim under "Home Insurance - Personal possessions whilst abroad" if *we* have paid a claim under Baggage cover
3. Any claim under "Motor insurance" if *your* car is not parked at *your* home or in a secure car park or being used by *you* on *your trip*.

### Special condition applying to this coverage under "Motor insurance"

For motor insurance excess cover to apply, the cost to repair *your* damaged private motor vehicle must be more than the value of the motor insurance excess. Other costs that the insurer of the motor insurance policy pays, such as hire car, loss of no-claims bonus or compensation for loss of use of the private motor vehicle are not considered.

## I. RENTAL VEHICLE DAMAGE

**IMPORTANT: This coverage does not replace any vehicle coverage mandated by law, does not provide bodily injury and property damage liability insurance and does not comply with any financial responsibility law or any other law mandating motor vehicle coverage.**

If *your rental vehicle* is stolen or damaged during the *scheduled rental period*, as shown on the *rental vehicle agreement*, and while on *your trip*, we will reimburse:

- i. **Collision Damage Waiver (CDW):** The specified excess, deductible or damage liability fee *you* are liable to pay under *your rental car agreement* up to the maximum benefit listed for Collision Damage Waiver (CDW) excess in *your* Coverage Summary
- ii. **Rental Vehicle Additional Coverage:** Contractually owed costs charged by the rental vehicle company, as outlined in your *rental vehicle agreement*, necessary to repair *the rental vehicle* covered components listed below up to the maximum benefit for Rental Vehicle Additional Coverage listed in *your* Coverage Summary

Covered components:

1. Underbody, including oil pan;
2. Tires;
3. Windshield;
4. Side and rear windows;
5. Exterior mirrors; or
6. Roof.

The following conditions apply:

- a. If the *rental car* is damaged while being operated, the driver at the time the damage occurs must be listed on the *rental car agreement*;
- b. This *policy* must have been purchased and become effective prior to *you* or any driver listed in the *rental car agreement*, or anyone acting on *your* or their behalf, first taking possession of the *rental car* at the beginning of the *scheduled rental period* as shown on the *rental car agreement*;
- c. *You* must file a report with the rental car company, either within 24 hours of the loss or damage or when *you* return the *rental car* (whichever comes first);
- d. If the *rental car* is stolen, *you* must promptly notify the police; and
- e. Your rental vehicle agreement clearly states or implies that you are responsible for damages to the covered components listed above under Rental Vehicle Additional Coverage.

The following obligation applies:

- a. *You* must complete and sign a form provided by the rental vehicle company documenting all existing damage to the *rental vehicle* at the start of the *scheduled rental period*;

**Rental cars do not include:**

1. Vehicles used for peer-to-peer car sharing;
2. Trucks or moving vans;
3. Campers, trailers, or recreational vehicles;
4. Motorcycles, motorbikes, snowmobiles, kit-cars, or all-terrain vehicles;
5. Vehicles when used off-road;
6. Vehicles that are more than 10 years old;
7. Vehicles that seat more than nine persons, including the driver;
8. Vehicles that do not have to be licensed or are not legal where used;
9. Vehicles that are rented for commercial or for-hire purposes, including limousines; and
10. Vehicles that have a manufacturer's suggested retail price of more than 70,000€

*You* are not covered for any loss that results directly or indirectly from any of the following specific exclusions:

1. Any obligation *you* assume under any agreement, (e.g. *you* pay for the car rental agency's supplemental insurance), except a collision or comprehensive *deductible* for *your* primary insurance;
2. Violating the *rental car agreement*;
3. Leases or rentals for 31 consecutive days or longer;
4. *Rental car's* loss of value; or
5. *Mechanical breakdown* or ordinary wear and tear.

