

Information for persons insured under collective insurance

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Insurance conditions for optional travel insurance with charge and credit cards issued by Swisscard AECS GmbH

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The following customer information provides an overview of the identity of the insurer and the material content of the insurance contract. The specific rights and obligations of the eligible persons are set out in the insurance conditions (hereinafter: "IC"), any registration forms and the applicable legal provisions (Swiss Federal Act on Insurance Policies, hereinafter "IPA").

1. Contracting party

Swisscard AECs GmbH, as the issuer (hereinafter "issuer") of charge and credit cards (hereinafter "card(s)"), has concluded a collective agreement relating to insurance benefits (hereinafter "collective insurance agreement") with the insurer specified below that cardholders can benefit from by optionally registering with the collective insurance agreement. Based on the registration with the collective insurance agreement, the insured persons (see section 2) are entitled to certain benefits (see section IV A-D "Special Conditions of Insurance (SCI)") vis-à-vis the insurer, but not vis-à-vis the issuer.

The risk carrier for this insurance is: Helvetia Swiss Insurance Company Ltd, Dufourstrasse 40, 9001 St. Gallen, Switzerland. Responsibility for this insurance lies with: European Travel Insurance (hereinafter the "insurer"), a branch of Helvetia Swiss Insurance Company Ltd domiciled at St. Alban-Anlage 56, P.O. Box, CH-4002 Basel.

In accordance with the insurance conditions, the insurer and the issuer may delegate tasks to service providers.

2. Eligible persons

The insured persons are derived from the definition in the insurance conditions (see section I. C. of the IC)

3. Insured risks, scope of insurance cover

The insured risks and the scope of insurance cover (including exclusions from insurance cover) are set out in the insurance conditions, in particular in the overview of insurance benefits (see section II of the IC) in conjunction with the insurance confirmation.

Insurance cover exists irrespective of whether the travel concerned was paid for using the valid card.

4. How is the premium calculated?

The premium is communicated explicitly as part of the process of registering with the collective insurance agreement.

5. What type of insurance is it?

Your insurance is generally insurance against loss. Fixed-benefit insurance policies are expressly designated as such in the contract documents (e.g. registration form, GCI).

6. What insurance benefits are provided?

The amount and/or maximum limit, type of insurance benefits, as well as any deductibles, can be found in these GCI and SCI.

7. What are the obligations of the insured persons?

The obligations are listed in detail in the insurance conditions as well as in the IPA. The principal obligations of the insured persons include the following, for example:

- If a loss event occurs, it must be reported to the insurer immediately.
- The insured persons must cooperate with the insurer to clarify matters, e.g. the circumstances of a claim, and must submit all required documents (obligation to cooperate).
- If a loss event occurs, reasonable actions must be taken to mitigate and elucidate the loss (obligation to mitigate losses).
- The main cardholder is obliged to inform the other insured persons (specifically the additional cardholders), if applicable, of the key points of the insurance cover and their obligations in the case of an insured event as well as the fact that these insurance conditions may be obtained at any time from Swisscard AECs GmbH, Neugasse 18, CH-8810 Horgen, or viewed online at www.swisscard.ch.

8. Term and termination of the insurance and the insurance cover

In principle, the insurance cover exists for as long as the underlying card relationship and the registration with the collective insurance agreement are in effect. Special provisions regarding the duration of insurance cover (depending on the insured risk) can be found in the insurance conditions.

The insurance cover begins on the day agreed by the cardholder with the issuer when registering with the collective insurance agreement. Registration with the collective insurance agreement is valid for one year from the date specified in the insurance confirmation. Once this year ends, registration shall be extended by tacit agreement for a further month in each case unless terminated by the cardholder or issuer by giving 30 days' notice to the end of a month in writing or in some other form capable of serving as textual evidence.

The insurance cover ends in any event on termination of the card relationship in accordance with the issuer's General Conditions of Insurance or on termination of registration with the collective insurance agreement.

The insured event must occur during the insurance period. Previous or subsequent events are not taken into account. The insurance cover is valid worldwide for private travel of up to 90 days, irrespective of whether the travel service was paid for using the card. In the case of lengthier stays, cover lapses from the 91st day. The insurance also covers services booked no more than six months prior to inception of the insurance, provided the insured event occurred after the inception of the insurance. In the case of individual benefits, the insurance cover may be limited in terms of time. Please note the information in the SCI. If the insurance cover is limited in terms of time, the day of arrival and day of departure are each calculated as one day.

9. Acceptance of the insurance conditions

These insurance conditions (IC) are sent to the cardholder on registering with the collective insurance agreement and can be viewed on the issuer's website.

10. Change in scope of cover or premiums

The insurer and the issuer may adjust premiums and insurance conditions. Changes to the premiums, these conditions and/or the sums insured may be agreed by the insurer and the issuer (as policyholder). The main cardholder is informed of them in a timely and appropriate manner. They are deemed to have been approved by the latter unless the insurance cover is terminated at a date prior to the change taking effect. There is no obligation to inform the main cardholder in the event of changes to the conditions that do not have a negative impact on the insured persons.

