

Assistance Insurance

Annual contract, if you need assistance
contact us via:

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Business Travel Excellence

Assistance insurance for individuals

Version April 2019

PREAMBLE

Your contract consists of two parts

The general conditions that constitute the contract rules. They specify the rights and obligations of both the insurer AXA ASSISTANCE and the insured.

The special conditions mention the contract data that are personal to you, in particular the effective date and duration of the contract, the identity of the policyholder and, for short-term contracts, of the insured persons, the description of the insured vehicle(s), the assistance formula chosen and the premium.

The special conditions supplement the general conditions and replace them insofar as they conflict with them.

Having subscribed to this contract, you can benefit from AXA ASSISTANCE's international and multilingual infrastructure and organization. Our services help you in all situations described in the following terms and conditions.

You may encounter other problems. In this case, do not hesitate to call on our services. For example, when requesting assistance, you may also use our interpreters or, under certain conditions, receive an advance payment. We will do everything we can to help you.

In case of problems, always contact AXA ASSISTANCE so that we can help you in the best possible way. Most of the guarantees are only acquired if the organisation has been organised by AXA ASSISTANCE



ASSUDIS is the company that markets and manages AXA ASSISTANCE's policies.

For any question relating to your contract, or its guarantees and conditions, ASSUDIS is your contact person.

I. GENERAL TERMS & CONDITIONS

1. SUBJECT-MATTER OF GENERAL TERMS AND CONDITIONS

The Business Travel Excellence policy is governed by these General Terms and Conditions, the Special Conditions, the Particular Conditions relating to the Belgian Insurance Law of 4 April 2014.

The purpose of the insurance policy is to provide the Insured with the cover, benefits and services set out below within the scope of the Terms and Conditions and indicated in the same Special Conditions and Particular Conditions.

- ACCIDENTAL DEATH
- DEATH OR TOTAL PERMANENT DISABILITY FOLLOWING CEREBRAL VASCULAR ACCIDENT OR HEART ATTACK (MYOCARDIAL INFARCTION)
- ACCIDENTAL PERMANENT DISABILITY
- HOME / VEHICLE / WORK STATION ADAPTATION
- ACCIDENTAL COMA
- RETRAINING EXPENSES
- MEDICAL EXPENSES ABROAD
- MEDICAL EXPENSES IN THE COUNTRY OF DOMICILE
- EMERGENCY DENTAL EXPENSES ABROAD
- PSYCHOLOGICAL ASSISTANCE
- COMPANY ASSISTANCE
- PERSONAL ASSISTANCE
- SEARCH AND RESCUE COSTS
- HEALTH AND POLITICAL EVACUATION
- LOSS, THEFT, DETERIORATION, DESTRUCTION OF LUGGAGE
- LOSS, THEFT, DETERIORATION, DETERIORATION, DESTRUCTION OF PROFESSIONAL EQUIPMENT
- AGGRESSION COVERAGE
- TRAVEL INCIDENTS
- TRIP CANCELLATION OR MODIFICATION
- PRIVATE THIRD-PARTY LIABILITY
- CRIMINAL LEASE ADVANCE AND PAYMENT OF LAWYERS FEES
- PAYMENT OF LAWYERS 'FEES

The purpose of these General Terms and Conditions is to define the scope, terms and procedures for the implementation of the insurance cover and to provide all useful information on the duration of the policy.

2. DEFINITIONS

2.1. Abroad

Countries other than those in which the Insured's domicile is located.

2.2. Absolute excess in case of permanent disability

Disability level defined beforehand in the policy's Special Terms and Conditions which is, in any event, deducted from the disability level affecting the Insured.

The Insurer pays proceeds in an amount representing the difference between the absolute excess rate and the Insured's disability level.

2.3. Accident

Any fortuitous and unforeseeable act that is unintentional on the Insured's part, entailing Bodily Injury affecting the Insured.

The following are deemed to be Accidents:

- Assaults, Attacks, Terrorist Acts and Civil Commotion as well as the resulting crowd movements or terror and panic movements.
- Pathological signs arising from an insured Accident.
- Infections directly caused by an insured Accident.

- Poisoning and bodily injuries resulting from the unintentional absorption of toxic or corrosive substances.
- Asphyxiation by immersion or by absorption of gas or poisonous vapours or due to the unforeseeable effects of gases or fumes.
- Drowning and infectious diseases resulting from a fall into infected water or liquid.
- Frost-bite, heat stroke or sunstroke as well as loss of consciousness and exhaustion resulting from shipwreck, forced landing, subsidence, avalanches and flooding.
- Injuries caused by fire, steam blasts, acids and corrosive substances, lightning and electric currents.
- The consequences of animal and snake bites, blood infection when it is the direct consequence of an insured Accident as well as infectious inoculations due to anatomical, septic or venomous stings.
- Cases of heat stroke or sunstroke and frost-bite caused by an event lying outside the Insured's control.
- The direct consequences of insect stings, excluding diseases (such as malaria and sleeping diseases) primarily originating in such stings.
- Traumatic hernias and lumbar disc injuries and muscular strains where these can be considered as accidents by analogy with Belgian legislation on industrial accidents.

2.4. Annual salary of the Insured

The Insured's gross monthly salary on the date of the Accident multiplied by 13.92 and increased by the variable elements of remuneration received during the twelve months preceding the Accident (bonuses, overtime, meal vouchers, eco-cheques, etc.... all without exception or reservation).

This treatment may be restored in the event of reduction or withdrawal due to illness or partial or technical unemployment

2.5. Assault

Any act of violence committed by a third party on the Insured and/or any constraint deliberately imposed by a third party with a view to robbing the Insured of his belongings.

2.6. Assistant

The Assistance company acting on behalf of INTER PARTNER ASSISTANCE.

2.7. Attack/Terrorist act

Participation in the preparation of an act constituting a hazard with respect to people or property.

Acts intended to interrupt or damage an electronic or communication system, by any person or group whether or not acting in the name of or in connection with any organisation, government, power, authority or armed force aiming at intimidating, constraining or harming a government, the civilian population or any component thereof or at interrupting the activity of an economic sector.

Any acts of violence towards persons or property committed by an organisation aiming at creating a climate of insecurity and compromising the institutions of an established government. The following are considered to be acts of violence: deliberate attacks on life or bodily integrity, kidnapping, confinement, hijacking of any means of transportation, use of explosives or any other type of weapons or killing devices as well as any other similar act.

2.8. Beneficiary

The person who collects the allowance.

In the event of death of the Insured: the Insured's spouse, failing which, his existing or unborn children, failing which, his statutory heirs and successors, unless otherwise indicated in writing by the Insured by ordinary letter sent to the Insurer.

2.9. Bodily injury

Any physical harm suffered by a person.

2.10. Business Trip

Any trip, journey or stay, including seminars, congresses, internships, training courses and any other event of a professional nature carried out on behalf of the Policyholder.

2.11. Coma

A condition characterised by the loss of relational functions (consciousness, mobility, sensitivity) in a state of vegetative life (breathing, vascular function) declared by a recognised medical authority.

2.12. Company scale

The percentage of disability applied for computation of the proceeds shall be set in accordance with the nature of the disability with reference to the Company scale set out in the appendix to the present terms and conditions.

However, in the settlement of claims, the general condition, age, capacities and professional qualifications and career change options of the victim shall not be taken into account.