## GENERAL EXCLUSIONS

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

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

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

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

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Pre-Existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth;
5. Fertility treatments or elective abortion;
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
7. Acts committed with the intent to cause loss;
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
9. Participating in or training for any professional or semi-professional sporting competition;
10. Participating in or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions and tournaments organized by hotels, resorts, or cruise lines to entertain their guests;
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
  - a. Skydiving, BASE jumping, hang gliding, or parachuting,
  - b. Bungee jumping,
  - c. Caving, rappelling, or spelunking,
  - d. Skiing or snowboarding,
  - e. *Climbing sports* or free climbing,
  - f. Any *high-altitude activity*,
  - g. Personal combat or fighting sports,
  - h. Racing or practicing to race any motorized vehicle or watercraft,
  - i. Free diving, or
  - j. Scuba diving at a depth below your certification allows, at a depth greater than 20 meters, or without a dive master (dive instructor if uncertified);

*You* must wear all recommended safety equipment while participating in *your* sporting activities in order to be eligible for coverage.
12. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, a *family member*, or *your service animal* is the victim of such act;
13. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under Trip interruption coverage, Travel delay coverage, or Emergency medical/dental coverage;

14. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under Trip Interruption coverage or Travel delay coverage;
15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
16. Nuclear reaction, radiation, or radioactive contamination;
17. *War or acts of war*;
18. Military duty, except when and to the extent that *military duty* is expressly referenced and covered under Trip interruption coverage;
19. *Political risk*;
20. *Cyber risk*;
21. *Civil disorder*, except when and to the extent that *civil disorder* is expressly referenced in and covered under Trip interruption coverage or Travel delay coverage;
22. *Terrorist events*,
23. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under Trip interruption coverage;
24. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
25. A *travel supplier's* restrictions on any *baggage*, including medical supplies or equipment;
26. Ordinary wear and tear or defective materials or workmanship;
27. An act of gross negligence by *you* or a *traveling companion*.

## CLAIMS INFORMATION

To make a claim, please visit the website at <https://claims.sos.eu/> This will lead you to our online claims notification service where you can fill in an online claim form.

You can also get a claim form by phoning: +45 3848 8481 or sending an email to [claims@sos.eu](mailto:claims@sos.eu)

You should fill in the claim form and send it to us as soon as possible with all the information and documents we ask for. To process your claim promptly, you should provide us with complete details and documents about the incident and any other supporting document related to your claim. Please keep copies of all the information you send us.

You will need to obtain some information to support your claim. Below is a list of actions you will need to take and documents we will need in order to deal with your claim. Further information and/or evidence may be required by us after your claim has been submitted. If this is the case, we will inform you as quickly as possible.

### For all claims we will need the following:

- Your original trip booking invoice(s) and travel documents including the return ticket showing the dates and times of travel as well as your name visible on the documents.
- Original receipts or proof of purchase and accounts for all out-of-pocket expenses you have to pay.
- Original bills or invoices issued in your name
- Details of any other insurance you may have that may cover the same loss, such as household or private medical.
- As much evidence e.g. pictures, videos, written statements or any other documents, as possible to support your claim.

### Medical/Dental Coverage abroad

- Medical evidence from the treating doctor to confirm the illness or injury and treatment given and original receipts and accounts for all medical treatment and other expenses you have paid or have agreed to pay, or
- The claim settlement letter from the insurer of your main travel insurance policy giving details of the excess that has been applied

### Trip Interruption

#### Trip curtailment, early/delayed return, extended stay

- Full details of why you had to interrupt your trip.
- Your original booking invoice(s) showing your revised time and date of departure and detailing whether any refunds can be provided.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating doctor. A copy of the death certificate is required in the event of death.
- For denied boarding claims we will need written confirmation from the airline confirming the reason you were not allowed to board.
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

#### Confinement on medical advice during your trip and Unable to do trip activities

- A medical certificate filled in by the doctor treating you (or your travelling companion, your family member or your travelling companion's family member), confirming where appropriate the:
  - diagnosis;
  - dates and number of full days you were confined to hospital or your trip accommodation;
  - dates and number of full days you were ordered to refrain from undertaking your planned holiday activity;

- need for a *family member* or *travelling companion* to stay with *you* while *you* are confined during *your trip*.
- Written confirmation from *your* transport and accommodation provider showing all the costs that cannot be recovered from them.

#### **Quarantine**

- An official document from the government where *you* are *quarantined* or a letter from the relevant treating *doctor* confirming *you* have been directly exposed to the infectious disease and have to *quarantine* to prevent further potential spread.

#### **Replacement holiday**

- All details listed above under “Trip curtailment, early/delayed return, extended stay” and/or “Confinement on medical advice during your trip and Unable to do trip activities”
- The trip booking invoice for the replacement holiday.

