

## CREDIT SUISSE WORLD ELITE™ MASTERCARD® – BENEFIT SCHEDULE

<b>BENEFIT TABLE</b>	
All benefit amounts are per beneficiary per trip unless otherwise noted.	
<b>Section A – Travel Advice</b>	
Travel Advice	Included
<b>Section B – Travel Assistance</b>	
Medical Assistance	Included
Cash Advance	up to € 8,000
Lost or Stolen Document Assistance	Included
Message Relay	Included
Lost Luggage Assistance	Included
<b>Section C – Cancellation, Abandonment or Curtailment Charges</b>	
Cancellation or Curtailment in total for all beneficiaries travelling together	up to € 17,500
<b>Section D – Delayed Departure</b>	
After 4 hours, maximum in total for all beneficiaries travelling together	up to € 500
<b>Section E – Baggage Delay</b>	
Baggage Delay, after 4 hours, in total for all beneficiaries travelling together	up to € 500
Extended Baggage Delay, after 48 hours, in total for all beneficiaries travelling together	up to € 2,000
<b>Section F – Personal Belongings Abroad</b>	
Personal belongings, in total for all beneficiaries travelling together	up to € 7,500
Personal belongings, maximum per person	up to € 5,000
- Single Item Limit	€ 750
- Valuables in total	€ 1,000
<b>Section G – Emergency Medical and Other Expenses Abroad</b>	
Medical and Repatriation Expenses	unlimited
Emergency Dental treatment	up to € 750
Infants born following Complications of Pregnancy, maximum per event	€ 75,000 (or € 200,000 for trips to USA or Caribbean)
Extended Stay of Beneficiary / Companion	up to € 200 per day, max. 10 days + Economy Flight
Close Relative to travel out if hospitalised	up to € 200 per day, max. 10 days + Economy Flight
Business Colleague Replacement	Economy Flight
Return Home of Children	€ 200 per day, max. 3 days + Economy Flight

Funeral Expenses abroad or Repatriation of Mortal Remains	up to € 4,500
<b>Section H – Hospital Benefit</b>	
Hospital Benefit, maximum	up to € 2,250
- per day, maximum 30 days	up to € 75
<b>Section I – Travel and Personal Accident</b>	
Travel Accident on Public Transport, maximum	up to € 500,000
- Permanent Total Disablement, Loss of Limbs, Loss of Sight, (Age < 71)	€ 500,000
- Loss of Life, (Age 18 to 70)	€ 500,000
- Loss of Life (Under 18 or 71yrs+)	€ 10,000
- All Benefits (71yrs+)	€ 10,000
Personal Accident Abroad, maximum	up to € 50,000
- Permanent Total Disablement, Loss of Limbs, Loss of Sight, (Age < 71)	€ 50,000
- Loss of Life, (Age 18 to 70)	€ 50,000
- Loss of Life (Under 18 or 71yrs+)	€ 5,000
- All Benefits (71yrs+)	€ 5,000
Groups covered per incident	€ 3,500,000
<b>Section J – Personal Liability</b>	
Maximum per claim	up to € 1,000,000
<b>Section K – Rental Car Collision Damage Waiver</b>	
Maximum per claim	up to € 50,000
Minimum Claim Value	€ 75
<b>Section L – Personal Possessions Mugging</b>	
Maximum per incident and per year	up to € 1,000
- Keys and Papers, maximum	up to € 500
- Handbag/Wallet, maximum	up to € 500
- Contents of Handbag, maximum	up to € 100
- Portable Electronics, maximum	up to € 100
<b>Section M – ATM Assault</b>	
Maximum per event and per 365 day period	€ 1,500
<b>Section N – Purchase Protection</b>	
- Limit per 365 day period	€ 20,000
- Limit per incident	€ 5,000
- Single Item Minimum Limit	€ 100
<b>Section O – Best Price Protection</b>	
- Maximum per event and per 365 Day period	up to € 1,000
- Minimum purchase price	€ 50

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## INTRODUCTION

This document is not a contract of insurance but summarises the benefits provided to **you** by virtue of **you** holding a MasterCard® *World Elite*™ Card through Credit Suisse. The provision of those benefits is enabled by an insurance policy held by and issued to Credit Suisse by Inter Partner Assistance S.A. (policy number 5536001).

Credit Suisse is the only **Policyholder** under the insurance Policy and only it has direct rights under the policy against the insurer. This agreement does not give **you** direct rights under the Policy of insurance. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit.

## ELIGIBILITY

The benefits summarised in this document are dependent upon **you** being a valid Credit Suisse MasterCard® *World Elite*™ **Cardholder** at the time of any incident giving rise to a claim. Credit Suisse will give **you** notice if there are any material changes to these terms and conditions or if the Policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions relating to Credit Suisse MasterCard® *World Elite*™ **Cardholders** and is the basis on which all claims **you** make will be settled.

## INSURER

Benefits under this policy are underwritten by Inter Partner Assistance SA (IPA), whose registered branch office in Ireland is 10/11 Mary Street, Dublin 1, Ireland (company number 906006) and is regulated by the Central Bank of Ireland. IPA is a branch of Inter Partner Assistance SA, a Belgian firm of Avenue Louise, 166 bte1, 1050, Brussels, which is authorised by the National Bank of Belgium.

## SERVICE PROVIDER

The services under this policy will be provided by IPA's agent, AXA Travel Insurance (company number 426087), of the same Ireland address. All companies are members of the AXA Assistance Group.

## IMPORTANT INFORMATION

1. Claims arising directly or indirectly from any **pre-existing medical conditions** are not covered.
2. The benefits will not cover **you** when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice).
3. The benefits will not cover **you** when **you** are travelling with the intention of obtaining medical treatment or consultation abroad.
4. The benefits will not cover **you** if **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established).
5. If injury, illness loss, theft or damage happens **you** should immediately call **AXA Assistance** on +800 78 79 78 79 to report a medical emergency, request repatriation, report any loss, theft or damage.
6. In the event of **curtailment** necessitating **your** early return **home you** must contact **AXA Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **AXA Assistance** will arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative** at **home**.
7. In order to be eligible to receive benefits under this benefit schedule for Sections N – O, **you** will only be covered if 100% of the total cost has been charged to the **covered card**.
8. **We** will only pay up to the single item limit for any **baggage** or **valuables**.
9. These benefits and terms and conditions will be governed by and subject to the laws of Luxembourg unless **we** have specifically agreed in writing otherwise.
10. **You** are covered worldwide for **trips** of 90 consecutive days. The cover is limited to a total of 183 days in any 12 month period. **Trips** must begin and end in the **country of residence**. **Trips** using one way or open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins. Any **trip**

solely within the **country of residence** is only covered where **you** are travelling further than 100 kilometres from **home** and have pre - booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

#### SUBROGATION

**Your** insurance policy is a secondary insurance. **You** must claim off of any other insurance policy, indemnity, warranty or any other source for any claim up to the policy limit. Once this has been reached **we** will start our insurance cover. **We** will not cover any costs where there is another insurance policy, indemnity, warranty, or health insurer or any other source covering the same loss, damage, expense or liability (not applicable to Section I – Travel and Personal Accident).

#### DEFINITIONS

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this Benefit Schedule and is highlighted in bold print.

#### **You/your/beneficiary(ies)**

– the **Cardholder** and his/her spouse or legal partner (any couple in a common law relationship living permanently at the same address), their unmarried children, aged under 21 who are financially dependent (according to the regulations of the **country of residence**) on the **Cardholder**, all living in the **country of residence**.