2.13. Consequential loss

Any economic loss arising from the deprivation of use of a right, from the interruption of a service provided by a person or by a movable or immovable asset or from a loss of profit which is directly consequential to an insured bodily injury or property damage.

2.14. Consolidation

Date from which the condition of an Insured who has suffered an accident is deemed to be stabilised from a medical standpoint, even though permanent after-effects exist.

2.15. Damaged domicile or workplace

Domicile/workplace of the Insured that is damaged and uninhabitable /inoperable as a result of one of the following events: fire, explosion, implosion, water damage, glass breakage, theft or attempted theft, vandalism, weather phenomena (storm, hail on roof, weight of snow/ice on roof), ancillary risks (lightning, smoke, falling aircraft or spacecraft, impact of land motor vehicle), frozen ducts and pipes and heating equipment, water damage as a result of sewer overflow caused by exceptional rains or natural disasters recognised by decree.

2.16. Dependent child

- The unmarried children of the Insured, whether they are legitimate, acknowledged or adopted:
 - o aged less than 18 years,
 - o aged 18 years or more but less than 25 years, where they are registered with the student social security regime or where, without having carried out any remunerated activity for more than six months, they are studying at secondary or tertiary level.
 - o when they collect allowances as disabled adults.
- The children of the Insured's spouse who meet the following criteria:
- The Insured's children benefiting from payment of alimony (including pursuant to a divorce judgment) deducted on the Insured's tax return as a deductible expense against overall income or asset, or children for whom the Insured is able to provide evidence of regular payment.
- The family status applied is:
 - o in case of death, that existing at the time of death,
 - o in case of disability, that existing at the time of the accident.

Notwithstanding, a spouse's child born less than 300 days after the Insured's death is taken into consideration.

2.17. Director

De jure: One who has been validly appointed by the memorandum and articles of association or by the shareholders: the manager in a private limited company (SARL) or unlimited partnership (SNC and sociétés civiles); the chairman of the board of directors, the managing director, the deputy managing directors and the directors of limited companies (sociétés anonymes) having a board of directors and the members of the management committee in the case of limited companies having a supervisory board and a management committee.

De facto: A person who, directly or through an intermediary, carries out in a positive and independent manner the overall administration of a legal entity. A de facto director is characterised as one who performs the same duties as a de jure director without having been appointed to that office.

2.18. Emergency dental treatment

Dental service of an urgent nature (that cannot be postponed due to the Insured's pathological condition) that is performed for the following treatments: dressing, filling, root canal therapy or extraction.

2.19. Emergency situation

Any of the circumstances listed below that lie beyond the Policyholder's control and require the evacuation or repatriation of the Insured:

- an Insured being expelled or being declared persona non grata by the legitimate government of the host country, and/or
- the seizure, confiscation, compulsory acquisition of the assets, facilities or equipment of the Policyholder or Insured, and/or
- a political or military event that has occurred or is in progress in the country or geographical area of the Insured's expatriation, secondment or business travel and that leads to the issue of a recommendation by an official authority.

Any succession of events or circumstances having the same cause, or committed by the same persons, groups of persons or governmental authorities, shall be included under one single claim.

2.20. Epidemic

Contagious disease affecting a large number of persons at the same time.

2.21. European assessment scale for impairment to physical and mental integrity

The percentage of disability applied for computation of the proceeds shall be set in accordance with the nature of the disability with reference to the European assessment scale for impairment to physical and mental integrity (25th of May 2003).

However, in the settlement of claims, the general condition, age, capacities and professional qualifications and career change options of the victim shall not be taken into account.

2.22. Excess

Fixed amount defined in the policy for which the Insured remains liable in the event of payment of proceeds in connection with a claim. The excess may also be expressed in days or as a percentage.

2.23. Family

The Insured, his Spouse, children, parents, grandparents, brothers and sisters of the Insured and/or his Spouse.

2.24. Family members

Father, mother, grandfather, grandmother, father-in-law, mother-in-law, children, spouse, brothers, sisters, sisters-in-law, sisters-in-law of the Insured domiciled in the same country as the Insured.

2.25. Forfeiture

Deprivation of right to amounts provided in the policy as a result of non-compliance by the Insured with certain obligations that are incumbent on him.

2.26. Home country

The Insured's principal and habitual residence where the Insurer resides for at least 180 days per year. The home address is considered as the Domicile in case of dispute.

2.27. Hospitalisation/Hospitalised

Further to an accident or illness, receiving treatment in a medical institution requiring a minimum stay of 24 consecutive hours or an overnight stay.

A medical institution is defined as a hospital or clinic authorised to administer medical acts and treatments to sick persons or accident victims, holding the requisite local administrative authorisations for these activities and possessing the requisite personnel.

2.28. Hostage taking

The act of capturing a person who is used as a means of coercing a person or a State to agree to the demands of the hostage's captors.

2.29. Incident

The occurrence of a triggering event.

All claims pertaining to the same triggering event shall constitute one single incident.

For the purposes of the third-party liability cover, an incident includes any loss or set of losses caused to third parties, for which the Insured incurs liability, resulting from a triggering event and having given rise to one or more claims.

2.30. Identity documents

Passport, driving licence, vehicle registration document of the Insured's vehicle or of the company car or professional vehicle.

2.31. Illness

Any alteration of health of a sudden and unforeseeable nature, as witnessed by a relevant medical authority.

2.32. Industrial accident scale

The percentage of disability used to calculate the indemnity will be determined according to the nature of the disability by reference to the Indicative Invalidity Scale for industrial accidents established in accordance with the Belgian law of 10 April 1971 on industrial accidents.

However, when settling a claim, no account shall be taken of the victim's general condition, age, professional skills and qualifications or possibilities of reclassification.

2.33. Insurance Year

The period between two principal premium instalments.

However:

- if the effective date of the policy differs from the principal instalment date, the first insurance year is the period between the effective date and the first principal instalment date,
- if the policy expires or ceases to be effective between two principal instalments, the last insurance year is the period between the last principal instalment date and the date of expiry or termination of the policy.

2.34. Insured

The person(s) identified in the Special Terms and Conditions of this policy.

2.35. Insurer/Company

Inter Partner Assistance s.a., a member of the AXA Partners group, an insurance company approved by the NBB and the FSMA under code n° 0487, whose registered office is located at B-1050 Brussels, Avenue Louise 166, bte 1, company number 0415.591.055, RPM Brussels.

2.36. Insured card

Any payment or debit card linked with an account held by the Insured and any corporate bank card.

2.37. Keys

Keys and locks of the Insured's primary and secondary residences, as well as the keys and locks of his vehicle(s) for private or professional use.

2.38. Leave/Leave extension

The Insured's personal trips conducted during an absence authorised by the Policyholder, taken for a maximum period of 30 days in connection with the Insured's business travel and occurring in the country of the business travel.

2.39. Luggage

Items belonging to the Insured or placed under his responsibility, carried by the Insured during his travels.

The following shall not be deemed to be luggage pursuant to this policy: glasses, contact lenses, prosthetic items of any kind, cash, personal identity documents, keys, marketing material, administrative documents, traveller's cheques, credit cards, flight tickets, transport tickets and "Vouchers", other cards and valuables.

2.40. Medical authority

Any person holding a valid degree in medicine or surgery in the country in which the Insured is located.

2.41. Medical team

Structure suited to each individual case and defined by the Assistant's head medical practitioner.