#### **Travel Delay**

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.
- Detailed account of the circumstances causing *you* to miss *your* departure together with supporting evidence from the public transport provider or accident / breakdown authority attending the private vehicle *you* were travelling in.
- For “Abandoning your trip” claims *we* will also need written confirmation from *your* transport and accommodation provider showing all the costs that cannot be recovered from them.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

#### **Baggage and Personal money**

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, *you* should also report the theft, damage or loss to *your travel carrier*, tour operator, handling agent or *accommodation* manager and ask for a written report.
- For delays losses and damage whilst in the care of a *travel carrier*, report this as soon as possible and obtain a written report from them. For airlines specifically, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged *baggage*.
- Keep any damaged items as *we* may need to inspect them. If *we* make a payment or *we* replace an item, the item will then belong to *us*.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with *your* network provider and obtain written confirmation of this action from them.
- Documentary evidence of the value of the lost or stolen *personal money* as well as the original source for cash.

#### **Baggage Delay**

- Report the loss to the *travel carrier* and obtain a written report from them. For airlines, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

**Insurance excess**

- The claim settlement letter from the insurer of *your domestic insurance policy* giving details of the excess that has been applied

**Rental vehicle damage**

- A copy of *your rental vehicle agreement*.
- The damage report and repair invoice from the rental company confirming the details of the damage and the cost of repair.
- A copy of the driving licence of the person driving the motor vehicle at the time of the accident.
- Detailed account of the circumstances that led to the accident / damage to the motor vehicle including photographs and video evidence (if available) and, where appropriate, a written police report.
- Full details of any witnesses, providing written statements where available

## GENERAL PROVISIONS AND CONDITIONS

*You* are the policy holder if *you* concluded the insurance contract with *us*. *You* are required to pay *us* the insurance premium. *You* are obliged to provide the other co-insured persons with these Terms and Conditions of Insurance and the Data Protection Policy. As policyholder *you* can be an insured person at the same time.

As an insured person, *you* benefit from the insurance cover. *You* are named in the proof of insurance, or *you* belong to the group of persons described therein.

*Your* insured travel is protected by insurance cover within the agreed area of application.

### **When do *you* have to pay the insurance premium?**

The premium is due immediately after conclusion of the insurance contract and is payable upon delivery of the insurance *policy*. If the insured event occurs, *we* will only be obliged to provide indemnity if the premium has been paid, or if *you*, as the policy-holder, are not at fault for the non-payment of the premium. *You* are required to prove this to *us*.

### **What are *your* obligations in the event of a claim (general obligations)?**

*You* are required to minimise the loss or damage to the extent possible and avoid unnecessary costs.

*You* are obliged to notify *us* immediately and describe the insured event (e. g. event and extent). In doing so, *you* must truthfully provide *us* with all information necessary to clarify the facts, and enable *us* to verify the cause and amount of the claim made. *You* must provide proof of the damage in the form of original invoices and documents.

To enable *us* to assess *our* obligation to indemnify and the scope of indemnity to be provided, *you* must also release *your* doctor from their non-disclosure obligations to the extent that is necessary. If *you* do not issue the release from the duty of confidentiality and have not enabled *us* to perform verification by other means, *we* are not obligated to provide insurance benefits.

### **Consequences of a breach of obligation: What happens if *you* breach an obligation?**

If *you* intentionally breach an obligation, *we* shall be entitled to refuse the insurance benefit. If *you* breach an obligation through *your* gross negligence, *we* may reduce the indemnity to an extent commensurate to the severity of *your* fault. *You* must prove that *you* have not acted in gross negligence.

If *you* prove that the breach of duty did not affect the determination or the scope of *our* indemnity obligation, *we* will be obliged to provide *you* insurance benefits. This does not apply if *you* have acted deceitfully.

### **What is the limitation period for *your* claim to benefits under the insurance contract?**

*Your* claim to insurance benefit shall lapse after three years. The limitation period begins at the end of the year in which the claim was made and *you* had knowledge of the circumstances justifying the claim, or should have had knowledge of such circumstances without gross negligence.