**Beneficiaries** are covered for benefits when travelling independently of one another with the exception of:

- Section C - Cancellation or Curtailment Charges;
- Section D - Delayed Departure/Abandonment;
- Section E - Baggage Delay;
- Section F - Personal Belongings Abroad;

where all **beneficiaries** must be travelling on the **trip** with and to the same destination as the **Cardholder**.

#### **We/us/our**

– Inter Partner Assistance, 10/11 Mary Street, Dublin 1, Ireland and/or Inter Partner Assistance SA (IPA), Avenue Louise, 166 bte1, 1050, Brussels, Belgium and/or AXA Travel Insurance of the same Irish address. All companies are members of the AXA Assistance Group.

#### **Adverse weather conditions**

– rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.

#### **AXA Assistance**

– the service provider, arranged by AXA Travel Insurance 10/11 Mary Street, Dublin 1, Ireland (company number 426087).

#### **Benefit Table**

– the table listing the benefit amounts on page 1.

#### **Bodily injury**

– an identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.

#### **Cardholder**

– the holder of a **covered card**, the card being valid and the account in good standing at the time of the incident.

#### **Complications of Pregnancy**

- the following unforeseen complications of pregnancy as certified by a **medical practitioner**: toxæmia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; **medically necessary** emergency Caesarean sections/ **medically necessary** termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

#### **Close relative**

– mother, father, sister, brother, spouse, partner or fiancé/fiancée or Common-Law Partner (any couple, including same-sex, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, legal ward, of the **Cardholder**.

#### **Country of residence**

– the country in which **you** legally reside.

#### **Covered card**

– a MasterCard® *World Elite*™ Card, issued by Credit Suisse, the card account being valid and the account balance having been paid in accordance with the **Cardholder** agreement at the time of any incident giving rise to a claim.

#### **Curtailment / curtail**

– cutting short **your trip** by returning **home** due to an emergency authorised by **us**.

#### **Home**

– **your** normal place of residence in **your country of residence**.

#### **Loss of limb**

– loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

#### Loss of sight

– total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what **you** should see at 60 feet.)

#### Medical condition(s)

– any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**.

#### Medical emergency

– a **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside the **country of residence** and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.

#### Medical practitioner

– a legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any travelling companion.

#### Medically necessary

- reasonable and essential medical services and supplies, ordered by a **medical practitioner** exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, medical condition, disease or its symptoms, and that meet generally accepted standards of medical practice.

#### Pair or set

– items of **personal belongings** or **valuables** forming part of a set or which are normally used together.

#### Period of cover

– cover begins for any **trip** commencing on or after XXDATEXX. Cover will end when the card account is terminated or when these benefits are cancelled or expire.

The period of any **trip** may not exceed 90 consecutive days. The cover is limited to a total of 183 days outside of the **country of residence** in any 12 month period.

Under Section C – Cancellation cover shall be operative from the time **you** book the **trip** and ceases upon commencement of **your trip**. For all other sections of the Benefit Schedule, the benefits commence when **you** leave **your home** or hotel, or **your** place of business (whichever is the later) to commence the **trip** and terminates at the time **you** return to **your home**, hotel or place of business (whichever is the earlier) on completion of the **trip**.

Cover under Sections L – Purchase Protection and M – Best Price Protection begins for **eligible items** purchased on or after XXDATEXX, paid in full (100%) with the **covered card**.

#### Extension to the period of cover

The **period of cover** is automatically extended for the period of the delay in the event that **your** return to **your country of residence** is unavoidably delayed due to an event covered by this Benefit Schedule.

#### Permanent total disablement

– disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevents **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life.

#### Personal belongings

– baggage, clothing, personal effects, and other articles which belong to **you** and are worn, used or carried by **you** during any **trip**.

#### Policyholder

CREDIT SUISSE (LUXEMBOURG) S.A., 56 Grand Rue, L-1660 Luxembourg.

#### Pre-existing medical condition(s)

- any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to the commencement of cover under this Benefit Schedule and/or prior to any **trip**: and
- any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to commencement of cover under this Benefit Schedule and/or prior to any **trip**.

#### Public transport

– any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

#### Sports and activities

– the activities listed under SPORTS AND ACTIVITIES, for which **your** participation in during **your trip** is not the sole or main reason for **your trip** (excluding golf and winter sports holidays).

#### Strike or industrial action

– any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

#### Terrorism

– an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s)

of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

#### Trip(s)

– any journey made by **you** worldwide up to 90 consecutive days during the **period of cover**. **Trips** must begin and end in the **country of residence**. **Trips** using one way or open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins.

Any **trip** solely within the **country of residence** is only covered where **you** are travelling at least 100 kilometres from **home** and have pre - booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

Cover for benefits in Section F – Personal Belongings Abroad, Section G – Emergency Medical and Other Expenses Abroad, Section H – Hospital Benefit, Section J – Personal Possessions Mugging and Section K – ATM Assault is excluded in the **country of residence**.

#### Unattended

– when **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property or vehicle.

#### Under the Influence

– if a toxicology has been completed and produces a result above 0.02% BAC (Blood Alcohol Content) or drug screening proves positive. If a toxicology has not been completed, any report from the time of the incident confirming or noting any suspicion of **your** consumption/use of drugs or alcohol.

#### Valuables

– jewellery, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, photographic- audio- video- computer- television-games- and telecommunications equipment (including CD's, DVD's, tapes/cassettes, films, cartridges, memory devices and headphones), telescopes, binoculars, mobile phones, laptops, tablets and notebooks, E-readers, MP3/4 players and any other item with a purchase price of € 2,500 or more.

### EMERGENCY ASSISTANCE

Contact **AXA Assistance** on Telephone: +800 78 79 78 79

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of **curtailment** necessitating **your** early return **home** or in the event of an emergency **you** must contact **AXA Assistance** (any minor illness or injury costs must be paid for by **you** and reclaimed).

The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment **you** must contact **AXA Assistance** as soon as possible. Private medical treatment is not covered unless authorised specifically by **AXA Assistance**.

#### Medical Assistance Abroad

**AXA Assistance** has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **AXA Assistance** will also arrange transport **home** when this is considered to be **medically necessary**, or when **you** have notice of serious illness or death of a **close relative at home**.

#### Payment for Medical Treatment Abroad

If **you** are admitted to a hospital/clinic while outside the **country of residence**, **AXA Assistance** will arrange for medical expenses covered by the Benefit Schedule to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact **AXA Assistance** for **you** as soon as possible.

For simple out-patient treatment, **you** should pay the hospital/clinic **yourself** and claim back medical expenses from **us** on **your** return to the **country of residence**. Beware of requests for **you** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call **AXA Assistance** for guidance.

### RECIPROCAL HEALTH AGREEMENTS

#### EUROPEAN UNION (EU), EUROPEAN ECONOMIC AREA (EEA) AND SWITZERLAND

Before travelling to a European Union (EU) country, the European Economic Area (EEA) or Switzerland, **we** recommend that **you** apply for a European Health Insurance Card (EHIC). This card entitles **you** to certain free or reduced cost health cover arrangements in the EU, EEA or Switzerland.

### GENERAL CONDITIONS

**You** must comply with the following conditions in addition to the items listed under SPECIAL CONDITIONS in Section A-M below to have the full protection of the Benefit Schedule. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. **You** are covered for **trips** of 90 consecutive days. The cover is limited to a total of 183 days outside of the **country of residence** in any 12 month period. **Trips** must begin and end in the **country of residence**. **Trips** using one way or open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins.
2. **You** must take all reasonable care and precautions to protect **yourself** against accident, illness, disease or injury and to safeguard **your** property against loss, theft or damage. **You** must act as if **you** are not covered and

take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.