2.42. Medical transport

The costs of transport by any appropriate means of the Insured to an appropriate medical centre, advanced by the local authorities and for which reimbursement is requested from the Insured or the Policyholder.

2.43. Natural disaster

The natural disaster has as its determining factor the abnormal intensity of a natural agent that causes direct material damage and makes it impossible for people to stay there.

2.44. Person accompanying the Insured

The spouse and dependent children of the Insured and/or of the spouse travelling with the Insured.

2.45. Policyholder

The legal entity, identified in the Special Terms and Conditions of the policy, that takes out the policy and undertakes to pay the premium.

2.46. Private life

All periods of the day that do not fall within the scope of the definition of professional life.

2.47. Professional equipment

Asset belonging to the Policyholder that the Insured takes with him, under his responsibility, within the framework of his Business Travel.

2.48. Professional life

The period of the day during which an Insured carries on a paid or remunerated activity. This period includes the Insured's time of travel directly to the location of his activity and return travel directly to his home.

It is agreed that if an Insured carries on several activities, whereas only one activity has been declared in the offer, only the accidents affecting the Insured in connection with this activity shall be insured.

Professional life also comprises all days, including holidays and weekends, that the Insured spends abroad and in his country of domicile when he is engaged in business travel on behalf of his employer.

2.49. Property damage

Deterioration, loss or destruction of a thing or substance; any physical injury to animals.

2.50. Relative excess

Fixed amount defined in the Special Terms and Conditions of the policy which remains fully incumbent on the Insured in the event of a claim for an amount less than or equal to the amount of the relative excess.

2.51. Relative excess in the event of permanent disability

Level of disability defined beforehand in the Special Terms and Conditions of the policy, above which any level of disability entails total compensation of this disability.

The Insurer shall not compensate any disability the level of which is less than or equal to the relative excess level.

2.52. Riots/Civil Commotion

All unarmed movements and actions caused by a large number of persons. In particular, the following are considered as incidences of Civil Commotion: peaceful meetings and gatherings.

2.53. Severe medical condition

A condition that, in the opinion of the Assistant's medical practitioner, constitutes a severe medical emergency requiring immediate urgent treatment to avoid death or severe immediate or long term deterioration of the Insured's health.

The severity of the medical condition shall be determined in light of the Insured's geographic location, the nature of the medical emergency and local availability of adequate medical facilities or treatment.

2.54. SIM card

The card issued in respect of a subscription or a prepaid plan used for the operation of the Insured's mobile telephone or for the professional mobile telephone belonging to the Policyholder.

2.55. Specific scale

The permanent partial or total disabilities following an accident shall be compensated by assessing the extent of disability based on the following disability scale:

	Level
- Total and incurable dementia rendering any work or occupation impossible	100%
- Total loss of both eyes or vision in both eyes	100%
- Loss of hearing in both ears	100%
- Loss of both arms	100%
- Loss of both legs	100%
- Loss of one eye	50%
- Loss of hearing in one ear	50%
- Loss of an arm or a hand	50%

2.56. Spouse

The Insured's non-divorced or non-separated wife or husband, or unmarried partner, or partner bound by a Civil Partnership (Code civil art. 1475-1479), or the person who can prove a minimum cohabitation of six months prior to the insured event.

2.57. Total permanent disability

The Insured is deemed to be in a state of total permanent disability when:

- during the cover period, he is affected by a physical or mental disability that totally precludes him from exercising any profession whatsoever or a remunerated activity and, in addition, compels him to use the assistance of a third party to perform everyday tasks,
- his condition is permanent and not likely to improve.

Insured persons with a minimum disability percentage of 66% according to the Barème Officiel Belge des Invalidités (BOBI), are considered to be absolutely and definitively disabled.

2.58. Third party

Any individual or legal entity, excluding the Insured himself, his family members, ascendants and descendants as well as the persons accompanying the Insured, the salaried or independent agents of the Policyholder, in the performance of their duties.

2.59. Triggering event

The fact generating a loss for which insurance coverage is provided under this policy.

A set of triggering events having the same technical cause is combined into a single triggering event.

2.60. Valuables

Jewels, furs, cameras, audio or video devices and any other valuable item the price of which is equal to or greater than €300.

2.61. War

Any activity that results from the use, or attempted use, of armed forces between nations including civil war, revolution and invasion. War does not include terrorist acts.

3. PERSONAL ACCIDENT

3.1. In case of accidental death

The Insurer guarantees to the Beneficiary the payment of the basic benefit defined in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, following the occurrence of a insured accident leading to the death of the Insured immediately or within three years of said accident.

This basic benefit shall be increased, where applicable, by the mark-ups set forth in the same Chapter entitled "Cover and Benefits" of the Special Terms and Conditions:

- Increase of benefit in the event of attack, terrorist act, riot or civil commotion.
- Increase of benefit per dependent child.

3.1.1 Missing person clause

If the body of the Insured fails to be found following an air crash, shipwreck, destruction of a means of public transportation or disappearance of the means of public transportation used, and if no news has been received of the Insured, of the other passengers or of the crew members within the following two-year period, then it will be presumed that the Insured died during this event.

The benefit may be paid prior to expiry of the two-year period on presentation of a declaratory judgment of death.

It is inter alia agreed that if, at any time whatsoever, following payment to the Beneficiary(ies) of proceeds in settlement of the claim formulated, it is found that the Insured is still alive, then all amounts paid by the Insurer in settlement of the said claim shall be repaid to the latter by the Beneficiary(ies).

3.2. **Death or total permanent disability resulting from a cerebral vascular accident or heart attack (myocardial infarction)**

In the event of the death or total permanent disability of the Insured resulting from a cerebral vascular accident (including brain aneurysm, cerebral embolism and meningeal haemorrhage) or myocardial infarction (heart attack), the Insurer shall pay to the Beneficiary the benefit specified under the accidental death cover, subject to the cap set forth in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of the policy.

3.3. **In the event of accidental permanent disability**

The Insurer guarantees to the Insured the payment of the basic benefit defined in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, following the occurrence of an insured accident resulting in the partial or total disablement of the Insured.

This basic benefit shall be increased, where applicable, by the mark-ups set forth in the same Chapter entitled "Cover and Benefits" of the Special Terms and Conditions:

- Increase of benefit in the event of attack, terrorist act, riot or civil commotion.
- Increase of benefit per dependent child.

The proceeds paid to the Insured are calculated by multiplying the amount of the basic permanent disability benefit stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy by the disability level in the scale appearing in the same Chapter entitled "Cover and Benefits" of the Special Terms and Conditions.

The permanent disability benefit for persons accompanying the Insured is determined in accordance with the Chapter entitled "Cover and Benefits" of these Special Terms and Conditions of the policy, to which the disability level in the scale appearing in the same Chapter entitled "Cover and Benefits" of the Special Terms and Conditions is applied.

In the event of permanent disability exceeding 66%, the full contractual compensation is paid.

The extent of disability is determined as soon as consolidation of the Insured's condition occurs.

No total compensation shall be claimed prior to the final medical acknowledgement of the Insured's disability, i.e., prior to complete consolidation.

For disability cases that are not listed in the applicable scale, the levels are set by comparison of their severity with the cases listed in the scales.

The anatomical loss of limbs or organs that were already non-functional prior to the accident shall not give rise to compensation.