11. When is there a right of cancellation?

The eligible person may cancel their application to conclude the contract or their declaration of acceptance of such contract in writing or in some other form capable of serving as textual evidence. The period of cancellation is 14 days and commences as soon as the eligible person has applied for or accepted the contract. This period is considered to have been met if the eligible person has notified ERV or Swisscard of the cancellation or submitted their notice of cancellation to the postal service on or by the last day of the cancellation period.

12. Information on the processing of personal data

The issuer and the insurer process data arising from the contract documents or contract processing and use this in particular to calculate premiums, assess risks, process insurance claims and perform statistical analyses. In addition, the issuer is entitled to use data, in particular from contract documents and contract processing, for marketing purposes. The data is processed, and in particular procured, stored, used, revised, disclosed, archived and destroyed physically or electronically in accordance with the legal provisions. To the extent necessary, the issuer and the insurer may exchange data with third parties in Switzerland and abroad involved in contract processing, co-insurers and reinsurers, service providers, as well as Swiss and foreign companies belonging to the insurer, for processing purposes. The issuer and the insurer may also obtain pertinent information, especially on past claims experience, from government offices and other third parties. This applies independently of the contract entering into force. The eligible person is entitled to request the information specified by law from the issuer and the insurer concerning the processing of the data regarding the eligible person. The data privacy provisions at www.erv.ch/datenschutz contain further information on the purposes for which personal data is processed by the insurer.

I. Structure of the conditions / introduction / definitions

I.) A. Structure of the conditions

The insurance conditions are structured as follows:

- I. Structure of the conditions / introduction / definitions
- II. Overview of insurance benefits
- III. General Conditions of Insurance (GCI)
- IV. Special Conditions of Insurance (SCI)

The benefits in the case of an insured event are specified in the overview of benefits ("insurance benefits") and as a supplement to the General and Special Conditions of Insurance. In the event of any inconsistencies, the overview of insurance benefits shall take precedence.

The General Conditions of Insurance shall always apply if the Special Conditions of Insurance do not specify otherwise. In the event of any inconsistencies, the Special Conditions of Insurance shall take precedence.

I.) B. Introduction

The issuer has concluded a collective insurance agreement with the insurer giving cardholders, on registering with the collective insurance agreement, and other insured persons certain entitlements vis-à-vis the insurer but not vis-à-vis the issuer and/or third parties it has commissioned for the purpose of processing the contractual relationship.

The main cardholder is obliged to inform the other insured persons (specifically the additional cardholders), if applicable, of the key points of the insurance cover and their obligations in the case of an insured event as well as the fact that these insurance conditions may be obtained at any time from Swisscard AECS GmbH, Neugasse 18, CH-8810 Horgen, or viewed online at www.swisscard.ch.

The ERV claims service, P.O. Box, CH-4002 Basel, phone +41 58 275 27 27, schaden@erv.ch must be notified of an insured event as soon as it has been detected; otherwise the entitlement to benefits may be lost.

I.) C. Definitions

Use of the male gender to facilitate readability is intended to also refer to the female gender.

The terms used in these insurance conditions have the following meaning:

Abroad

Neither Switzerland nor the country in which the insured person has a permanent residence is regarded as a foreign country.

Accident

An accident is the sudden, unintentional harmful effect of an unusual external factor on the human body resulting in impairment of physical, mental or psychological health or death.

Additional cardholder

The person to whom the issuer has issued an additional card at the request of the main cardholder.

Advances

Payments that the assistance service provider makes without them being reimbursed by an insurer, and which the insured person must repay to the assistance service provider within one month after the advance or return to the country of permanent residence.

Cancellation costs

If the traveller withdraws from the contract, the travel agent loses the claim to the agreed travel price. The travel agent may, however, demand appropriate compensation. The amount of compensation is determined by the travel price less the value of the expenses saved by the travel agent as well as what the travel agent can acquire through other use of the travel services.

Card

Charge and/or credit card issued by the issuer.

Card cover

The travel insurance benefits linked to the card, which may be included through optional registration with the collective agreement between the issuer and the insurer.

Cardholder

Holder of a card.

Epidemic

An epidemic is an infectious disease which occurs to an above-average extent, in terms of both place and time.

Extreme sport

Exercising exceptional sporting disciplines, whereby the person concerned is exposed to the highest physical and mental stress (e.g. Hawaii ironman triathlon).

Extreme weather events/severe weather

Extreme weather conditions that deviate significantly from the average, such as heavy thunderstorms, storms, hurricanes, intense precipitation, etc.

GCI

The General Conditions of Insurance, which apply to all insurance benefits (part III).