### **When will *we* pay the compensation?**

*We* will pay the compensation within two weeks of conclusively verifying *your* claim. The payment will always be made by bank transfer to an account held at a bank

### **What applies if *you* have claims for compensation against third parties?**

If *you* have claims against third parties as a result of the loss event, these shall be transferred to *us*. This applies up to the amount of the payment that *you* have received from *us*, provided *you* are not placed at disadvantage as a result. *Your* entitlements to benefits from other private insurance contracts shall take precedence over *our* obligation to indemnify. *We* will extend preliminary indemnity in the event that *you* make *your* claim against *us* first.

The following condition applies:

- a. If *your* claims against third parties have been transferred to *us*, *you* must confirm this to *us* in written form by request.

**In what form must declarations and notifications be issued, and who is entitled to receive them?**

*You* and *we* must submit notifications and declarations of intent in text form (e. g. letter, fax, e-mail).

Insurance agents are not authorized to accept notifications or declarations of intent regarding a claim.

**What law applies?**

Unless agreed otherwise, Swedish law will apply and all communication in relation to this policy will be in Swedish or English. In the event of a dispute concerning this *policy*, the Swedish courts shall have exclusive jurisdiction, unless the parties agree to another way to resolve the conflict.

**What to do in case of complaints?**

*We* always aim to provide *you* with first-class service. However, *we* know that things can sometimes go wrong and there may be times when *you* feel *we* have not done so. If this is the case, please tell *us*, so that *we* can do our best to sort out the problem.

Online: <https://www.sos.eu>

Write to:

**Complaints Department**  
**SOS International**  
**Arne Jacobsens Allé 7,**  
**2300 Copenhagen S**  
**Denmark**

Or email: [quality@sos.eu](mailto:quality@sos.eu) with "COMPLAINT" in the subject.

To help SOS International deal with *your* complaint as quickly and efficiently as possible, please tell them your name, address, phone number, booking number and claim reference and enclose copies of relevant correspondence.

If *you* are not satisfied with the handling of a complaint *you* should write to:

**Allmänna Reklamationsnämnden**  
**Box 174**  
**101 23 Stockholm**

Email: [arn@arn.se](mailto:arn@arn.se)

Website: [www.arn.se](http://www.arn.se)

Phone: 08-508 860 00

**Withdrawal period**

If *your* cover does not meet *your* requirements, please notify TUI no later than the day before *your* trip starts.

In addition to the above, if the duration of *your* trip is more than 1 month *you* will still be able to terminate the insurance on or after the day *your* trip starts. *You* will only receive a refund of the premium *you* have paid for remaining days. *Your* premium will be refunded unless *you* have made a claim, or intend to make a claim, in which case no refund will be due.

# PRIVACY NOTICE

*We care about your personal data.*

**AWP P&C S.A. Dutch Branch trading as Allianz Partners** (“*we*,” “*us*” “*our*”), is the **Dutch** branch of **AWP P&C SA**, a French Insurance company which has its registered offices in Saint-Ouen-sur-Seine, France and is part of Allianz Partners Group. AWP P & C SA- Dutch Branch is registered at the Netherlands Authority for the Financial Markets (AFM) and is authorized under French law by ‘L’Autorité de Contrôle Prudentiel et de Résolution’ (ACPR) in France to provide insurance products and services on a cross-border basis.

Protecting *your* privacy is a top priority for *us*. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

## 1. WHO IS THE DATA CONTROLLER?

A data controller is the individual or legal person who controls and is responsible to keep and use personal data, either in paper or electronic files.

**AWP P&C S.A. Dutch Branch** is the Data Controller as defined by relevant data protection laws and regulations, in regard to the personal data that *we* request and collect from *you* for the purposes detailed in this privacy notice.