3. In the event of **curtailment** necessitating **your** early return **home you** must contact **AXA Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **AXA Assistance** will arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative** in the **country of residence**.
4. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised (any minor illness or injury costs must be paid for by **you** and reclaimed).
5. **We** ask that **you** notify **us** within 28 days of **you** becoming aware of any incident or loss leading to a claim other than a claim in the above point, and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
6. **You** must report all incidents to the local police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
7. **You** must not abandon any property for **us** to deal with or dispose of any damaged items as **we** may need to see them.
8. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the loss. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
9. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
10. Tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must also immediately send **us** any writ or summons, letter of claim or other document.
11. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice as often as may be reasonably necessary prior to paying a claim, at **our** expense. In the event of **your** death **we** may also request and will pay for a post-mortem examination.
12. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
13. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
  - a) take over the settlement of any claim;
  - b) take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back

from anyone else any payments that have already been made;

- c) take any action to get back any lost property or property believed to be lost.
14. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this Benefit Schedule shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the Benefit Schedule.
15. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.
16. **We** will make every effort to apply the full range of services in all circumstances as shown in **your** Benefit Schedule. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
17. **We** may at any time pay to **you our** full liability under the Benefit Schedule after which no further payments will be made in any respect.
18. If at the time of any incident which results in a claim under this Benefit Schedule, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section I – Travel and Personal Accident).
19. If **you** possess multiple Credit Suisse bank cards **you** may only claim and **we** will only pay up to the highest limit of the cards, the benefit values will not be cumulative.

### GENERAL EXCLUSIONS

These exclusions apply throughout **your** Benefit Schedule in addition to the items listed under WHAT IS NOT COVERED in Section A-M below. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. Under all sections, any claim not arising from the circumstances listed in WHAT IS COVERED.
3. Claims where **you** have not provided the necessary documentation requested by **us** at **your** expense. **We** may also ask for more documentation to substantiate **your** claim.
4. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under G – Emergency Medical and Other Expenses Abroad and Section H – Hospital Benefit unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
5. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic,

- explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
6. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
  7. **Your** participation in or practice of any sport or activity unless it is shown as covered in SPORTS AND ACTIVITIES .
  8. **Your** engagement in or practice of: manual work with the exception of: bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light manual work at ground level including retail work and fruit picking (excluding the use of cutting tools, power tools and machinery), flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless a full driving licence issued in **your country of residence** is held permitting the use of such vehicles and **you** and **your** passengers are all wearing helmets, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, or any tests for speed or endurance.
  9. Any claim resulting from **you** attempting or committing suicide; deliberately injuring **yourself**; using any drug not prescribed by a **medical practitioner**, being addicted to any drugs, or abusing solvents, drugs, or alcohol, or being **under the influence** of drugs, solvents, or alcohol.
  10. Self exposure to needless peril (except in an attempt to save human life).
  11. Any claim resulting from **your** involvement in a fight except in self-defence.
  12. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
  13. **Your** own unlawful action or any criminal proceedings against **you**.
  14. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other Insurance, or any amount recoverable from any other source, had these benefits herein not been effected.
  15. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
  16. Operational duties as a member of the Armed Forces.
  17. **Your** travel to a country or specific area or event to which a government agency in the **country of residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.
  18. Any claim caused by **you** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
  19. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
  20. Any circumstances **you** are aware of that could reasonably be expected to give rise to a claim on this Benefit Schedule.
  21. Costs of telephone calls or faxes, meals, taxi fares (with the exception of the taxi costs incurred for the initial journey to a hospital abroad due to **your** illness or injury), newspapers, laundry costs, or interpreters' fees.
  22. Cover for Benefits in G – Emergency Medical and Other Expenses Abroad, Section H – Hospital Benefit, Section J – Personal Possessions Mugging and Section K – ATM Assault is excluded in the **country of residence**.

### SPORTS AND ACTIVITIES

**You** are covered under Section G – Emergency Medical and Other Expenses Abroad for the following activities provided **your** participation in them is not the sole or main reason for **your trip** (excluding golf and winter sports holidays). Cover under Section I – Travel and Personal Accident for those sports or activities marked with \* is excluded.

*Abseiling
*Archery
Badminton
Baseball
Basketball
Bowling
Camel Riding
*Canoeing (up to grade/class 3)
*Clay pigeon shooting
Cricket
*Cross country skiing
*Elephant Riding
*Fell running
*Fencing
Fishing
Football
*Glacier Skiing
*Go- Karting
Golf
Hockey
*Horse Riding
*Horse Trekking
*Hot air ballooning
Ice Skating (on recognised ski rinks)
*Jet Biking
*Jet Skiing
Kitesurfing
Monoskiing
*Mountain bicycling on tarmac
Netball

Orienteering
*Paintball
Pony Trekking
Racquetball
Road Cycling
Roller skating
Rounders
Running
Sailing (within 20 Nautical Miles of the coastline)
*Sailing (outside 20 Nautical Miles of the coastline)
Scuba diving † (see note below)
*Ski touring
*Skidoo
Skiing (on piste or off piste with a guide)
*Snowblading
Snowboarding (on piste or off piste with a guide)
Snowshoeing
Squash
Surfing
Table Tennis
Tennis
*Tobogganing
Trampolining
Trekking (up to 4,000 metres without use of climbing equipment)
Volleyball
*War games
Water polo
Water Skiing
Wind Surfing
Yachting (within 20 Nautical Miles of the coastline)
*Yachting (outside 20 Nautical Miles of the coastline)
Zorbing

† Scuba Diving: **you** are covered to the following depths, when **you** hold the following qualifications, and are diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 35 metres
- BSAC Dive Leader – 50 metres

**We** must agree with any equivalent qualification. If **you** do not hold a qualification, **we** will only cover **you** to dive to a depth of 18 metres.

## SECTION A – TRAVEL ADVICE

### WHAT IS COVERED

Before and during **your trip we** will provide **you** with information on:

1. preparing for a journey.
2. current visa and entry requirements for all countries. If **you** hold a passport from a country other than the

**country of residence, we** may need to refer **you** to the embassy or consulate of the country concerned.

3. current vaccination requirements for all countries and information on current World Health Organisation warnings.
4. customs duties and regulations.
5. foreign exchange rates and value added taxes.
6. referrals to Embassies or Consulates.
7. weather forecasts abroad.
8. specific languages spoken at the travel destination.
9. time zones and time differences.

## SECTION B – TRAVEL ASSISTANCE

### WHAT IS COVERED

During **your trip we** will:

1. assist **you** with the procurement of a lawyer and/or interpreter if **you** are arrested or threatened with arrest while travelling, or are required to deal with any public authority. All advances and delivery fees will only be made if accepted means of repayment to **us** are made in advance.
2. relay messages to **your close relatives**, business colleagues or friends in **your country of residence**.
3. assist in locating **your** luggage lost by a common carrier and organise the dispatch of such luggage, if recovered, to **your** location outside of the **country of residence**. Costs of dispatch, if any, shall be borne by **you** without prejudice of **your** possible claim against the responsible and/or the travel agent.
4. assist in transferring an advance of money **you** obtain from **your** bank or credit card company if **your** cash, traveller's cheques or credit cards are lost or stolen and there are no other means for **you** to obtain funds. All advances and delivery fees will be charged to **your covered card** unless other accepted means of payment to **us** are made in advance.
5. provide **you** with necessary information and assist **you** in obtaining replacement travel documents such as passport, entry visa or airline tickets, from the appropriate local authority if the documents required for the return journey are lost or stolen. **We** will not pay the charges payable for issuing new documents.
6. organise and pay for the dispatch of **your** replacement personal items that are essential to the continuation of **your** journey, such as but not limited to contact lenses and glasses (excluding any type of document, whether private or business related). This service will be provided upon the condition that either **we** are permitted and given access to such replacement items or, that such replacement items are delivered to **our** office as indicated by **us** to **you** or **your** representative.
7. refer **you** to physicians, hospitals, clinics, ambulances, private duty nurses, dentists, dental clinics, services for the disabled, ophthalmologists, pharmacies, opticians and suppliers of contact lenses and medical aid equipment.