Gross negligence

Gross negligence is committed by anyone who violates an elementary duty of caution, the observance of which is imposed on any reasonable person in the same situation.

IC

The insurance conditions, which contain all provisions relating to the affiliation contract.

Illness

Illness is any impairment of physical, mental or psychological health which is not the result of an accident and which requires medical examination or treatment or results in incapacity for work.

Insured event

The event that causes the damage covered by the insurance.

Insured persons

The insurance is only valid for persons who have their civil domicile or habitual residence in Switzerland.

The insured person is the person who registered with the issuer for the collective insurance agreement (main cardholder). The following persons are deemed to be also deemed insured persons in addition to the main cardholder:

- Any additional cardholders;
- Marital or domestic partners, minor children, as well as any foster children and children for which the main or additional policyholder has holiday responsibility (regardless of whether they live in the same household as the main/additional cardholder);
- The following persons living in the same household as the main or additional cardholder: Parents, grandparents, adult children and grandchildren.

Insurer and claims adjuster

The risk carrier for this insurance is: Helvetia Swiss Insurance Company Ltd, Dufourstrasse 40, 9001 St. Gallen, Switzerland. Responsibility for this insurance lies with: European Travel Insurance (hereinafter referred to as the "insurer"), a branch of Helvetia Swiss Insurance Company Ltd domiciled at St. Alban-Anlage 56, P.O. Box, CH-4002 Basel.

Issuer

Swisscard AECS GmbH, as issuer of the cards, as well as third parties commissioned by it for processing the card relationship.

Main cardholder

The person who has applied to the issuer for a main card and can apply for additional cards under their own responsibility and liability.

Natural force

Sudden, unforeseeable natural event with a catastrophic character. The damaging event is triggered by geological or meteorological processes.

Pandemic

A pandemic is the transnational, global spread of an epidemic.

Place of residence/country of residence/country of domicile

Country of residence is the country in which the insured person has their legal domicile or habitual abode or which they had before commencement of the insured stay.

Policyholder

The policyholder is the issuer.

Public transport

Public transport includes all air, land or water vehicles registered for public passenger transport. Public transport does not include means of transport used for sightseeing tours/flights, rental cars and taxis.

Robbery

Theft involving the use or threat of violence.

SCI

The Special Conditions of Insurance, which apply to the individual insurance benefits (part IV).

Sports equipment

Sports equipment is all items needed to practise a sport (e.g. skis, snowboards, hunting rifles, diving and golf equipment, etc.), including accessories.

Sum insured

Amount of maximum claim in accordance with overview of insurance benefits.

Switzerland

Switzerland and the Principality of Liechtenstein are included in the scope of application.

Terrorism

Terrorism is defined as any act or threat of violence to achieve political, religious, ethnic, ideological or similar objectives. The act or threat of violence is likely to spread fear or terror among the population or parts of the population or to influence a government or state institutions.

Travel

Travel includes at least one overnight stay away from the insured person's permanent residence and must include an outward and return journey.

Travel service/arrangement

Travel services/arrangement are the booking of a flight, a ship, bus or train journey, a bus transfer or other transport to the place of stay or back or the on-site booking of a hotel room, holiday flat, mobile home or houseboat or the charter of a yacht.

Unrest of any kind

Acts of violence against people or property by gangs or during violent demonstrations or rioting.

Valuable items

All items with a replacement value of CHF 500 or more shall be deemed valuable items.

II. Overview of insurance benefits

| Description of the insurance benefits Travel insurance is available in one of three options: Classic, Premium or Exclusive. The applicable travel insurance option and related benefit components (A-D) are communicated to the customer in the insurance confirmation. | Sums insured Maximum benefit sums in CHF per insurance year | | | Geographical validity |
|--|--|---------------------|-----------------------|-----------------------|
| | Classic | Premium | Exclusive | |
| A. Cancellation costs and abandonment of trip Cover includes cancellation costs when travel is not commenced as well as the unused portion of the arrangement in the event of premature abandonment of the trip due to serious illness, accident or death. | 6,000 | 12,000.– | 18,000 | Worldwide |
| B. Luggage Cover/insurance for personal luggage at reinstatement value in event of theft, robbery, damage or destruction as well as loss by public transport operators | 2,000 | 4,000.– | 6,000 | Worldwide |
| C. Repatriation 24-hour helpline with organization and cover for the cost of transportation to the hospital, repatriation to the place of residence or any search and rescue operation in the event of serious illness, accident, death | 200,000 | 400,000.– | 600,000 | Worldwide |
| D. Travel inconvenience Cover for additional expenses due to • Flight cancellation, flight delay of at least four hours and missed connecting flight • Luggage delayed by at least six hours • Luggage delayed by at least 48 hours | 200 400 800 | 400 800 1,600 | 800 1,000 2,000 | Worldwide |

III. General Conditions of Insurance (GCI)

1 When does the insurance cover commence and when does it end?

1.1 Duration of the insurance

The insurance cover begins on the day agreed by the cardholder with the insurer when registering with the collective insurance agreement. Registration with the collective insurance agreement is valid for one year from the date specified in the insurance confirmation. Once this year ends, registration shall be extended by tacit agreement for a further month in each case unless terminated by the cardholder or issuer by giving 30 days' notice to the end of a month in writing or in some other form capable of serving as textual evidence.