Injuries to limbs or organs that were already disabled prior to the accident shall be compensated solely as to the difference between the condition prior to and following the accident.

The assessment of injuries to a limb or organ shall not be influenced by the prior disablement of another limb or organ.

If several limbs or organs are affected by the same accident, the level of disability shall be aggregated, without exceeding 100%.

In the event of accidental death prior to consolidation of the disability, only the benefit specified in the event of death shall be paid, less the amounts, if any, already prepaid in respect of the disability.

No aggregation of death and disability cover shall take place where both arise from the same accident.

3.4. **Home/vehicle/workstation adaptation**

3.4.1 Provision of an occupational therapist and a residential design expert.

In case of permanent disability of the Insured exceeding 25%, the Assistant shall appoint an occupational therapist and a residential design expert to provide advice on the adaptation of the Insured's physical environment in order to render it suitable for the latter's requirements: home/vehicle/workstation adaptation and technological supports.

Furthermore, the Assistant shall provide the Insured with an information service on the various aid organisations providing assistance in respect of the disability.

3.4.2 Repayment of expenditure on home/vehicle/workstation adaptation and technological supports.

In the event of permanent disability of the Insured in excess of 25% requiring adaptation of the home, vehicle or workstation and technological supports, the Insurer shall, on provision of supporting documentation, repay the expenses incurred by the Insured, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

3.5. Accidental coma

Whenever an Insured is a victim of an insured accident, and where it is medically shown that he remains in a coma for more than 10 consecutive days, the Insurer shall pay the Insured, per day of coma during a period of 365 days, the amount of compensation specified in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

If the assessment of the Insured's state of unconsciousness by a medical authority in accordance with the Glasgow coma scale is less or equal to 8, and if the Insured is in a state of coma for an uninterrupted period of more than 60 days, the payment to the Insured as previously described shall then be substituted by the payment to the Beneficiary(ies), at the end of this period, of an additional benefit, over and above the benefit provided for in the event of death, amounting to 10% of the said benefit, without however exceeding the maximum amount specified in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

3.6. Exclusions from cover

the following are excluded from the cover specified above:

- accidents intentionally caused or triggered by the insured.
- illness.
- accidents arising in the context of active participation by the insured in crimes, attacks, terrorist acts or acts of war.
- the practice or performance of a sport in a professional capacity.
- the exercise of an aerial sport in the capacity of pilot or crew member.
- the use of an airborne craft in the capacity of pilot or crew member.

3.7. Retraining expenses

If, further to an insured accident, the Insured is declared unfit by the occupational doctor to continue his current professional activity, the Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the retraining expenses reasonably incurred by the Policyholder in connection with reassigning the Insured to a different position, over and above the financial assistance available under collective bargaining agreements, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

4. HEALTH

4.1. Medical expenses abroad

This cover is exclusively applicable abroad, i.e. outside the Insured's country of domicile.

This cover applies, in accordance with the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, in the event of accident or illness and covers the costs of consultation, as well as pharmaceutical, radiography, medical analysis expenses as well as all the costs arising from hospitalisation.

All costs must be exclusively prescribed by a medical authority holding the qualifications or authorisations required in the country where he/she practices and duly authorised for the practice of such profession.

Hospitalisation costs are assumed by the Assistant. The costs are directly paid to the hospital by the Assistant without the Insured being required to make any advance payment.

Important: This assumption of costs only applies after acceptance by the Assistant.

Reimbursement of medical expenses excluding hospitalisation takes place on return of the Insured to his country of domicile, upon presentation of all corresponding original supporting documentation and subject to the relative excess referred to in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

The cover for medical expenses also includes the reimbursement of the Insured, upon presentation of the corresponding supporting documentation, for first aid expenses and/or emergency intervention costs charged to him.

The assumption and/or reimbursement of all expenses shall occur in addition to reimbursements that may be guaranteed to the Insured (or in lieu thereof) for the same medical expenses under the primary medical insurance policy and/or any other

additional policy of the Insured (or in lieu thereof, if such policies do not exist), provided however that the Insured shall be precluded from collecting a total amount exceeding that of his actual disbursements.

With respect to hospitalisation medical expenses, the Policyholder, the Insured or his beneficiaries hereby undertake to carry out all appropriate procedures to obtain reimbursement of these expenses (whether totally or partially) under the primary medical insurance policy and/or any other additional policies taken out by the Insured, and to immediately repay to the Assistant any amount received by the Insured in that regard.

With respect to medical expenses excluding hospitalisation, the Policyholder, the Insured or his beneficiaries hereby undertake to carry out all appropriate procedures to obtain reimbursement of these expenses (whether totally or partially) under the primary medical insurance policy and/or any other additional policies taken out by the Insured.

The Insurer shall assume the additional expenses over and above those reimbursed under the primary medical insurance policy and/or any other additional policies taken out by the Insured.

4.2. Medical expenses in the country of domicile

Within one month of the Insured's return to his country of domicile and up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, the Insurer shall repay the medical expenses directly related to an insured hospitalisation that occurred during the Insured's stay abroad.

These reimbursements shall be made exclusively as a supplement to reimbursements that may be guaranteed to the Insured in respect of the same medical expenses under its primary medical insurance policy and/or any other additional policy, where the Insured shall be precluded from collecting a total amount exceeding that of his actual disbursements.

All costs must be exclusively prescribed by a medical authority holding the qualifications or authorisations required in the country where he/she practices and duly authorised for the practice of such profession.

4.3. Emergency dental treatment

Upon presentation of the corresponding supporting documentation, the Insurer shall reimburse the medical expenses incurred by the Insured during his trip for emergency dental treatment, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

These reimbursements shall be made in the absence of or as a supplement to any reimbursements guaranteed to the Insured for the same medical expenses under his primary medical insurance policy and/or any other additional policy of the Insured, where the Insured shall be precluded from collecting a total amount exceeding that of his actual disbursements.

All costs must be exclusively prescribed by a medical authority holding the qualifications or authorisations required in the country where he/she practices and duly authorised for the practice of such profession.

4.4. Guarantee exclusions

- costs of optical prosthetic items (spectacles, contact lenses).
- costs of functional and/or cosmetic prostheses following an illness.
- costs of spa treatment and accommodation in a convalescent home.
- rehabilitation costs.
- expenses incurred if the insured does not suffer from a severe medical condition or if the treatment may reasonably be delayed until the insured returns to his country of domicile.
- costs of treatment prescribed in the insured's country of domicile prior to his departure for travel.
- costs incurred when the insured travels against medical opinion.

4.5. Psychological assistance to family members of the insured and/or accompanying persons

In the event of the Insured's death, permanent disablement in excess of 25% or severe illness or in the event of an assault, attack or terrorist act of which the Insured is a victim, the Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured's family members and/or the persons accompanying the Insured during the business trip for the costs of sessions with a psychologist, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, irrespective of the number of Beneficiaries.

4.6. Psychological assistance to the insured

In the event that the Insured faces issues within the framework of his travels, the Insurer shall, upon presentation of the documentation evidencing the costs of consultations with a psychologist, reimburse him up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

5. ASSISTANCE, SAFETY AND SERVICES

The Insurer, acting through the Assistant, guarantees the assumption and/or implementation of any means necessary for the provision of the cover and services set forth in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, up to the amounts stated in the same Chapter.

The Assistant's departments, available on a 24h/day basis, must be contacted prior to the organisation of any assistance, unless the insured is unable to call on us following police or first aid intervention.