8. organize replacement of essential prescription medication which has been lost or stolen, if it, or a local equivalent, is unavailable when **you** are outside the **country of residence**. **We** will bear the costs for dispatch, but all costs of obtaining the medicine will be borne by **you**. The transportation of medicine remains subject to the regulations imposed by airline companies or any other transportation company, as well as local and/or international law.
9. in the case of an illness or **bodily injury** affecting **your close relative** residing in the **country of residence**, **AXA Assistance** will monitor their condition and keep **you** informed.

#### WHAT IS NOT COVERED

The cost of any advance or delivery fee.

### SECTION C – CANCELLATION, ABANDONMENT OR CURTAILMENT CHARGES

**YOU SHOULD ALWAYS CONTACT AXA ASSISTANCE BEFORE CURTAILMENT** Telephone Number +800 78 79 78 79

#### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the **Benefit Table** per **trip** for all **beneficiaries** travelling together for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay together with any reasonable additional travel expenses incurred if;

- a) cancellation or rebooking of the **trip** is necessary and unavoidable; or
- b) the **trip** is **curtailed** before completion;

as a result of any of the following changes in circumstances, which is beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip**:

1. unforeseen illness, injury or death of **you** or a **close relative**.
2. a **complication of pregnancy** involving **you**.
3. The police requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.
4. if **your** outward journey on scheduled **public transport** is delayed at the final departure point for more than 24 hours from the scheduled departure time due to **strike or industrial action, adverse weather conditions** or mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel.

### IMPORTANT LIMITATIONS UNDER SECTION C - CANCELLATION OR CURTAILMENT

**We** will not cover any claims under Section C - Cancellation or Curtailment arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to **you** holding the

**covered card** or prior to booking any **trip** (whichever is the later), affecting any **close relative**, if:

1. a terminal diagnosis had been given by a **medical practitioner**; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic; or
3. during the 90 days immediately prior to **you** holding the **covered card** or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations

#### SPECIAL CONDITIONS

1. **You** must obtain a medical certificate from **your** treating **medical practitioner** and prior approval of **AXA Assistance** to confirm the necessity to return **home** prior to **curtailment** of the **trip** due to death, **bodily injury** or illness.
2. If **you** delay or fail to notify the travel agent, tour operator or provider of transport/ accommodation, at the time it is found necessary to cancel the **trip**, **our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
3. If **you** cancel the **trip** due to **bodily injury** or illness **you** must provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that this necessarily and reasonably prevented **you** from travelling.
4. **You** must contact **us** to make necessary travel arrangements for **you**.
5. In the event of a claim for **curtailment**, indemnity will be calculated strictly from the date **you** return to **your home** in the **country of residence**.

#### WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from **your pre-existing medical conditions**.
2. The cost of recoverable airport charges, ATOL fees, taxes and levies.
3. Any costs incurred because **you** did not contact **AXA Assistance** to make the necessary travel arrangements, immediately when **you** knew that **your trip** was to be **curtailed**.
4. Any claim arising directly or indirectly from circumstances known to **you** prior to the date these benefits became effective or the time of booking any **trip** (whichever is the earlier) which could reasonably have been expected to give rise to cancellation or **curtailment** of the **trip**.
5. Any costs paid for using any reward scheme, airline mileage reward scheme, for example Avios, or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday points scheme and/or any associated maintenance fees.
6. Any claim arising from **complications of pregnancy** which:

- a) for cancellation or rebooking – first arise before booking or paying for the **trip**, whichever is later; or
- b) for **curtailment** – first arise before departing on **your trip**.

Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event..

7. Any costs incurred when **you** do not get a medical certificate from the treating **medical practitioner** at **your** resort or place of incident, explaining why it is deemed **medically necessary** to return early to the **country of residence**.
8. Any claim resulting from **your** inability to travel due to a **beneficiary's** failure to hold, obtain or produce a valid passport or any required visas.
9. Claims for travelling companions if they are not **beneficiaires**.
10. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
11. Claims where **you** have not obtained confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
12. Claims where **you** have not obtained a written report substantiated by [www.worldweatheronline.com/](http://www.worldweatheronline.com/) confirming the **adverse weather conditions** which caused the delay.
13. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
14. Abandonment after the first leg of a **trip**.

## SECTION D – DELAYED DEPARTURE

### WHAT IS COVERED

If departure of the scheduled **public transport** on which **you** are booked to travel is delayed at the final departure point from or to the **country of residence** for at least 4 hours from the scheduled time of departure due to:

- a) **strike or industrial action** or
- b) **adverse weather conditions** or
- c) mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel

**we** will reimburse **you** after a minimum of 4 hours delay, up to the amount shown in the **Benefit Table** per **trip** for all **beneficiaries** travelling together, for reasonable meals, refreshments and additional accommodation (room only); or

### SPECIAL CONDITIONS

1. **You** must check in according to the itinerary supplied to **you**.

2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. All itemised receipts must be retained.

### WHAT IS NOT COVERED

1. Any costs or charges for which the airline will compensate **you**.
2. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
3. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
4. Any expenses when reasonable alternative travel arrangements have been made available within 4 hours of the scheduled departure time.

## SECTION E – BAGGAGE DELAY

### WHAT IS COVERED

#### BAGGAGE DELAY

**We** will pay **you** up to the amount shown in the **Benefit Table** per **trip** for all **beneficiaries** travelling together, for Baggage Delay for the emergency replacement of clothing, medication and toiletries if the checked in baggage containing **personal belongings** is temporarily lost in transit during the outward journey and not returned to **you** within 4 hours of **your** arrival.

#### EXTENDED BAGGAGE DELAY

**We** will pay **you** up to the amount shown in the **Benefit Table** per **trip** for all **beneficiaries** travelling together, for Extended Baggage Delay if the checked in baggage has still not arrived at **your** destination airport within 48 hours of **your** arrival.

### SPECIAL CONDITIONS

1. Written confirmation must be obtained from the carrier, confirming the number of hours the baggage was delayed. **You** must:
  - a) obtain a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) retain all travel tickets and tags for submission if a claim is to be made under the Benefit Schedule.
2. All amounts are only for real expenses in excess of any compensation paid by the carrier.
3. The amounts shown in the **Benefit Table** are the total for each delay irrespective of the number of **beneficiaries** travelling together.
4. Claims will be considered only for the purchase of essential clothing and toiletries and only if such purchases are made within 4 days of actual arrival at the destination

and are charged to the **covered card** account. If the **covered card** could not be used for the essential purchases, itemised receipts for these purchases must be retained.

5. No reimbursement will be made if purchases were made after the luggage was returned.
6. All itemised receipts must be retained.
7. Cover only applies to **your** outbound **trip** outside of the **country of residence**.

#### WHAT IS NOT COVERED

1. Claims due to delay, confiscation or detention by customs or other authority.
2. Claims arising from **baggage** shipped as freight or under a bill of lading.
3. Amounts in excess of any compensation paid by the carrier.
4. Reimbursement for Items purchased after **your baggage** was returned.
5. Reimbursement where itemised receipts are not retained.
6. Claims which do not relate to **your outward journey** on a **trip** outside of the **country of residence**.