The insurance cover ends in any event on termination of the card relationship in accordance with the issuer's General Conditions of Insurance or on termination of registration with the collective insurance agreement.

1.2 Duration and scope

The insured event must occur during the insurance period. Previous or subsequent events are not taken into account. The insurance cover is valid worldwide for private travel of up to 90 days, irrespective of whether the travel service was paid for using the card. In the case of lengthier stays, cover lapses from the 91st day. The insurance also covers services booked no more than six months prior to inception of the insurance, provided the insured event occurred after the inception of the insurance. In the case of individual benefits, the insurance cover may be limited in terms of time. Please note the information in the SCI. If the insurance cover is limited in terms of time, the day of arrival and day of departure are each calculated as one day.

1.3 Acceptance of the insurance conditions

These insurance conditions (IC) are sent to the cardholder on registering with the collective insurance agreement and can be viewed on the issuer's website.

2. When is insurance cover non-existent or limited?

2.1 Claims against third parties

If the insured person has been indemnified by a liable third party or their insurer, no payment will be made under this contract. If ERV is sued instead of the liable party, the insured person must assign their liability claims up to the amount of the expenses incurred by ERV.

In the case of multiple insurance (voluntary or compulsory insurance) ERV provides its benefits on a subsidiary basis, unless the terms and conditions of insurance of the other insurer likewise contain a subsidiary clause. In this case the statutory provisions for multiple insurance are applicable.

Costs will only be reimbursed, in total, once even where there is multiple insurance with licensed companies.

2.2 General exclusions

The insurance does not cover events

- which had already occurred or were evident at the time of taking out the insurance or booking the travel or which could – hypothetically – have been diagnosed by a doctor during an examination. The provisions of section IV.) A. 1.4 and section IV.) C. 1.2 are reserved;
- which occur in connection with illnesses or accidents that have not been diagnosed by a doctor immediately after the time of occurrence and are not supported by a medical certificate;
- where the assessor (expert, doctor, etc.) who makes the findings on the loss event is a direct beneficiary or is related to the insured person either by birth or by marriage;
- which are a consequence of warlike events or are due to terrorism, subject to the provisions of section IV.) A. 1.2.5;
- which are in connection with abductions;
- which are a consequence of official orders;
- which occur when taking part in
 - competitions, races, rallies or training sessions with motor vehicles or boats;
 - competitions and training sessions in connection with professional sport or an extreme sport,
 - trekking trips and mountain tours when sleeping at altitudes of over 4,000 m above sea level,
 - acts of daring (reckless actions) in which the person concerned knowingly exposes themselves to particularly great danger;
- which occur when driving a motor vehicle or boat without the legally required driving licence or in the absence of the legally required accompanying person;
- which occur under the influence of alcohol, drugs, narcotics or pharmaceuticals;
- which occur on the occasion of the wilful or attempted commitment of crimes or offences;
- which occur in connection with suicide, self-mutilation and the attempt thereof;
- which are caused by ionizing rays of any kind, in particular as a result of nuclear reactions;
- caused by a pandemic. The exceptions are if the insured person falls ill and their own isolation/quarantine in the event of infection.

3. What needs to be done when an insured event occurs? (obligations)

3.1 In the event of

a claim, please contact the ERV claims service, P.O. Box, CH-4002 Basel, phone +41 58 275 27 27, schaden@erv.ch;

– an emergency, please contact the 24-hour alarm center on +41 848 801 803 or free phone +800 8001 8003. These numbers are available day and night (including Sundays and public holidays). The alarm center will advise on the appropriate course of action and organize the necessary assistance.

3.2 If the insured event is imminent or has already occurred, everything must be done before to help avert or mitigate the loss.

3.3 The insurer must be provided with the required information and necessary documents immediately.

3.4 In the event of illness or accident, a doctor must be consulted immediately; the doctor must be informed of your travel plans and you must follow their instructions. The insured/eligible person shall release the doctors treating them from the duty of confidentiality towards the insurers in relation to information required by the insurer in order to assess its obligation to pay benefits.

3.5 In addition, we recommend that chronically ill persons have their fitness to travel confirmed in a medical certificate to be issued immediately before booking a travel service.

4. What happens in the event of a failure to comply with the obligations?

4.1 In the event of a culpable breach of obligations when a claim is made, the insurer is entitled to reduce compensation by the amount by which it would have been reduced had the insured person acted in accordance with the policy terms.