Only the Assistant's medical authorities shall be empowered to make decisions as to the repatriation, choice of transportation means and location of hospitalisation.

In any event, booking shall be made by the Assistant who reserves the right to use the transportation documents (tickets, etc.) initially provided for the Insured's travels.

5.1. Medical transportation

Where the Insured is injured or sick: as of collection of the necessary information and following a decision taken by its medical practitioners, the Assistant launches the implementation of the appropriate means for the transportation of the Insured, under medical supervision if necessary and towards the nearest medical or hospital service by any suitable means (light medical vehicle, ambulance, train, air ambulance or commercial airline).

The Assistant solely reserves the absolute right to decide whether the Insured's medical conditions are sufficiently severe to justify emergency medical transportation.

Furthermore, the Assistant reserves the right to decide on the location to which the Insured shall be transported and the means or methods of such transportation, in light of all current facts and circumstances known to the Assistant at the time of the event.

5.2. Dispatch of a doctor on site

If so deemed necessary in light of the Insured's condition and the circumstances, the Assistant shall send him a doctor or medical team to better assess the measures to be taken and to organise the implementation thereof.

5.3. Home repatriation of the insured

When the Insured's condition permits a departure from the medical institution, the Assistant shall organise the repatriation of the Insured to his home and shall assume the cost thereof in the amount of actual expenses.

The decision as to repatriation and the most appropriate means is made by the Assistant.

5.4. Repatriation of deceased body and coffin expenses

In the event of death of an Insured, the Assistant shall organise and bear the cost of transportation of the body of the Insured to his home or to the airport that is nearest to the Insured's place of burial.

This service shall also apply to the carriage of the body that has been temporarily buried in accordance with local practices and requirements, to be re-buried or incinerated in the Insured's country of domicile.

Coffin costs are borne in the amount of actual expenses.

The burial, embalming and funeral expenses are not borne by the Assistant, except where those are mandatory by virtue of local legislation.

5.5. Funeral expenses (ceremony, burial or cremation)

In the event of death of the Insured, the Assistant shall, on presentation of supporting documentation, repay to the Beneficiary the costs of the ceremony, burial or cremation incurred in connection with the Insured's funeral, up to the amounts specified in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

5.6. Assistance with formalities following death

In the event of death of the Insured, the Assistant guarantees an information service for the Insured's family members/relatives with respect to the administrative procedures to be followed and contact with a specialist adviser.

5.7. Repatriation of spouse and/or children

If the Insured is accompanied by his spouse and/or their children and if he must be repatriated further to an accident or illness or in the event of death, the Assistant shall organise and assume the cost of the return tickets in economy class by air or in first class by train, provided that the means initially provided for their return trip are no longer usable or cannot be changed.

5.8. Shipping of insured's personal belongings in the event of repatriation

If an Insured is repatriated by the Assistant, the latter shall organise and assume the cost of shipment of the personal belongings left behind by the Insured to his home.

5.9. Travel costs of replacement employee

In the event of death of the Insured or repatriation of the Insured carried out by the Assistant, the latter shall organise and assume the cost of the return ticket in economy class by air or in first class by train, to enable any person designated by the Policyholder to replace the Insured.

5.10. Return of insured to business trip location

If the Insured's return ticket has been used for his repatriation, the Assistant shall organise and assume the cost of the Insured's return to the initial location of stay, by purchasing two-way tickets in economy class by air or in first class by train.

5.11. Compassionate visiting of the insured in hospital or accompaniment during repatriation due to illness, accident or in the event of insured's death

If the Insured is hospitalised and if his condition does not warrant or prevents his home repatriation, or if the Insured is deceased, the Assistant shall organise and assume the cost of the hotel accommodation of his family members/relatives as

identified by the Insured (maximum 3 persons) and shall reimburse them, upon presentation of the corresponding supporting documentation, for their expenses incurred on location.

If there are no persons on location, the Assistant shall organise and assume the cost, for the Insured's family members/relatives as identified by him (maximum 3 persons), of two-way tickets in economy class by air or in first class by train, to allow them to visit the Insured or accompany his body.

The Assistant shall organise and assume the cost of the hotel accommodation of these persons and shall reimburse them, upon presentation of the original corresponding supporting documentation, for their expenses incurred on location.

All costs provided for under this cover are insured up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

5.12. Notification of family members in the event of hospitalisation

If it is physically impossible for the Insured to communicate general information on his condition, and if he so requests, the Assistant shall communicate such information at no cost through the fastest means of communication to the Insured's family members/relatives as identified by him.

Information of a medical nature falling within the scope of professional secrecy shall be excluded from this cover.

5.13. Early return of the insured in the event of death or hospitalisation of a member of the insured's family

If the Insured is required to interrupt his trip or stay owing to the death or hospitalisation of a family member, the Assistant shall organise and assume the cost of the two-way tickets in economy class by air or in first class by train, to travel to the location of hospitalisation or place of burial.

5.14. Early return of the insured in the event of severe damage to his home

If the Insured must interrupt his trip or stay in the event of material damage resulting from a burglary, fire, water damage or weather phenomenon, rendering his presence absolutely necessary for the implementation of protective measures and affecting more than 50% of his principal residence, the Assistant shall organise and assume the cost of two-way tickets in economy class by air or in first class by train, to enable the Insured to travel to his principal residence.

5.15. Early return of director

If an Insured director must interrupt his trip or stay in the event of severe damage to the premises housing the Insured director's firm, the Assistant shall organise and assume the cost of the two-way tickets in economy class by air or in first class by train, from the location of stay to the location of the firm's damaged premises.

5.16. In situ costs in the event of impossibility to leave the country

In the event of impossibility to leave the country where the Insured is staying, due to riots or civil commotion, pandemic or epidemic outbreaks, natural or nuclear disaster, entailing the cancellation of flights, the shutdown of airports or the imposition of quarantine control on the Insured, the Assistant shall organise and assume the Insured's in situ costs at the hotel (accommodation and board expenses) for a maximum period of 15 consecutive days up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

5.17. Costs of extension of stay of the insured further to accident or illness

If the Insured's state of health does not require his hospitalisation and if the Assistant cannot perform his repatriation and if the scheduled duration of his trip has expired, the Assistant shall assume the costs of extending his stay, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

5.18. Dispatch of indispensable medication unavailable locally

In the event that indispensable medication or its equivalent, prescribed prior to departure by the consulting medical practitioner of the country of domicile, is impossible to obtain locally, the Assistant shall search for same.

If such medication is available, it will be dispatched as soon as possible subject to local statutory constraints and the availability of transportation.

This cover applies to occasional requests. It shall not in any event be granted in connection with long-term treatment that would require regular dispatches or with a vaccination request.

The cost of the medication shall be borne by the Insured.

The Insured hereby undertakes to reimburse the Assistant for all amounts paid, either by debiting his bank card or within 30 days of the date of dispatch.

5.19. Care of children aged under 16 years

The cover applies in the event of the Insured's hospitalisation during a business trip.

If the Insured's spouse joins the latter at his side and if the children remaining at the Insured's home are unable to take care of themselves or cannot be looked after by a trusted person, the Assistant shall organise and assume the cost of the following services:

- Care of the children at the Insured's home, subject to local availability and for 2 days during a period of 10 hours per day.
- The costs assumed shall be capped for the entire service at the amount stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.
- This service is only available after expiry of the days granted by companies for the care of sick children at home (*).

or

- The provision, for a person identified by the Insured and residing in the country where the insured person lives, of a two-way ticket in economy class by air or in first class by train, to allow that person to travel to the Insured's home to look after the children.