### SECTION F – PERSONAL BELONGINGS ABROAD

#### WHAT IS COVERED

##### DEFINITIONS - Applicable to this section

##### **Assault**

- any threat or physical violence committed by a third party (a person other than a **close relative**) with the intention of depriving **you** of **your personal belongings**.

**We** will pay up to the amount shown in the **Benefit Table** per **trip** for all **beneficiaries** travelling together outside of the **country of residence**:

1. For loss, damage or theft of **personal belongings** checked in with a public transport carrier under their conditions of carriage for amounts above and after the exhaustion of the compensation contractually owed by the carrier;
2. For theft of **personal belongings** that are kept in a locked hotel room, apartment or house;
3. if **you** are **assaulted** and **your personal belongings** are taken from **you**;
4. For theft of **personal belongings** that were locked in the boot or glove box in a locked car.

The amount payable will be the value at today's prices less a deduction based on the age of the item as shown in the table below, (or **we** may at **our** option replace, reinstate or repair the lost or damaged **personal belongings**). The maximum **we** will pay for any one article, **pair** or **set** of articles is equal to the Single Item Limit shown in the **Benefit Table**. The maximum **we** will pay for all **valuables** in total is equal to the **valuables** limit shown in the **Benefit Table**.

Items up to 1 year old	90% of purchase price
Items up to 2 years old	70% of purchase price
Items up to 3 years old	50% of purchase price
Items up to 4 years old	30% of purchase price
Items up to 5 years old	20% of purchase price
Items over 5 years old	No payment
Where there are no receipts	An additional 15% will be deducted

#### SPECIAL CONDITIONS

1. All receipts must be retained.
2. **You** must report all incidents of **assault** and theft of **personal belongings** to the local police within 24 hours of discovery and obtain a written report. A Holiday Representatives Report is not sufficient. If **personal belongings** are lost, stolen or damaged while in the care of a carrier **you** must report to them, in writing, details of the loss, theft or damage and obtain an official report. If **personal belongings** are lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) obtain a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) retain all travel tickets and tags for submission if a claim is to be made under the Benefit Schedule.
3. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.
4. Payment will be made based on the value of the property at the time it was damaged, lost or stolen. A deduction will be made for wear, tear and loss of value depending on the age of the property.

#### WHAT IS NOT COVERED

1. Loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box.
2. Loss, theft of or damage to **personal belongings** contained in an **unattended** vehicle:
  - a) overnight between 9pm and 8am (local time) unless the vehicle is in a parking garage with security; or
  - b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
3. Loss or damage due to delay, confiscation or detention by customs or other authority.
4. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.

5. Cheques, travellers cheques, money, postal or money orders, pre-paid coupons or vouchers, travel tickets, credit/debit or charge cards.
6. Loss, theft of or damage to unset precious stones, contact or corneal lenses, eye glasses, hearing aids, dental or medical fittings, cosmetics, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, bicycles and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
7. Loss or damage due to cracking, scratching, breakage of or damage to china, glass, porcelain or other brittle or fragile articles in checked baggage.
8. Claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged.
9. Loss, theft of or damage to tools of trade and other items used in connection with **your** business, trade, profession or occupation.
10. Building materials, furniture, motor vehicles, trailers, caravans, motor homes, boats and aircraft, motor accessories and weapons.
11. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
12. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or baggage.
13. Claims arising from loss, theft or damage of **personal belongings** shipped as freight or under a bill of lading.

## SECTION G – EMERGENCY MEDICAL AND OTHER EXPENSES ABROAD

### IMPORTANT LIMITATIONS UNDER THIS SECTION

**You** must contact **us** before incurring any expenses over € 500, failure to do so may result in **us** declining **your** claim.

**We** may:

- a) move **you** from one hospital to another; and/or
- b) return **you** to **your home** in the **country of residence**; or move **you** to the most suitable hospital in the **country of residence**;

at any time, if **we** and the treating **medical practitioner** believes that it is **medically necessary** and safe to do so. If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

### WHAT IS COVERED

**We** will pay the following costs, up to the amount shown in the **Benefit Table**, for each **beneficiary** who suffers sudden and unforeseen **bodily injury, complication of pregnancy** or illness, or who dies during a **trip** outside the **country of residence**.

1. All reasonable and necessary expenses which arise as a result of a **medical emergency** involving **you**. This includes **medical practitioners'** fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
2. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
3. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
4. With the prior authorisation of **AXA Assistance**:
  - a) additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless **AXA Assistance** agrees otherwise.
  - b) Up to the amount shown in the **Benefit Table** per night for 10 nights for reasonable accommodation expenses incurred, up to the standard of **your** original booking, if it is **medically necessary** for **you** to stay beyond **your** scheduled return date. This includes up to the amount shown in the **Benefit Table** per night for reasonable additional accommodation expenses for a friend or **close relative** to remain with **you** and escort **you home**. If **you** and **your** friend or **close relative** are unable to use the original return ticket, **AXA Assistance** will provide additional travel expenses up to the standard of **your** original booking to return **you** to **your home**.
  - c) Economy class transport and up to the amount shown in the **Benefit Table** per night for 10 nights' accommodation expenses for a **close relative** from the **country of residence** to visit **you** or escort **you** to **your home** if **you** are travelling alone and if **you** are hospitalised as an in-patient for more than 10 days, with the prior authorisation of **AXA Assistance**.
  - d) Economy class transport and up to the amount shown in the **Benefit Table** per night for 3 nights' accommodation expenses for a friend or **close relative** to travel from the **country of residence** to escort **beneficiaries** under the age of 15 to **your home** in the **country of residence** if **you** are physically unable to take care of them. If **you** cannot nominate a person **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one way travel to return the child to the **home**.
5. In the event of **your** death the reasonable additional cost of funeral expenses abroad plus the reasonable cost of conveying **your** ashes to **your home**, or the additional costs of returning **your** remains to **your home** up to the amount shown in the **Benefit Table**.

- For a **close business associate** to take **your** place on a pre-arranged business trip if in the opinion of **our** Chief Medical Officer, **you** are unable to continue working on **your trip** following **your illness** or **bodily injury**.

#### SPECIAL CONDITIONS

- You** must give notice as soon as possible to **AXA Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
- You** must contact **AXA Assistance** as soon as possible in the event of **you** incurring medical expenses in excess of €500 relating to any one incident. **You** must always contact **AXA Assistance** before **curtailing your trip**.
- In the event of **your bodily injury** or **medical condition** **we** reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to the **country of residence** at any time during the **trip**. **We** will do this if in the opinion of the **medical practitioner** in attendance or **AXA Assistance** **you** can be moved safely and / or travel safely to the **country of residence** to continue treatment.

#### WHAT IS NOT COVERED

- Any claim arising directly or indirectly from any **pre-existing medical conditions**.
- Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
- Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or **illness**.
- Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be delayed reasonably until **your** return to the **country of residence**.
- Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence**.
- Additional costs arising from single or private room accommodation.
- Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **AXA Assistance**.
- Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this Benefit Schedule.
- Any expenses incurred after **you** have returned to the **country of residence** unless previously agreed to by **AXA Assistance**.
- Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations or vaccinations and/or taken the recommended medication.
- Any costs **you** incur outside the **country of residence** after the date **our** Chief Medical Officer tells **you** **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this

section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.).

- You** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this Benefit Schedule. If **you** choose alternative medical repatriation services without reasonable grounds for doing so, which **we** have accepted in writing, it will be at **your** own risk and own cost.
- The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
- Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
- Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
- The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals.
- Costs incurred in the United States that exceed the average reimbursement the medical service provider receives for all services rendered to its patients for like treatment, but in any event no more than one and a half times the rate that would be applicable if the costs were payable by US Medicare.
- Costs of telephone calls, other than calls to **AXA Assistance** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
- Air-sea rescue costs.