4.2 The insurer is not obliged to pay benefits if

- false information is provided intentionally,
- facts are concealed,
- the required obligations (including police report, statement of facts, confirmation and receipts) are breached
- and the insurer suffers a disadvantage as a result.

5. What happens in terms of the payment of benefits?

5.1 The insurer generally pays its benefits in CHF. Foreign currencies are converted at the exchange rate on the day on which these costs were incurred.

5.2 Any benefits unduly received from the insurer must be refunded to it within 30 days, together with any expenses incurred.

5.3 When assessing whether or not a trip to a country is reasonable because of strikes, unrest, war, terrorist attacks, epidemics, etc., the current recommendations of the Swiss authorities apply in principle. This will normally be the Federal Department of Foreign Affairs (FDFA) and/or the Federal Office of Public Health (FOPH).

6. Change in scope of cover or premiums

Changes to the premiums, these conditions and/or the sums insured may be agreed by the insurer and the issuer (as policyholder). The main cardholder is informed of them in a timely and appropriate manner. They are deemed to have been approved by the latter unless the insurance cover is terminated at a date prior to the change taking effect.

There is no obligation to inform the main cardholder in the event of changes to the conditions that do not have a negative impact on the insured persons.

7. When do claims under this agreement lapse?

Claims lapse five years after the occurrence of an insured event.

8. Which court is responsible?

The sole place of jurisdiction for the eligible person is their Swiss domicile or the domicile of the insurer, Basel.

9. What law applies?

This contract is governed by Swiss law. The basis of the contract comprises e.g. the customer information, the General Conditions of Insurance, further Special Conditions or supplementary conditions if applicable, and the declaration of registration. In all other respects, the Swiss Federal Act on Insurance Policies applies.

10. What about the assignment of claims and limitation of liability?

When ERV pays the claim, the eligible person shall assign their claim resulting from the insurance contract as an automatic lump sum to ERV.

ERV only provides insurance cover and is only liable for claims or other benefits insofar as they do not conflict with sanctions or constitute a breach of sanctions under UN resolutions and do not breach trade or economic sanctions imposed by Switzerland, the European Union, the United Kingdom or the United States of America.

11. What happens in terms of data protection?

The insurer, issuer and service providers appointed by the aforementioned persons are entitled to exchange, obtain from involved third parties (e.g. the issuer) and process any data regarding the insured persons that is directly required for registration with the collective insurance, performance of the contract or settlement of claims; the aforementioned parties shall be released from any duty of confidentiality vis-à-vis each other. In particular, the issuer is entitled – for the aforementioned purposes – to disclose the fact that a corresponding card relationship exists between the issuer and the main/additional cardholder. This authorization does not expire upon the death, loss of ability to act or bankruptcy of the main/additional cardholder. The insurer, issuer and service providers appointed by the aforementioned persons in connection with the performance of the contract and settlement of claims are entitled to obtain pertinent information from such third parties as well as inspect official files. The insurer and the issuer undertake (including the obligation to transfer such duty to appointed service providers) to treat information obtained in such manner as strictly confidential. The data are stored physically and/or electronically. Where necessary, data is disclosed to third parties, namely co-insurers, reinsurers and other participating insurers, as well as the service providers and assistance service providers in Switzerland and abroad. In addition, information may be passed on to other liable third parties and their liability insurance policies in order to enforce claims for recourse. The insurer is entitled to communicate the suspension, amendment or termination of the insurance as well as rejection of a claim for insurance benefits to third parties (specifically relevant authorities, government departments and the issuer) to whom the insurance cover was confirmed.

12. What else must be observed?

In cases of doubt about the interpretation and content of all documentation, the German version shall prevail.