## 2. WHAT PERSONAL DATA WILL BE COLLECTED?

*We* will (or may) collect and process various types of personal data about *you*, other persons and third parties affected by a *covered event* such as:

Personal Information of the policyholder: Surname, first name; Gender; Age/Date of birth; Address; Contact details (email address, phone number); Language; Residency; Nationality

Personal details of the Insured Persons: Surname, First name; Age/Date of birth

Depending on the claim submitted, we may also collect and process additional personal data including, sensitive personal data about you, other persons and third parties affected by covered events, such as: Medical conditions (physical and/or psychological); Medical history and reports; Medical *claims* history; Documentation justifying sick leave and duration; Death Certificates; Details of the *claim* (e.g. travel booking details or references, details of expenses, visa details, etc); Phone number and contact details if not provided previously; Details of a third party to contact with in case of emergency; Occupation; Previous and/or current employment or business activities; Location data; Signature; Voice; Family details (e.g. marital status, dependents, spouse, partner, relatives,...); IP address of the claimant if the *claim* is submitted by our available portals / apps; Criminal convictions and offences (e.g. in case of requiring legal assistance); Results of Criminal checks relating to prevention of fraud and/or Terrorist Activities; Bank account details; Tax code

**By purchasing this insurance *policy*, you commit to give the information contained in this Privacy Notice to any third party whose personal information you may provide to us (e.g. other insured persons, beneficiaries, third parties involved in the claim, third party persons to contact in case of emergency, etc), and you accept not to provide that information otherwise.**

## 3. HOW WILL WE OBTAIN AND USE YOUR PERSONAL DATA?

*We* will collect and use the personal data that *you* provide to *us* and that *we* receive about *you* (as explained below) for a number of purposes and with *your* express consent unless applicable laws and regulations do not require *us* to obtain *your* express consent, as shown below:

Purpose	Is your express consent required?
<ul style="list-style-type: none"> <li>• Insurance contract quotation and underwriting</li> </ul>	<ul style="list-style-type: none"> <li>• No, to the extent these processing activities are necessary to perform the insurance contract to which <i>you</i> are a party to and to take the necessary steps previous to enter in this contract</li> </ul>
<ul style="list-style-type: none"> <li>• Insurance contract administration (e.g., claims handling, handling of complaints, necessary investigations and assessments in order to determine the existence of the <i>covered event</i> and the amount of the compensations to be paid, or the kind of assistance to be provided, etc)</li> </ul>	<ul style="list-style-type: none"> <li>• <i>We</i> will request <i>your</i> express consent on the occasion of claims requiring necessarily the processing of the following categories of data: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences</li> </ul> <p>However, <i>we</i> will be entitled to process this data without consent if (1) there is a vital interest of the owner of the data or any other natural person, and (2) if the owner of the data is not physically or legally capable to give the consent (e.g. emergency situations)</p> <ul style="list-style-type: none"> <li>• If the handling of the claim does not require the processing of those categories of data, <i>we</i> will not be required to collect <i>your</i> consent, to the extent that they are necessary to comply the obligations <i>we</i> undertake in the insurance contract.</li> </ul>
<ul style="list-style-type: none"> <li>• To conduct quality surveys about the services provided, with the purpose to assess <i>your</i> level of satisfaction and to improve them.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>We</i> have a legitimate interest to contact <i>you</i> after handling a claim or after providing assistance to ensure <i>we</i> have complied with <i>our</i> obligations under the contract in a satisfying way for <i>you</i>. However, <i>you</i> have the right to object by contacting <i>us</i> as explained in section 9 below.</li> </ul>
<ul style="list-style-type: none"> <li>• To perform statistical and quality analysis on the basis of aggregated data, as well as claims rate.</li> </ul>	<ul style="list-style-type: none"> <li>• If <i>we</i> carry out any of these processing activities, <i>we</i> will do so by aggregating and anonymizing data. As a result, the data is not considered "personal" data anymore and <i>your</i> consent is not required.</li> </ul>
<ul style="list-style-type: none"> <li>• To meet any legal obligations (e.g. those arisen from laws on civil, commercial and insurance contracts and insurance business activities, regulations on tax, accounting and administrative obligations, to prevent money laundering or for the purposes of sanction screening i.e. to check whether <i>you</i>, <i>your</i> country or <i>your</i> sector are subject to sanctions impeding or restricting us to make payments if relevant).</li> </ul>	<ul style="list-style-type: none"> <li>• No, to the extent these processing activities are expressly and legally authorized.</li> </ul>
<ul style="list-style-type: none"> <li>• Fraud prevention and detection, including, when appropriate, for example, comparison of</li> </ul>	<ul style="list-style-type: none"> <li>• No, it is understood that the detection and prevention of fraud is a legitimate interest of the</li> </ul>