The above services are not cumulative.

(*) If the service is to be provided in a country other than the country where the insured person lives, the Assistant's duties shall be limited to repayment of the expenses incurred.

5.20. Limitation of assistant's intervention

The Assistant's intervention shall be limited according to the authorisations granted by the local authorities. The Assistant shall under no circumstances replace local emergency organisations or bodies or bear the costs thereof.

The Assistant shall not be held liable for any non-performance or delay in the performance of its obligations by reason of a force majeure event or events such as civil or foreign war, revolution, civil commotion, riot, strike, seizure or confiscation by public authorities, official prohibition, piracy, explosion of devices, nuclear or radioactive fallout or adverse weather conditions.

The Assistant shall not be required to intervene where the Insured has deliberately committed breaches of the legislation in force in the countries of transit or in which he is temporarily residing.

5.21. Cancellation-postponement of meeting

In the event of an accident or illness precluding the Insured from attending his professional appointment(s), the Assistant shall notify the relevant person(s).

On the Insured's or Policyholder's express request, the Assistant shall carry out any cancellation or postponement of the said appointment(s).

IMPORTANT: Within the framework of the cover described below, the Assistant provides only services.

5.22. Dispatch of forgotten documents or duplicates of lost documents

In the event of theft, loss or accidental destruction of documents or forgotten documents that are indispensable to the Insured, the Assistant shall take steps to ensure the dispatch or transmission of the requisite duplicates. The costs of dispatch shall be borne by the Policyholder.

IMPORTANT: Within the framework of the cover described below, the Assistant provides only services.

5.23. Communication of messages

In the event of total impossibility, lying outside the Policyholder's or the Insured's control, to transmit an urgent message, the Assistant shall implement all necessary means for the timely dispatch of information to the relevant persons.

IMPORTANT: Within the framework of the cover described below, the Assistant provides only services.

5.24. Information assistance

5.24.1 Visa information service

The Assistant shall assist the Insured who so requests, by providing information regarding visa requirements for foreign countries.

5.24.2 Vaccination information service

The Assistant shall assist the Insured who so requests, by providing information regarding vaccination requirements in foreign countries.

5.24.3 Medical advice by telephone

The Assistant shall provide medical advice by telephone to the Insured in respect of destination countries. The said advice must not be interpreted as a diagnosis.

5.25. Language assistance

If, during hospitalisation abroad, the Insured requires language assistance, the Assistant shall provide translation services by telephone using its worldwide network available 24/7.

The Assistant may also appoint a local interpreter to assist it in his endeavours.

The Assistant shall not provide any written translation and does not assume the payment of costs and fees charged by the service providers engaged.

5.26. Search and rescue costs

The Insurer shall, in the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, bear the costs of search and rescue at sea, on land, in mountains and in forests, incurred by the local authorities and for which repayment is claimed from the Insured or the Policyholder.

Reimbursement shall only take place on presentation of the claim issued by the local authorities for repayment of the search and rescue costs and of the details of the expenses incurred.

5.27. Evacuation for health or political reasons

The Insurer shall, upon presentation of the corresponding supporting documentation, and up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, reimburse the Policyholder for the costs of evacuating the Insured directly and exclusively incurred, solely in the following cases:

- Where the Insured is expelled or declared persona non grata by the authorities of the official government of the State in which the Insured is staying,
- In connection with the transfer of the Insured to a secure location outside the location of the Insured's stay,
- On the occurrence of political or military events involving the State in which the Insured is staying,
- Where a natural disaster occurs in the location where the Insured is staying,
- Where a nuclear disaster occurs within a radius of 100 km of the Insured's place of stay,
- Where an epidemic outbreak is declared and characterised as such by the World Health Organisation, and where same is located within a radius of 100 km of the Insured's place of stay.

These evacuations are decided and approved jointly by the Policyholder and the crisis management specialist consultant, in particular where the relevant authorities of the Policyholder's country of domicile formally advise against travelling to the country in which the Insured wishes to travel or recommend evacuation from the country in which the Insured is staying.

If the crisis management specialist consultant,

- is a company approved beforehand by the Insurer under the policy, the Insurer directly assumes the costs of evacuation subject to the aforementioned limitations.
- is not a company approved beforehand by the Insurer under the policy, the Insurer shall reimburse the evacuation costs incurred by the Policyholder subject to the aforementioned limitations and upon presentation of the corresponding supporting documentation.

The costs of evacuation incurred under this cover may be aggregated with the costs of repatriation and/or hospitalisation assumed by the Assistant under the personal assistance and/or medical costs abroad cover.

5.28. Insured's personal belongings package

In the event of evacuation of the Insured under the circumstances and for the reasons defined above, the Insurer shall pay to the Insured in respect of his personal belongings left behind on site and declared as such by the Insured, and upon presentation of a corresponding list, a lump-sum compensation up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

6. TRAVEL

6.1. Loss, theft, damage to or destruction of luggage or professional equipment

6.1.1 Subject-matter of cover

The losses or damage arising from the following are covered:

- loss, damage or destruction leading to the filing of a complaint or declaration of loss with the local authorities or relevant carriers.
- theft leading to the filing of a complaint with the relevant local authorities in particular, theft committed by breaking-and-entering, assault or wilful violence.

6.1.2 Scope of cover

This cover shall be applicable throughout the duration of the Insured's business travel, on a worldwide basis.

6.1.3 Amount of cover

Up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

6.1.4 Cover exclusions

The following are expressly excluded from the scope of cover:

- dental, optical or other prosthetic items, cash, identity documents, commercial or marketing documents, administrative documents, traveller's cheques, credit cards, air tickets, transport tickets and "vouchers".

- damage caused by ordinary wear and tear, dilapidation, inherent defect of luggage. Deterioration caused by mites or vermin or by a cleaning process, repair or restoration, improper handling of the luggage attributable to the insured.
- damage arising from confiscation, seizure or destruction by order of an administrative authority.
- keys and any other similar object (example: magnetic cards or badges).
- samples

6.1.5 Digital equipment exclusions

Besides the above exclusions, no compensation shall be paid for:

- costs of reinstatement of media
- additional operational costs.
- damage covered by the builder's warranty.
- replacement costs of computer software and applications.

6.1.6 Determination of compensation (excluding computer hardware)

- In the first year following the purchase, reimbursement shall be calculated at 75% of the purchase price,
- As of the second year following the purchase, reimbursement shall be reduced by 10% per annum.

6.1.7 Calculation of compensation for computer hardware

The compensation shall be calculated:

- In the event of partial damage: to the extent of the necessary repair costs, without exceeding the full replacement value as at the date of the incident, less the estimated dilapidation based on the expert report and the salvage value.
- In the event of total loss or destruction: to the extent of the full replacement value as at the date of the incident, less the estimated dilapidation based on the expert report and the salvage value.
- In any event, the Insured must provide the equipment purchase invoices (initial and replacement invoices).

6.1.8 Dilapidation of computer hardware

- 10% per annum during the first five years,
- 20% per annum over the following years.