IV.) A. Cancellation costs and abandonment of trip

1. Insured events

- 1.1 Cancellation costs
The insurer shall provide insurance cover if the insured person is unable to take up the booked travel service as a result of any of the following events, provided this occurred after taking out the insurance or booking the trip:
- 1.1.1 Unforeseen serious illness, serious injury, serious pregnancy complications or death
– of an insured person;
– of a person travelling with the insured person;
– of a person not travelling with the insured person, who is very close to the insured person;
– of the direct deputy at the place of work, so that their presence at work is essential;
- 1.1.2 Strike (except in the case of active participation) on the planned travel route abroad. Unrest of any type, quarantine, epidemics or natural disasters at the travel destination if the life and property of the insured person is at real risk and/or the Swiss authorities have issued an official travel warning for the destination;
- 1.1.3 Serious damage to the property of the insured person at their place of residence as a result of fire, natural disasters, theft or water damage so that their presence at home is essential;
- 1.1.4 Failure or delay – both as a result of technical defect or extreme weather event – of the public transport to be used to reach the official place of departure (airport, departure railway station, port or coach boarding place) in the country of residence;
- 1.1.5 If within the last 30 days before departure – the insured person unexpectedly takes up a new permanent job with a new employer (promotions, etc. are excluded) or – the employment agreement of the insured person is terminated by their employer through no fault of their own;
- 1.1.6 Theft of tickets, passport or identity card;
- 1.1.7 Pregnancy of an insured person, if the date of return is after the 24th week of pregnancy, or if a vaccination that would present a risk to the unborn child is recommended for the destination of travel.
- 1.2 Abandonment of the trip
The insurer shall provide cover if the insured person has to abandon, interrupt or extend the booked travel service as a result of any of the following events:
- 1.2.1 Unforeseen serious illness, serious injury, serious pregnancy complications or death
– of an insured person;
– of a person travelling with the insured person;
– of a person not travelling with the insured person, who is very close to the insured person;
– of the direct deputy at the place of work, so that their presence at work is essential;
- 1.2.2 Strike (except in the case of active participation) on the planned travel route abroad. Unrest of any type, quarantine, epidemics or natural disasters at the travel destination if the life and property of the insured person is at real risk and the continuation of the trip or stay is therefore rendered impossible or unreasonable;
- 1.2.3 Serious damage to the property of the insured person at their place of residence as a result of fire, natural forces, theft or water damage so that their presence at home is essential;
- 1.2.4 Failure of a booked or used means of public transport as a result of a technical defect or due to extreme weather events, if the continuation of the journey in accordance with the itinerary is not, therefore, guaranteed. Delays or detours of the booked or used means of public transport will not be regarded as failure. No entitlement will exist in the event of breakdowns or accidents of private motor vehicles used to undertake the journey, whether the insured person is the driver or a passenger;
- 1.2.5 Warlike events or terrorist attacks within 14 days of their first occurrence, if the insured person is caught unawares by them while abroad;

- 1.2.6 Theft of tickets, passport or identity card: Only the benefits pursuant to section 2.2.5 are insured.
- 1.3 If the person who triggers the cancellation, abandonment, interruption or extension of the trip as a result of an insured event is not related either by birth or by marriage to the insured person, entitlement to benefits will only exist if the insured person would have to undertake/continue the trip alone.
- 1.4 If an insured person suffers from a chronic illness without that person's trip appearing to be in question at the time of registration with the collective insurance agreement, at the time of booking, or prior to the commencement of the travel service, the insurer shall pay the insured costs incurred if the trip has to be cancelled, interrupted, abandoned or extended due to unforeseeable, serious acute aggravation of this illness or if death occurs as a result of the chronic illness.

2. Insured benefits

Decisive when assessing the entitlement to benefits is the time of the event which triggers the cancellation, abandonment, interruption or extension of the travel service. The insurer provides the following benefits up to the maximum amount per insured event in total as set out in the overview of insurance benefits.

- 2.1 Cancellation costs
If the insured event occurs, the insurer shall pay:
2.1.1 the cancellation costs actually incurred (excluding security and airport fees). Overall, this benefit is limited by the arrangement price or the sum insured as set out in the overview of insurance benefits. Unlawfully obtained or repeated processing fees are not insured;
- 2.1.2 the additional costs for delayed commencement of travel if the insured person is unable to commence travel at the scheduled time as a result of the insured event; this benefit is limited to the travel service price or to the maximum amount of CHF 3,000 per person. Should additional expenses be asserted, the entitlement to cancellation costs will lapse in accordance with section 2.1.1.
- 2.2 Abandonment of the trip
If the insured event occurs, the insurer shall pay:
2.2.1 the costs of temporary return to the place of residence in an amount of up to CHF 3,000 per person (outward and return journey for a maximum of two insured persons) if a stay for a period fixed in advance was booked with a return journey;
- 2.2.2 the additional costs of an unscheduled return journey, based on first-class rail travel and economy-class air travel;
- 2.2.3 the costs corresponding to the unused portion of the travel arrangement (excluding costs of the originally booked return journey); this benefit is limited to the travel price or the sum insured as set out in the overview of insurance benefits;
- 2.2.4 either the additional costs for continuation of the journey, including accommodation, subsistence and communication costs for calls to the alarm center (for a maximum of seven days) up to the amount of CHF 700 per person or up to CHF 1,000 if a rental car is used, regardless of how many people use the rental car; the cost of organizing the cancellation of mobile phones, credit and debit cards, but not the resulting costs.