<p><i>your</i> information with previous service requests and/or previous claims, or checking of common claims filing systems.</p>	<p>Data Controller and therefore <i>we</i> are entitled to process <i>your</i> data for this purpose without collecting your consent.</p>
<ul style="list-style-type: none"> <li>• Audit purposes, to comply with legal obligations or internal policies</li> </ul>	<ul style="list-style-type: none"> <li>• <i>We</i> can process <i>your</i> data in the framework of internal or external audits either required by law, or by internal policies. <i>We</i> won't request <i>your</i> consent for these processing to the extent that they are legitimated by the applicable regulations or our legitimate interest. However, <i>we</i> will ensure that only the strictly necessary personal data are used, and treated with absolute confidentiality.</li> </ul> <p>Internal Audits are usually conducted by <i>our</i> holding company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen-sur-Seine, France)</p>
<ul style="list-style-type: none"> <li>• To administer debt recoveries (e.g. to claim the payment of the premium, to claim third parties liabilities, to distribute the compensation amount between different insurance companies covering the same risk)</li> </ul>	<ul style="list-style-type: none"> <li>• No when the processing of <i>your</i> data, even special categories of personal information (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) may be necessary for the establishment, exercise or defence of legal claims, which is also <i>our</i> legitimate interest.</li> </ul>
<ul style="list-style-type: none"> <li>• To inform <i>you</i>, or permit Allianz Group companies and selected third parties to inform <i>you</i>, about products and services <i>we</i> feel may interest <i>you</i> in accordance with <i>your</i> marketing preferences,</li> <li>• <i>You</i> can change these at any time by the links <i>we</i> will make available in every communication to unsubscribe, by means of the options in <i>your</i> client portal, where available, or by contacting <i>us</i> as specified in section 9 below.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>We</i> will process your personal information for these purposes only if authorized by law (and within the limitations and by complying the requirements of those legal authorizations) or by collecting <i>your</i> express consent after providing <i>you</i> information about criteria <i>we</i> use to make the profiles and the impact/consequence and benefits of such profiling for <i>you</i>.</li> </ul>
<ul style="list-style-type: none"> <li>• To personalize <i>your</i> experience on <i>our</i> websites and portals (by presenting products, services, marketing messages, offers, and content tailored to <i>you</i>) or by using computerised technology to assess which products might be most suitable for <i>you</i>.</li> </ul> <p><i>You</i> will be able to modify these processing activities by using the options available in <i>your</i> browser (e.g. in the case of use of cookies and similar devices) or by contacting <i>us</i> as specified in section 9 below.</p>	<ul style="list-style-type: none"> <li>• <i>We</i> will ask for <i>your</i> consent</li> </ul>

<ul style="list-style-type: none"> <li>• For automated decision making, i.e., to make decisions that (1) are based solely on automated processing and (2) that may have legal or significant effects to <i>you</i>.</li> </ul> <p>Examples of automated decisions resulting in legal effects could be the automated cancellation of a contract, or automated denial of a claim, those affecting <i>your</i> rights under the insurance contract, etc.</p> <p>Example of automated decisions resulting in similar significant effects are those that affect to <i>your</i> financial circumstances like an automated denial of an insurance policy, or those affecting <i>your</i> access to our health assistance services.</p>	<ul style="list-style-type: none"> <li>• <i>We</i> will collect <i>your</i> consent for this processing activities when applicable, in particular if the data concerned are special personal data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences)</li> <li>• If no special categories of personal data are concerned and these decisions are in order to underwrite <i>your</i> insurance and/or process <i>your</i> claim <i>we</i> will not need to obtain <i>your</i> express consent.</li> </ul>
<ul style="list-style-type: none"> <li>• To redistribute risks by means of reinsurance and co-insurance</li> </ul>	<ul style="list-style-type: none"> <li>• <i>We</i> can process and share <i>your</i> personal information with other insurance or reinsurance companies with whom <i>we</i> have signed or <i>we</i> will sign co-insurance or re- insurance agreements.</li> </ul> <p>Co-insurance is the coverage of the risk by several insurance companies by mean of a single insurance contract, assuming each of them a percentage of the risk or distributing the coverages between them.</p> <p>Reinsurance is the "subcontracting" of the coverage of part of the risk in a third reinsurance Company. However, this is an internal agreement between <i>us</i> and the reinsurer and <i>you</i> don't have a direct contractual relationship with the latter.</p> <p>These distribution of risks are legitimate interest of Insurance Companies, even usually expressly authorized by law (including the sharing of personal data strictly necessary for it)</p>