#### SECTION H – HOSPITAL BENEFIT

##### WHAT IS COVERED

If **we** accept a claim under Section G – Emergency Medical and Other Expenses Abroad, **we** will also reimburse **you** up to the amount shown in the **Benefit Table** for incidental expenses (such as telephone line rental, television rental and visitor taxi journeys) for each continuous 24 hour period that **you** have to spend in hospital as an in-patient outside the **country of residence**.

##### SPECIAL CONDITIONS

**You** must give notice as soon as possible to **AXA Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient.

##### WHAT IS NOT COVERED

Any claims arising directly or indirectly from:

- any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical**

**condition** which necessitated **your** admittance into hospital.

2. any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
3. any additional period of hospitalisation following **your** decision not to be repatriated after the date when in the opinion of **AXA Assistance** it is safe to do so.

## SECTION I – TRAVEL AND PERSONAL ACCIDENT

### WHAT IS COVERED

If **you** sustain **bodily injury**:

1. between the home point of departure and the destination or on the return journey of a **trip** whilst on **public transport**; or
  2. during **your trip** outside of the **country of residence**;
- which shall solely and independently of any other cause, result within one year in **your** death, **loss of limb**, **loss of sight** or **permanent total disablement**, **we** will pay up to one of the corresponding amounts shown in the **Benefit Table**.

### SPECIAL CONDITIONS

1. The benefit is not payable under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
2. A group of people travelling together, for whom travel has been organised by any single member of the group, shall be covered up to the amount shown in the **Benefit Table**.

### WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Normal and habitual travel to and from the **beneficiary's home** and place of employment or second residence as this shall not be considered as a covered **trip**.

## SECTION J – PERSONAL LIABILITY

### WHAT IS COVERED

Up to the amount shown in the **Benefit Table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** outside of the **country of residence** in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

### IMPORTANT CLAIMS CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **us** as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
4. **We** are entitled to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
5. In the event of **your** death, **your** legal representative(s) will have the protection of the Benefit Schedule provided that such representative(s) comply(ies) with the terms and conditions outlined in this document.

### WHAT IS NOT COVERED

Compensation or legal costs arising directly or indirectly from:

1. Liability which has been assumed or agreed by **you** and not agreed by **us**.
2. Pursuit of any business, trade, profession or occupation or the supply of goods or services.
3. Ownership, possession or use of firearms, vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts and canoes).
4. The transmission of any communicable disease or virus.
5. Ownership or occupation of land or buildings (other than temporary holiday accommodation where **we** will not pay for the first €250 of each and every claim arising from the same incident).
6. **Your** criminal, malicious or deliberate acts.

## SECTION K – RENTAL CAR COLLISION DAMAGE WAIVER

### DEFINITIONS - Applicable to this section

#### **Excess**

– the part of the claim for which the **Cardholder** remains financially responsible in the rental agreement and has not taken out any other **rental vehicle insurance**.

#### **Rental vehicle**

– passenger cars, estate cars and vans, authorised to carry up to nine people authorised to use public roads. Rental vehicles hired on a daily or weekly basis from an authorised rental agency or hire car firm, must be paid for in full with **your covered card**. This cover is limited to no more than 31 days. Collision Damage Waiver is only valid for **rental vehicles** rented and driven outside of the **country of residence**.

#### **Rental Period**

- the period shown on the rental agreement lasting no longer than 31 days.

#### Rental vehicle insurance

– the primary insurance held by a licensed car rental agency or company in respect of the **rental vehicle** covering risks such as third party liability, or theft of the **rental vehicle**.

#### You/your

– the **Cardholder** being the named first driver in the rental agreement, being at least 21 years of age and under 80 years of age, in possession of a valid driver's license valid for the class of **rental vehicle**.

#### WHAT IS COVERED

Up to the amount shown in the **Benefit Table** for the amount of the **excess** (when the rental car company covers damages to the **rental vehicle** over and above the **excess** by means of another contract or **rental vehicle insurance**) if the licensed rental agency or company holds **you** responsible for costs arising from:

1. material damage to the **rental vehicle** during the period of hire resulting from damage, fire, vandalism, or theft of the **rental vehicle**, including its tyres or glass;
2. any claim from the rental company for subsequent loss of revenue whilst the **rental vehicle** is unavailable for hire as a result of such damage or loss.

#### WHAT IS NOT COVERED

1. Cover will not apply to **you** if **you**:
  - a) do not hold a valid driving license for the class of **rental vehicle** being driven (such licence issued in the **country of residence** or in the country issuing **your** passport);
  - b) have more than three convictions for speeding or has collected more than nine points on their driving licence within the five years prior to the **trip**;
  - c) have any conviction (or pending prosecution) for driving whilst **under the influence** of a drug or drugs or drink driving; or had a conviction or period of disqualification (or is awaiting prosecution) for dangerous driving and/or careless driving offence;
  - d) are under 21 or over 79 years of age;
  - e) violate the conditions of the rental agreement.
2. Cover will not apply in respect of the following types of **rental vehicle**:
  - a) mopeds and motorbikes; limousines, commercial vehicles, trucks, motor homes, and vehicles not licensed for road use including but not limited to trailers or caravans;
  - b) **rental vehicles** with a retail purchase price exceeding €35,000 (or local currency equivalent);
  - c) **rental vehicles** being used for reward, motor racing, rallies, speed, endurance tests, track days, or practising for such events.
  - d) **rental vehicles** used for commercial purposes.
3. Renting more than one **rental vehicle** at any one time.

4. Rentals of more than the duration specified in the rental agreement or more than 31 days.
5. Revolving, lease type rentals.
6. Rental of vehicles on an hourly (or less) basis where the **rental vehicle** is not physically checked in and out by a representative of the licensed car rental agency.
7. Any claim value under €75 for each incident that **you** claim for.
8. **We** will only pay in excess of any insurance which is included in the rental agreement, **rental vehicle insurance** or any other insurance that **you** hold which covers the same incident.
9. Vehicles used off-road, in or in training for racing competitions, trials rallies or speed testing, or being used for a purpose other than stated in the rental agreement.
10. Loss and/or damage to vintage cars over 20 years old, or cars that have not been manufactured for at least 10 years.
11. Loss and/or damage resulting from failure of any person to observe the maintenance and operating instructions supplied with the **rental vehicle** or caused by wear and tear, insects or vermin.
12. Any costs where **you** admit liability, negotiate, make and promise or agree any settlement.
13. Any fines (including but not limited to speeding fines, parking fines) and punitive damages.
14. The amount of the indemnity **you** are entitled to claim from any other insurance whether or not the insurer refuses the claim or fail to settle for any reason whatsoever.
15. Benefits payable under, any uninsured or underinsured motorist law, first party benefit law or no-fault law, or law similar to the former, in any state or territory.

## SECTION L – PERSONAL POSSESSIONS MUGGING

### DEFINITIONS - Applicable to this section

#### Assault

- any threat or physical violence committed by a third person (a person other than a **close relative** or travelling companion) with the dishonest intention to deprive **you** of **your covered card** and personal possessions.

#### Covered keys

– the keys to **your** main **home** and vehicle in the **country of residence**.

#### Covered papers

– **your** passport, national identity card, driving license and car registration documents.

#### Handbag/wallet

- **your** handbag, satchel, briefcase, wallet, purse or card holder wallet, all purchased new by **you**.