3 Exclusions

- Benefits are excluded:
- 3.1 if the service provider (tour operator, landlord, organizer, etc.) cancels, changes or abandons the agreed service or should have cancelled, changed or abandoned it for objective reasons;
- 3.2 if the suffering which triggers the cancellation, abandonment, interruption or extension of the trip was a complication or consequence of medical treatment or surgery already planned at the inception of the insurance or at the time of booking, or prior to commencement of the trip.
- 3.3 if an illness or the consequences of an accident, operation or medical intervention already existed at the time of travel booking and the insured person had not recovered by the travel date;
- 3.4 in the event of cancellation regarding section 1.1.1 without medical indication and if the medical certificate was not issued at the time of the first

- possible determination of incapacity to travel or was obtained by telephone consultation;
- 3.5 in the case of abandonment, interruption or extension of the trip with regard to section 1.1.1 without medical indication (e.g. in case of adequate medical care on site, etc.) or if no doctor was consulted on site;
- 3.6 if a cancellation due to a mental or psychosomatic illness
- cannot be established by a psychiatric specialist and in the form of a certificate issued on the day of cancellation and
 - in relation to persons in employment cannot additionally be established through production of a 100% confirmation of absence by the employer for the duration of the medically certified inability to travel.

4. Obligations in event of a claim

4.1 Cancellation costs

The booking office (travel agency, transport company, landlord, etc.) must be notified immediately after the event occurs.

4.2 Abandonment of the trip

The insured person is obliged to claim the benefits in accordance with section 2.2 via the alarm center and to have them approved by the alarm center or the insurer in advance. Otherwise, the refund may be reduced to the amount that would have arisen had the alarm center organized the benefits or been able to influence them.

4.3 The insured must immediately notify the insurer of any damage caused as soon as it is detected.

4.4 The following documents must be submitted to the insurer:

- the booking confirmation/invoice for the arrangement;
- the invoices for the cancellation or subsequent travel costs (originals);
- a detailed medical certificate or a death certificate or other official certificate.

IV.) B. Luggage

1. Insured items

- 1.1 All items which the insured persons take on the journey for their own personal use are insured.
- 1.2 Insurance cover for sports equipment, wheelchairs and buggies applies exclusively during conveyance by public transport, and for as long as the insured items are in the care of a transport company.

2. Non-insured items

The insurance does not cover:

- 2.1 cash and tickets (subject to section 4.3), securities, deeds and documents of all kinds (subject to section 4.6), software, precious metals, precious stones and pearls, stamps, samples and objects with artistic or collector value, musical instruments, motor vehicles, motorcycles, trailers, boats, surfboards, caravans and aircraft, and their accessories;
- 2.2 items of value covered by special insurance.

3. Insured events

3.1 The insurance covers:

- theft, burglary, robbery;
- damage, destruction;
- loss during conveyance by public transport operators.

3.2 In the case of camping, events described in section 3.1 are only insured if they occur within officially approved camp sites.

4. Insured benefits

The time of the event at which the luggage is affected by an insured event is decisive for assessment of the claim to benefits.

The insurer provides the following benefits up to the maximum amount per insured event in total as set out in the overview of insurance benefits:

- 4.1 in the event of total loss of insured items, their reinstatement value;
- 4.2 in the event of partial loss, the costs of repair, but at most the reinstatement value;
- 4.3 cash and tickets exclusively in the event of theft, up to 20% of the sum insured;
- 4.4 breakages, up to 20% of the sum insured;
- 4.5 glasses, contact lenses, prostheses and wheelchairs, up to 20% of the sum insured;

- 4.6 in the event of theft or loss of passport, identity card, driver's, vehicle or similar identity documents and keys, the cost of recovery;
- 4.7 in the event of theft or loss of credit cards and mobile phones, the organization (but not the cost) of blocking;
- 4.8 for non-valuable items left in a locked motor vehicle, boat or tent, up to 50% of the sum insured.

5. Exclusions

Benefits are excluded:

- 5.1 for damage due to wear and tear, deliberate damage, exposure to adverse weather conditions, inadequate or defective characteristics or packaging of the items;
- 5.2 for damage resulting from leaving behind, misplacing, losing or dropping items;
- 5.3 for items left behind at a location accessible to the general public, which is outside the control of the insured person, even for a short time;
- 5.4 for items which are kept in a manner inappropriate to their value;
- 5.5 for valuable items left in a locked motor vehicle, boat or tent, or entrusted to a transport company for conveyance, and for as long as these items are in the care of the transport company;
- 5.6 for items left on or in vehicles, boats or tents overnight (10 p.m. to 6 a.m.).

6. Obligations while travelling

6.1 When they are not being worn or used, valuable items

- must have been handed over to an overnight accommodation provider or a guarded cloakroom for custody or
- must be kept under lock and key in a locked room with restricted access; bags of all kinds, beauty and attaché cases, as well as jewellery boxes, are not regarded as sufficient containers.

6.2 Travel warnings issued by the Swiss Federal Department of Foreign Affairs (FDFA) in relation to the specific travel destination, in particular the level of criminality there as well as associated precautions, must be followed.

7. Obligations in event of a claim

7.1 The insured person must

- in the event of theft or robbery report the incident to the nearest police station (police report, airline ticket loss report, etc.) within 48 hours and request an official investigation;
- in the event of damage or loss of baggage during conveyance, have the causes, circumstances and extent of the damage confirmed immediately by the competent authority (hotel management, tour guide, transport company, etc.) in a statement of facts and apply for indemnification therein;
- after returning from the trip immediately inform the insurer in writing or any other form capable of serving as textual evidence, giving reasons for the claim.