As mentioned above, for the purposes indicated above, *we* will process personal data *we* receive directly from you and/or personal data *we* receive about *you* from business partners, public data bases, third party providers, other insurance companies, insurance intermediaries and distributors (travel agencies, tour operators, manufacturers,...), healthcare assistance services or contact persons *you* authorize, fraud prevention agencies and investigators, advertising networks, analytics providers, search information providers, loss adjustors, surveyors, lawyers, finance companies and delegated authorities.

*We* will need *your* personal data if *you* would like to purchase our products and services and make use of the benefits and/or services provide by us. If *you* do not want to provide this personal data including sensitive personal data to *us*, *we* may not be able to provide the products, benefits and/or services *you* request, that you may be interested in, or to tailor our offerings to your particular requirements.

#### **4. WHO WILL HAVE ACCESS TO YOUR PERSONAL DATA?**

*We* will ensure that your personal data is processed confidentially, on a need-to know basis, and in a manner that is compatible with the purposes indicated above.

For the stated purposes, *your* personal data may be disclosed to the following parties who operate as third party data controllers:

- Public authorities, other Allianz Partners and Allianz Group companies (e.g. for audit purposes), other insurers, co-insurers, re-insurers, insurance intermediaries/brokers, banks, third parties collaborators and partners participating in the provision of the services such as healthcare services and professionals, including doctors, travel agencies, airlines, taxi companies, repairers, fraud investigators, loss adjusters, lawyers and independent experts, etc.

For the stated purposes, we may also share *your* personal data with the following parties who operate as data processors, i.e., processing the data under our instructions, and subject to the same obligations of confidentiality, need-to-know and compatibility with the purposes described in this Privacy Notice:-

- Other Allianz Partners and Allianz Group companies, or third party companies acting as subcontractors of internal activities (e.g. providers of IT support and maintenance, tax management companies, companies providing *claims* handling services, postal providers, document management providers), technical consultants, surveyors (*claims*, IT, postal, document management), experts, loss adjusters and service companies to discharge operations; and
- Advertisers and advertising networks to send *you* marketing communications, as permitted under local law and in accordance with your communication preferences. *We* do not share *your* personal data with non-affiliated third parties for their own marketing use without your permission.

Finally, *we* may share *your* personal data in the following instances:

- In the event of any contemplated or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of *our* business, assets or stock (including in any insolvency or similar proceedings; and
- To meet any legal obligation, including to the relevant ombudsman or supervisory authority if *you* make a complaint about the product or service we have provided to *you*.

## **5. WHERE WILL MY PERSONAL DATA BE PROCESSED?**

*Your* personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified in section 4 above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. *We* will not disclose *your* personal data to parties who are not authorized to process them.

Whenever we transfer *your* personal data for processing outside of the EEA by another Allianz Group company, *we* will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here: <http://www.allianz-partners.com/allianz-partners---binding-corporate-rules>.

Where Allianz' BCR do not apply, *we* will instead take steps to ensure that the transfer of *your* personal data outside of the EEA receives an adequate level of protection as it does in the EEA. You can find out what safeguards *we* rely upon for such transfers (for example, Standard EU Model Contractual Clauses) by contacting us as detailed in section 9 below.

## **6. WHAT ARE YOUR RIGHTS IN RESPECT OF YOUR PERSONAL DATA?**

Where permitted by applicable law or regulation, and within the scope therein defined, *you* have the right to:

- Access *your* personal data held about *you* and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- Withdraw *your* consent at any time where *your* personal data is processed with *your* consent;
- Update or correct *your* personal data so that it is always accurate;

- Delete *your* personal data from our records if it is no longer needed for the purposes indicated above, subject to regulatory personal data retention requirements;
- Restrict the processing of *your* personal data in certain circumstances, for example where *you*
- have contested the accuracy of *your* personal data, for the period enabling us to verify its accuracy;
- Obtain *your* personal data in an electronic format for *you* or for your new insurer;
- Exercise your right to data portability; and
- File a complaint with us and/or the relevant data protection authority. For this purpose, relevant data privacy authorities are:
  - The supervisory authority of the country where you are resident
  - Dutch Data Protection Authority, supervisory authority of the country where we are established
  - CNIL, French data privacy supervisory, to the extent that France is the country where Allianz Partners has its main establishment, and therefore our lead data privacy authority

*You* may exercise these rights by contacting us as detailed in section 9 below providing *your* name, email address, account identification, and purpose of *your* request.