6.1.9 Adjustability clause

If the airline is liable for the deterioration, theft or total or partial destruction of the Insured's luggage, the Insurer's cover shall apply after exhaustion of and exclusively in addition to the compensation that the carrier must pay, without exceeding the initial value.

6.2. Cover for assault

6.2.1 Theft or loss of cards, keys or identity documents with or without assault

The Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, for his expenses for the replacement of insured keys and/or identity documents as well as his expenses incurred for the cancelling of the cards in the event (during business travel) of a theft reported via a complaint filed with the relevant local authorities, or of a loss leading to a declaration of loss with the relevant local authorities.

6.2.2 Damage to Insured's personal belongings resulting from the assault

The Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, for the Insured's personal belongings (clothes, luggage, bags) worn by him at the time of the assault that is reported via a complaint filed with the relevant local authorities.

6.2.3 Theft of withdrawn cash with assault

The Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, for the cash (bank coins and notes) that the Insured withdraws using the insured card at bank branches or from automatic teller machines:

- Where, within the framework of a business trip, the Insured is the victim of an assault reported via a complaint filed with the relevant local authorities, whereby he was forced to withdraw the cash;
- Where the cash is stolen from him during a business trip within 48 hours following the withdrawal, through an assault reported via a complaint filed with the relevant local authorities.

6.2.4 Fraudulent use of SIM card by a third party in the event of theft by assault

In the event of theft by assault, reported via a complaint filed with the relevant local authorities, of the Insured's mobile telephone during the course of a business trip, the Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, for the cost of the communications fraudulently made by a third party, insofar as these fraudulent communications have been made prior to the logging of the SIM card suspension request filed by the Insured and within 48 (forty-eight) hours following the date and time of the theft.

6.3. Delays, cancellation or non-admission on board

The Insurer shall, on presentation of the corresponding supporting documentation, reimburse the Insured for restaurant, beverage, hotel, round trip to and from the airport, terminal or station expenses that he may have incurred, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, in the following cases:

- delay of at least 4 hours with respect to the initial scheduled time of departure,
- cancellation of a scheduled airline flight or scheduled departure of a rail or maritime company whose timetables are published
- if the Insured is not admitted on board due to a lack of seats and where no alternative means of transportation is provided to him within 4 hours,

6.3.1 Cover exclusions

The present cover shall not apply in following cases:

- the insured failed to confirm his flight prior thereto unless prevented from doing so due to a strike or force majeure event.
- the delay is caused by a strike or risk of war of which the insured was aware prior to his departure.
- the temporary or permanent grounding of an aircraft ordered either by the civil aviation authorities or by the airport authorities or similar authority of any country.

6.4. Missed connection

If the Insured misses the departure of a connection consisting of a scheduled airline flight or scheduled departure of a rail or maritime company whose timetables are published, due to the tardy arrival of the confirmed scheduled flight on which he was travelling in order to reach the location of the connection, and where no alternative means of transportation is provided within 6 hours following the actual arrival at the location of the connection, the Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured for the restaurant, beverage, hotel or transportation expenses that he may have incurred up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

6.5. Delayed delivery of luggage

If the Insured's registered luggage is not returned to him 24 hours after his arrival at the destination of his scheduled flight aboard an airline whose time schedules are published, the Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured for the costs of basic necessities that he may have incurred, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy, whether the flight in question is the departure flight, the connecting flight or the arrival flight.

6.6. In-flight change of destination

If during the trip, the means of transportation aboard which the Insured is seated changes its initially scheduled destination in-flight as a consequence of hijacking, terrorist act or natural or nuclear disaster, the Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured for the costs of basic necessities that he may have incurred, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

6.7. Advance of funds in the event of loss or theft of payment means

In the event of loss or theft of payment means (bank cards, cheque book, traveller's cheques, etc.) of the Insured while abroad, or loss of his identity documents and or transport ticket, the Assistant shall provide funds up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

As a rule, the Insured or the Policyholder undertakes to reimburse the amount advanced within ten days after the Insured's return.

6.8. Assistance with passports/identity documents

In the event of loss or theft of identity documents, the Assistant shall provide the Insured with telephone information 24 hours a day and 7 days a week on the following items:

- procedure for cancellation or communication of telephone number to call in order to request cancellation of the various cards held by the Insured,
- declarations of loss or theft (location of the office where the declarations are to be made),
- assistance in connection with renewal of documents (where to go, documents to be provided, addresses, waiting period, etc.)

The information provided is of a documentary nature and AXA Assistance shall under no circumstances incur any liability in case of inaccurate interpretations of the information transmitted.

6.9. Early return in case of loss, theft or destruction of samples

If an Insured is required to shorten his trip due to his inability to duly perform his assignment due to loss, theft or destruction of samples, demonstration equipment or product prototypes required for the due performance of his assignment, the Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured for the transportation and

accommodation expenses incurred by him in respect of the shortened trip, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

6.9.1 Cover exclusions

The present cover shall not apply in the following cases:

- cancellation of travel on grounds of loss, theft, destruction of the samples, demonstration or prototype equipment, prior to the date of departure for travel.
- theft in a vehicle.
- confiscation, seizure, destruction by order of an administrative authority.

6.10. Cancelling or changing a trip

The cover provides for reimbursement of the costs of cancelling or changing visit and transport arrangements, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

The compensation borne by the Insurer is limited solely to the costs of cancellation owed on the date of occurrence of the event triggering application of the cover, subject to deduction of port and airport taxes, insurance premiums and administrative filing expenses (withheld by the various entities involved in the organisation of the trip).

The cover shall solely apply in the following cases:

- Severe bodily accident, severe illness (including relapse, aggravation of a chronic or pre-existing illness and the consequences or after-effects of an accident that occurred before this policy was taken out) or death of the Insured or a member of his family, irrespective of their country of domicile.
- Side effects or consequences of mandatory vaccinations for the trip.
- Pregnancy complications that are distinct and unforeseeable, prior to the attainment of the 28th week of amenorrhea, in the event of miscarriage, therapeutic interruption of pregnancy and the consequences thereof.
- Death or hospitalisation of a work colleague justifying the Insured's cancellation of his trip.
- Court summons served on the Insured.
- Significant property damage to the Insured's home or professional premises or to an agricultural business of which he is the owner, lessee or gratuitous occupier, destroyed in excess of 50% and absolutely requiring his presence on the premises on the day of his departure to implement the necessary protective measures.

6.11. Cancellation in case of terrorism or cat nat event

Cover provided for cancellation or rebooking of the trip or part of the trip if this is necessary and unavoidable as a result of an act of Terrorism or a Natural catastrophe (as recognized by the government in your home country) occurring within 30kms of your destination within 30 days of your scheduled arrival.

6.11.1 Cover exclusion

Any act not declared as an act of Terrorism, any declared as an act of war or Natural catastrophe, whether declared or undeclared, by your Home country. This insurance policy is a secondary insurance. If you have any other insurance you must claim off of the first 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 or expense. We will not cover claims where 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.

6.12. Private third-party liability

The guarantee is triggered in accordance with the agreement of the parties by the harmful fact.

6.12.1 Insured persons

Persons engaged in business travel,

6.12.2 Scope of cover

The purpose of this cover is to insure the financial consequences of the Insured's third-party liability incurred by him pursuant to legislation in force or applicable case law by reason of bodily injury and/or material damage and/or consequential losses resulting therefrom caused to third parties, during travel or visits within the scope of his private life.