#### Personal possessions

- **your covered keys, covered papers, handbag/wallet and portable electronics.**

#### Portable electronics

- **your** mobile telephone, portable communication devices, MP3/4 players and cameras carried on **your** person or within **your handbag/wallet.**

#### You/your

– the **Cardholder.**

#### WHAT IS COVERED

If **you** are **assaulted** during a **trip** outside of the **country of residence** and **your personal possessions** are stolen at the same time as **your covered card** we will pay up to the amount shown in the **Benefit Table** to replace **your personal possessions** (including locks associated with **covered keys**).

#### SPECIAL CONDITIONS

1. **You** must report all incidents of assault resulting in the theft of **your personal possessions** and **covered card** to the local police within 24 hours of discovery and obtain a written report which includes an incident number and specifies the theft of the **covered card.**
2. **You** must contact Credit Suisse immediately to notify them of the loss of **your covered card.**
3. **You** must report the incident to **AXA Assistance** within 72 hours of the attack/robbery.
4. All receipts must be retained.
5. **You** must provide an original receipt or proof of ownership for stolen **personal possessions** to help **you** to substantiate **your** claim.
6. Payment will be made based on the value of the **personal possession(s)** at the time it/they was/were stolen. A deduction will be made for wear, tear and loss of value depending on the age of the property.
7. In the event of an **assault** **you** must provide medical reports if injured or an official statement from a witness describing the circumstances of the **assault**, dated and signed, with the full name of the witness, date and place of birth, address and employment, together with an official document justifying the witness' identity and signature, such as passport or driving license.

#### WHAT IS NOT COVERED

1. Claims which are not supported by a local police report specifying the theft of **your personal possessions** with the **covered card**, resulting from **your assault.**
2. Loss of items not connected to **assault.**
3. Claims which are not supported by the original receipt or proof of ownership of the stolen **personal possessions.**
4. Items over 5 years of age.
5. Any item left **unattended** at any time.

#### CLAIMS EVIDENCE

1. A copy of Credit Suisse's letter acknowledging receipt of **your** request to stop payment on the **covered card.**

2. A copy of the police report regarding the theft of the **personal possessions** together with the **covered card**, including the incident number.
3. The original invoice from the locksmith for replacement **covered keys** and related locks.
4. A copy of the replaced **covered papers** and the invoices corresponding to the replacement costs.
5. Original receipts or proof of ownership for **your portable electronics, handbag/wallet** and its contents.
6. Medical reports and witness statements when applicable.

#### SECTION M – ATM ASSAULT

##### DEFINITIONS - Applicable to this section

##### **Assault**

- any threat or physical violence committed by a third party (a person other than a **close relative**) with the intention of depriving **you** of **your covered card** and cash.

##### **You/your**

– the **Cardholder.**

##### WHAT IS COVERED

**We** will pay up to the amount shown in the **Benefit Table** if **you** are **assaulted** on a **trip** outside of the **country of residence** and the cash that **you** have withdrawn from an ATM with the **covered card** and the **covered card** are taken from **you** within 4 hours of the withdrawal.

##### SPECIAL CONDITIONS

1. **You** must report the **assault** to the local police within 24 hours of the attack/robbery and obtain a written report which includes an incident number and specifies the theft of the **covered card.**
2. **You** must report the incident to **AXA Assistance** within 72 hours of the attack/robbery.
3. **You** must provide proof of the amount, date and time of the covered withdrawal.
4. In the event of an assault **you** must provide medical reports or an official statement from a witness describing the circumstances of the assault, dated and signed, with the full name of the witness, date and place of birth, address and employment, together with an official document justifying the witness' identity and signature, such as passport or driving license.

##### WHAT IS NOT COVERED

Any cash that is withdrawn before 4 hours of the time of the **assault** and/or not withdrawn using the **covered card.**

#### SECTION N – PURCHASE PROTECTION

##### DEFINITIONS - Applicable to this section

##### **Eligible item**

– an item, purchased by the **Cardholder** solely for personal use (including gifts), which has been charged fully (100%) to the **Cardholders MasterCard® World Elite™** Card account and is not listed under WHAT IS NOT COVERED in this section.

#### Purchase price

– the lower of the amounts shown on either the MasterCard® World Elite™ Card billing statement or the store receipt for the **eligible item**, being at least €100.

#### WHAT IS COVERED

In the event of loss through theft and/or accidental damage to an **eligible item** within 90 days of purchase, **we** will, at **our** option, replace or repair the **eligible item** or credit the **Cardholder** account an amount not exceeding the **purchase price** of the **eligible item**, or the single item limit shown in the **Benefit Table** whichever is lower. **We** will not pay more than the amount shown in the **Benefit Table** for any one event, or more than the maximum amount shown in the **Benefit Table** in any one 365 day period.

#### SPECIAL CONDITIONS

1. Purchase Protection provides cover only for claims or portions of claims that are not covered by other applicable guarantees, warranties, insurance or indemnity policies, subject to the stated limits of liability.
2. Claims for an **eligible item** belonging to a **pair or set**, will be paid up to the full **purchase price** of the **pair or set**, provided the items are not useable individually and cannot be replaced individually.
3. If **you** purchase the **eligible item** as a gift for someone else, **we** will if **you** wish, pay a valid claim to the recipient, subject to **you** making the claim.
4. **You** must exercise due diligence and do all things reasonably practicable to avoid any direct physical theft or damage to an **eligible item**.
5. **You** will need to transfer to **us**, on **our** request and at **your** expense, any damaged **eligible item** or part of a **pair or set**, and assign the legal rights to recover from the party responsible up to the amount **we** have paid.
6. **You** must document that the claim has not been sent to other insurance company.
7. **You** must provide **us** with the original sales receipt from store, original of card receipt, original of account showing the transaction and the police report.

#### WHAT IS NOT COVERED

1. Lost items not connected to theft, fire or damage caused by accident.
2. Loss of the **eligible item** which **you** cannot reasonably explain.
3. Theft or damage caused by fraud, mistreatment, carelessness or not following the manufacturer's manual.
4. Items which were used before purchase, second-hand, altered, or bought fraudulently by the **Cardholder**.
5. Damage to items caused by product defects.
6. Expenses due to repairs not performed by workshops approved by **AXA Assistance**.
7. Stolen items not reported to the police within 24 hours of discovery and a written report obtained.
8. Items left **unattended** in a place accessible to the public.

9. Damage due to normal wear and tear of items or damage due to normal use or normal activity during sports and games (example golf or tennis balls, or other consumable items used for sport or games).
10. Motorised vehicles of any kind, bicycles, watercraft, caravans, trailers, hovercraft, aircraft and parts or accessories for any kind of these items and consumable products necessary to their use and maintenance.
11. Damage due to water, damp, earthquake, unexplainable disappearance or error during production.
12. Theft, loss or damage when item is under supervision, control or taking care of, by third party other than allowed according to safety regulations.
13. Items not received by the **Cardholder** or other party designated by the **Cardholder**.
14. Losses from any item of any property, land or premises unless entry or exit to the property or premises was gained by the use of force, resulting in visible physical damage to the property or premises.
15. Direct physical theft or damage to items in a motor vehicle or as a result of the theft of said motor vehicle.
16. Jewellery, watches, precious metals and gemstones, art, antiques, rare coins, stamps, one of a kind items and collector's items.
17. Services or any immaterial item.
18. Cash, traveller's cheques, tickets, documents, currency, negotiable instruments, shares of any type, bullion, silver and gold.
19. Animals, living plants or any other living things, consumables or perishable goods, or permanent installations.
20. Electronic items and equipment, including but not limited to, personal stereos, MP3/4 players, computers or computer-related equipment whilst at **your** place of employment, items used for business purpose.
21. Riot and civil commotions, strikes, labour and political disturbances.
22. Any mail order items or items delivered by courier until item or items are received, checked for damage and accepted at the nominated delivery address.
23. Theft or accidental damage to any item where there is any other insurance covering the same theft or accidental damage, or where the terms and conditions of such other insurance have been broken or for the reimbursement of any evident excess.