### 7. HOW CAN YOU OBJECT TO THE PROCESSING OF YOUR PERSONAL DATA?

Where permitted by applicable law or regulation, *you* have the right to object to us processing your personal data, or tell us to stop processing it (including for purposes of direct marketing). Once *you* have informed us of this request, *we* shall no longer process *your* personal data unless permitted by applicable laws and regulations.

*You* may exercise this right in the same manner as for *your* other rights indicated in section 6 above.

### 8. HOW LONG DO WE KEEP YOUR PERSONAL DATA?

*We* will retain *your* personal data only for as long as they are necessary for the purposes informed in this Privacy Notice, and deleted or anonymized when no longer required. Here below we inform *you* of some of the retention periods applicable to the purposes informed in section 3 above.

However, please be aware that sometimes additional specific requirements or events may override or modify them, such as ongoing legal holds over relevant information, or pending litigation or regulatory investigations, which may supersede or suspend these periods until the matter has been closed, and the relevant period to review or to appeal has expired. In particular, retention periods based on specified periods for legal *claims* can be interrupted and then start to run again.

Personal information to obtain a quotation (when necessary)	During the validity period of the quotation provided
Policy Information (underwriting, <i>claims</i> handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes,...)	<i>We</i> will keep the personal information of <i>your</i> Insurance Policy during the validity period of <i>your</i> Insurance contract and the prescription period determined by the local applicable laws on insurance contracts.  In case <i>we</i> realize of information omitted, false or inaccurate in the declaration of the risk to be covered, the above retention periods would count from the moment <i>we</i> are aware of it.
<i>Claims</i> Information ( <i>claims</i> handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes)	<i>We</i> will retain the personal information <i>you</i> provide to <i>us</i> or <i>we</i> collect and process according to this privacy notice for the prescription period determined by the local applicable laws on insurance contracts.

Marketing information and related profiling	<p><i>We will keep this information whilst your insurance policy period is still valid, and one additional year, unless you withdraw your consent (when required), or you object (e.g. in the event of marketing activities authorized by law you don't want to receive).</i></p> <p><i>In these cases we will no longer process your data for these purposes, although we may legitimately keep some information to prove the previous processing activities were lawful.</i></p>
Debt Recoveries	<p><i>We will retain the personal information that we need to claim and administer debt recoveries, and that you have provided to us, or we may have collected and processed in accordance with this Privacy Notice, for a minimum term determined by the prescription periods set up by applicable laws.</i></p> <p><i>As a reference, for civil actions, we will keep your data for a minimum of 10 years</i></p>
Supporting documents to provide evidence of compliance with legal obligations such as tax or accounting	<p><i>We will process in these documents the personal data you provide to us, or we collect and process according to this Privacy Notice, only to the extent they're relevant for this purpose, and for a minimum of 10 years from the first day of the relevant tax year</i></p>

*We will not retain your personal data for longer than necessary and we will hold it only for the purposes for which it was obtained.*

## **9. HOW CAN YOU CONTACT US?**

*If you have any queries about how we use your personal data, you can contact us by email or post as follows:*

**AWP P&C S.A. Dutch Branch**  
**Data Protection Officer**  
**PO Box 9444**  
**1006 AK Amsterdam**  
**The Netherlands**  
 Email [privacy.se@allianz.com](mailto:privacy.se@allianz.com)

*You can also use these contact details to exercise your rights, or to submit your queries or complaints to other Allianz Partners entities acting as controllers (see section 4 above) to which we may have shared your personal data. We will address them your request and support their handling and answer to you in our local language.*

## **10. HOW OFTEN DO WE UPDATE THIS PRIVACY NOTICE?**

*We regularly review this privacy notice. This privacy notice was last updated on **27<sup>th</sup> October 2022.***