7.2 The insured must immediately notify the insurer of any damage caused as soon as it is detected.

7.3 The following documents must be submitted to the insurer:

- the original of the statement of facts (police report, airline ticket loss report, etc.);
- the original confirmation, receipts or purchase confirmations.

7.4 Damaged items must be kept at the disposal of the insurer.

IV.) C. Repatriation

1. Insured events

- 1.1 The insurance covers unforeseeable serious illness, serious injury, serious pregnancy complications or death of the insured person.
- 1.2 If an insured person suffers from a chronic illness without that person's trip appearing to be in question at the time of taking out the insurance, at the time of booking, or prior to the commencement of the trip, the insurer shall pay the insured costs incurred if the insured person has to be repatriated due to unforeseeable, serious acute aggravation of this illness or if death occurs as a result of the chronic illness.

2. Insured benefits

- The time of the event which triggers the repatriation is decisive when assessing the entitlement to benefits. The insurer provides the following benefits up to the maximum amount per insured event in total as set out in the overview of insurance benefits:

- 2.1 Costs
 - for transfer to the nearest suitable hospital for treatment;
 - of a medically attended emergency transport to the hospital suitable for treatment at the place of residence of the insured person.The insurer's doctors alone shall decide on the necessity, nature and timing of these benefits;
- 2.2 Organization and payment of the outward and return journey for a person very close to the insured to the latter's sickbed, based on first-class rail travel and economy-class air travel, up to CHF 5,000;
- 2.3 The costs of any necessary search and rescue operation, up to CHF 10,000 per person, if the insured person is considered missing or has to be rescued;
- 2.4 The organization costs and cost of the formalities ordered by the authorities if the insured person dies during the trip. In addition, the insurer will pay the costs of cremation outside the country of residence or the additional costs of complying with the international Agreement on the Transfer of Corpses (minimum requirements such as a zinc coffin or lining) and the return of the coffin or urn to the last place of residence of the insured person;
- 2.5 A repayable advance on costs of up to CHF 5,000 per person if an insured person has to be hospitalized abroad (reimbursement within 30 days of return to the place of residence);
- 2.6 The insurer is responsible for the decision on the necessity, nature and timing of these benefits.

3. Exclusions

None of the events specified in section IV.) A. 3. are insured.

4. Obligations in event of a claim

- 4.1 The insured person is obliged to claim the benefits in accordance with section 2.1 via the alarm center and to have them approved by the alarm center or the insurer in advance. Otherwise, the refund may be reduced to the amount that would have arisen had the alarm center organized the benefits or been able to influence them.
- 4.2 The insured must immediately notify the insurer of any damage caused as soon as it is detected.
- 4.3 The following documents must, inter alia, be submitted to the insurer:
 - a detailed medical certificate or a death certificate or other official certificate.

IV.) D. Travel inconvenience

1. Insured events

- The insurer grants insurance cover in the following cases:
- 1.1 Delay of a confirmed scheduled flight by at least four hours;
 - 1.2 Cancellation by the airline or overbooking of a confirmed scheduled flight and if no alternative is available within at least four hours;
 - 1.3 Missed connecting flight due to delay of first scheduled flight and if no alternative is available within at least four hours after arrival of the delayed flight;
 - 1.4 Delayed delivery of luggage by at least six hours by the operators of a public transport service.

2. Insured benefits

- The time of the event at which the insured event occurs is decisive for assessment of the claim to benefits. The insurer provides the following benefits as a supplement to the benefits provided by the airline up to the maximum amount per insured event in total as set out in the overview of insurance benefits.

- 2.1 Flight delay
 - When an insured event occurs, the insurer will pay the additional costs (subsistence, hotel, rebooking costs, cost of alternative transport – e.g. taxi to a different departure airport, phone charges) for continuation of the journey.
- 2.2 Luggage delay
 - When an insured event occurs, the insurer will pay the costs of urgently needed purchases. There is no right to compensation for the return journey to the place of residence.

3. Exclusions

- Benefit payments are excluded if the insured person is responsible for the delay.

4. Obligations in event of a claim

- 4.1 The insured person must
 - have the causes, circumstances and extent of the damage confirmed immediately by the relevant airline in a statement of facts and apply for compensation therein;
 - after returning from the trip immediately inform the insurer in writing or any other form capable of serving as textual evidence, giving reasons for the claim.
- 4.2 The insured must immediately notify the insurer of any damage caused as soon as it is detected.
- 4.3 The following documents must, inter alia, be submitted to the insurer:
 - Evidence of the delay from the airline and evidence that no alternative was offered within four hours;
 - Confirmation of compensation paid by the airline;
 - Original receipts for the additional costs incurred.