#### SECTION O – BEST PRICE PROTECTION

##### DEFINITIONS - Applicable to this section

##### Claim date

– the date **you** find an identical item available at a **store** within the **country of residence**.

##### Eligible Item

– an item bearing the name or brand of the retailer or manufacturer with a minimum purchase price of € 50, purchased by **you** solely for personal use (including gifts),

which has been charged fully to **your covered card** in a single transaction from a **store** and is not listed as an item which is not covered.

#### Required documents

– original sales receipt from the **store**, original of card receipt, original of account statement showing the transaction for the **eligible item** was paid in full with **your covered card** and proof of the cheaper price of the identical **eligible item**. The proof must include written evidence from the **store** verifying that the identical **eligible item** is on sale to the public at any **store** for a lower price within the **country of residence** (such as the entire advertisement or note from the **store** stating an exact price, product description and verifiable issue and expiry dates.

#### Store

– a place that **you** can physically enter and buy goods in the **country of residence**. This does not include any internet websites, mail order companies, any form of auction or market traders.

#### You/your

– the **Cardholder**.

#### WHAT IS COVERED

**We** will refund the difference between the original price paid for an **eligible item** and the reduced selling price for the identical **eligible item** (manufacture date, make, model as well as identical accessories) found at any **store**, if the reduction is discovered within 30 days of purchase and equal to or higher than € 50.

**We** will not pay more than the maximum per **eligible item** amount shown in the schedule of benefits for any one event, or more than the maximum amount shown in the schedule of benefits in any one 365 day period.

#### SPECIAL CONDITIONS

1. There is no limit to the number of purchases **you** may make.
2. The original retail price of the item must be at least € 50.
3. The item must be paid for in full using **your covered card**.
4. The item must be purchased from a **store** that has a physical presence in the **country of residence**, excluding Duty Free stores and are not listed as an item which is not covered.
5. Only items intended for personal use are covered.
6. Best Price Protection provides cover only for claims that are not covered by other applicable low price guarantees, insurance or indemnity policies, subject to the stated limits of liability.

#### WHAT IS NOT COVERED

1. **Eligible items** purchased, or reduced selling price items found, outside of the **country of residence**.

2. Incidents which cannot be proven from the existing documentation.
3. Items for sale from a **store** belonging to the same chain in a different location, retailing at a lower price.
4. Items which have been purchased used, altered, second-hand or are purchased fraudulently or illegally by **you**.
5. Services or any immaterial item.
6. Cash, traveller's cheques, tickets, documents, currency, negotiable instruments, shares of any type, bullion, silver and gold.
7. Jewellery, precious metals and gemstones, art, antiques, furs, rare coins, stamps, one of a kind items and collector's items.
8. Special order or mail order items.
9. Animals, living plants or any other living things, consumables or perishable goods, fuel.
10. Permanent installations such as garage door openers and alarms).
11. PC's, computers, laptops, tablets, E-Readers, mobile telephones (or any type of portable hand held communication device), palmtops, and parts or accessories for any of these items.
12. Recordings of all kinds (sound, photo, video, digital and computer software).
13. Motorised vehicles of any kind, bicycles, watercraft, caravans, trailers, hovercraft, aircraft and parts or accessories for any of these items and consumable products necessary to their use and maintenance.
14. Items intended for business, professional or commercial purposes.
15. Clothing.
16. Holidays or excursions.
17. Land, premises, buildings or flats.
18. Items from any auction including auction websites and television channels.
19. Items available only on an internet website and not available for the same price in a **store**.
20. Items purchased in a going out of business sale, end of season clearance or cash only sale.
21. Items that were customised or specially made.
22. Medical, health care, optical or dental devices or equipment or pharmaceutical products.
23. Taxes, delivery, shipping, handling or other processing charges.
24. Treatment costs.
25. Incorrectly priced items, errors or omissions.
26. Items from duty free, lower tax or tax free zones.
27. Any purchase done by the staff, managing directors or owner – and their spouses – of the store or the sales spot where the **eligible item** was purchased or of the store or sales outlet where the price difference was found.

#### CLAIMS PROCEDURE

Please read the appropriate section in the benefits to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.

1. Making a claim.
  - a) In the event of an emergency **you** should first call **AXA Assistance** on telephone +800 78 79 78 79 (any minor illness or injury costs must be paid for by **you** and reclaimed).
  - b) For all other claims telephone **our** Claims Helpline on +800 78 79 78 79 (Monday – Friday 9:00 – 17:00) to obtain a claim form. **You** will need to give:
    - **your** name,
    - **your covered card** number,
    - brief details of **your** claim.

**We** ask that **you** notify **us** within 28 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.

2. Additional Information.

**You** must supply all of **your** original invoices, receipts and reports etc. **You** should check the section under which **you** are claiming for any specific conditions and details of any supporting evidence that **you** must give **us**. It is always advisable to keep copies of all the documents that **you** send to **us**.
3. Claims Handling Agents.

To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

## COMPLAINTS PROCEDURE

### MAKING YOURSELF HEARD

**We** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

### WHEN YOU CONTACT US:

Please give **us** **your** name and contact telephone number. Please quote **your covered card** number and/or claim number. Please explain clearly and concisely the reason for **your** complaint.

### STEP ONE – INITIATING YOUR COMPLAINT

**You** need to contact **AXA Assistance** on +800 78 79 78 79. **We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further:

### STEP TWO – CONTACTING AXA TRAVEL INSURANCE HEAD OFFICE

If **your** complaint is one of the few that cannot be resolved by this stage contact the Head of Customer Care in **your** preferred language, who will arrange for an investigation on behalf of the Chief Executive: AXA Travel Insurance, Head of

Customer Care, The Quadrangle, 106-118 Station Road, Redhill, RH1 1PR, United Kingdom. Or **you** may use e-mail: [claimcomplaints@axa-travel-insurance.com](mailto:claimcomplaints@axa-travel-insurance.com)

These procedures do not affect **your** right to take legal action.

## USE OF YOUR PERSONAL DATA

In using these benefits **you** also agree **we** may:

- a) disclose and use information about **you** and **your** benefits – including information relating to **your** medical status and health – to companies within the AXA Assistance Group of companies worldwide, **our** partners, service providers and agents in order to administer and service **your** benefits, process and collect relevant payments and for fraud prevention;
- b) undertake all of the above within and outside the European Union (EU). This includes processing **your** information in countries in which data protection laws are not as comprehensive as in the EU. However, **we** have taken appropriate steps to ensure the same (or equivalent) level of protection for **your** information in other countries as there is in the EU; and
- c) monitor and/or record **your** telephone calls in relation to cover to ensure consistent servicing levels and account operation.

**We** use advanced technology and well defined employee practices to help ensure that **your** information is processed promptly, accurately and completely and in accordance with applicable data protection law.

If **you** want to know what information is held about **you** by the AXA Assistance Group, please write to:  
AXA Travel Insurance, Data Protection Officer, The Quadrangle, 106-118 Station Road, Redhill, RH1 1PR

There may be a charge for this service, as permitted by law. Any information which is found to be incorrect will be corrected promptly.

## CANCELLATION OF THE COVER

These benefits are included with **your covered card**, the benefits cannot be cancelled separately. If these benefits do not meet **your** requirements, **you** may cancel the benefits by cancelling the **covered card**. If **you** cancel the **covered card** the cover will end and all benefits will stop. Please see **your** Credit Card agreement for full details of how to cancel the **covered card**.