6.12.3 Operation of cover

The cover that is the subject-matter of this policy is triggered by the occurrence of the triggering event and insures the Insured against the financial consequences of incidents, where the triggering event occurs between the initial effective date of the cover and its date of termination or of expiry, irrespective of the date of occurrence of the other components of the incident.

6.12.4 Amount of cover

Up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

If a policy covering the Insured's third-party liability has been taken out prior to this policy, the cover applies once the cover under the said earlier policy has been exhausted.

This amount shall constitute a cap on the Insurer's commitments in respect of all losses stemming from a given triggering event, irrespective of the number of victims; in the event that the losses arise over more than one insurance year, the incident shall be connected to the insurance year during which the first loss became apparent.

This amount shall constitute a cap on the Insurer's commitments for all incidents relating to a given insurance year, it being specified:

- that the amounts of cover thus specified shall comprise the costs and fees of inquiry, investigation, expert assessment, lawyers' fees and the costs of legal proceedings, and shall be reduced and finally exhausted by any amicable or court-ordered settlement of compensation or of costs and fees,
- that in the event of exhaustion of the cover amount per insurance year prior to expiry of the insurance year, the cover may only be reinstated for losses arising after the parties have signed a rider witnessing their agreement on this matter and setting the additional premium arising therefrom,
- that the amount of cover per insurance year shall be automatically and fully reinstated on the first day of each insurance year,
- and that notwithstanding these provisions, the parties shall not forfeit their right of termination pursuant to the law governing the policy.

6.12.5 Territorial scope

For persons engaged in business travel: outside their country of domicile.

6.12.6 Persons who may be indemnified

Where the Insured incurs liability in accordance with the terms and conditions of this liability insurance, same is covered vis-à-vis whosoever institutes proceedings against him, without excluding any category of persons.

In particular, any action instituted by an Insured against another Insured shall be covered.

6.12.6.1 Cover exclusions

The following are excluded from the present cover:

- losses subject to professional third-party liability.
- damage caused by fire, explosion or water damage occurring in the buildings or premises of which the insured is the owner, tenant or occupier in any capacity whatsoever.
- actions instituted by tenants
- the consequences of individual commitments (such as warranty clause, penalties, financial indemnity) insofar as the obligations arising from these commitments exceed those incumbent on the insured pursuant to statutory provisions governing third-party liability.
- losses suffered by the insured, his spouse, ascendants, descendants or any of his dependants for whom he is vicariously liable.
- losses arising in connection with the civil liability on school premises of the insured's children.
- losses suffered by the policyholder's agents or employees in the performance of their duties.
- damage caused by non-domestic animals.
- the organisation (including on a volunteer basis) of a party or public gathering.
- fines and penalties.
- hunting and aerial sports.
- the insured's participation as competitor in competitions or contests requiring prior declaration or administrative authorisation, or subject to a statutory insurance requirement, as well as their preparation trials.
- damage arising in connection with the use of land motor vehicles, aircraft, registered water vessels, whether sail or motor driven, of which the insured is the owner, user or custodian.
- damage inflicted on any vehicles, animals, immovable property, things or substances of which the insured or the persons for whom he is vicariously liable are owners or that they hold in bailment, by rental, in custody, by way of a loan, or which are entrusted to them for any other reason.
- damage intentionally caused or triggered by the insured.
- damage arising from the insured's participation in gambling of any nature (except sports competitions in which the insured takes part), brawls (except instances of self-defence), duels, crimes.
- damage arising in connection with the practice of a sport as a professional.
- any person having intentionally caused or provoked an incident.
- court-ordered compensation having the nature of a penalty, usually known as "punitive" or "exemplary damages".

6.12.7 Management of legal proceedings

With respect to losses included within the scope of the "Third-Party Liability" cover and up to same, the Insurer shall solely manage the legal proceedings instituted against the Insured and shall be free to exercise recourses and appeals.

The Insurer shall bear the costs and fees of inquiry, investigation, expert assessment, lawyers' fees and the costs of the legal proceedings. These costs and fees shall be deducted from the amount of applicable cover.

The Insurer's assumption of the management of the Insured's defence shall not constitute a waiver by the Insurer of the right to rely on any cover exclusion of which it may not have been aware at the time when it assumed the management of such defence.

In the event of criminal proceedings where civil liability is or will be sought within the framework of such proceedings or any other subsequent proceedings, the Insured hereby undertakes to join the Insurer in the defence thereof, without this undertaking entailing any variation in the scope of the cover afforded under this policy.

Under penalty of forfeiture, the Insured shall not interfere with the management of the legal proceedings where the subject-matter thereof falls within the scope of application of the "Third-Party Liability" cover.

6.13. **Car hire excess**

In the event of damage to property (with or without an identified third party, liable or not liable) or theft (or attempted theft) of the rental vehicle rented by the insured person during the mission, we will reimburse the amount of the deductible on the rental vehicle left at the expense of the insured person.

Coverage takes effect on the date of signature of the rental contract by the insured person and ceases when the insured person is granted up to the amount specified in the Specific Conditions with a maximum of two claims per insurance year.

To benefit from this coverage, the insured person must:

- Rent a rental vehicle from a professional rental company for a period of less than 30 consecutive days,
- Complete in full and sign the lease agreement,
- Be the driver designated in the rental contract and be the actual driver at the time of the accident, meet the driving criteria imposed by the lessor and by local regulations
- Report the claim to us within 21 days of its occurrence.

This declaration includes the following documents:

- The rental contract signed by the insured person,
- The filing of complaints in the event of theft or attempted theft,
- The amicable report in the event of an accident;
- The letter detailing the circumstances of the incident,
- Proof of payment to the lessor, by the insured person, of the amount of the deductible for the rental vehicle for which he/she is responsible.

If the insured person's liability is not fully engaged, as soon as he or she obtains reimbursement of the rental vehicle deductible from the responsible third party or parties, the insured person undertakes to refund the amount of compensation to us.

6.13.1 The following are excluded from the warranties of this article:

- Damage caused by vehicle wear and tear or by a construction defect;
- The damage caused by the disintegration of the atom's nucleus;
- The simultaneous rental of several vehicles by the insured person;
- Rental of commercial vehicles for deliveries or removals;
- Damage caused in the passenger compartment of the rental vehicle that is not a direct consequence of insured property damage: "smoker's accidents", "damage caused by animals" or damage caused by passengers";
- Intentional damage on the part of the insured person;
- Traffic accidents where the insured person was under the state of alcohol level characterised by the presence in the blood of a pure alcohol level equal to or higher than that fixed by the law governing road traffic in force in the country where the accident occurred;
- Accidents caused or caused by the insured person's use of drugs, medicines or narcotic substances not prescribed by a medical authority.

6.14. **Criminal bail advance**

If, during a business trip abroad, expatriation or secondment, the Insured is imprisoned or threatened with imprisonment and where he is compelled by the authorities to pay criminal bail, the Assistant shall pay the said amount as an advance, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

The Assistant grants to the Insured a period of three months as of the date of the advance to repay the said amount.

If this bail amount is repaid prior to expiry of this period by the authorities of the country, it must be immediately refunded to the Assistant.

If an Insured summoned before a Court fails to attend the hearing, the Assistant shall immediately demand repayment of the bail amount forfeited by the Insured due to his failure to attend.

Legal proceedings may be instituted if the bail amount is not repaid within the period specified above.

6.15. Payment of lawyers' fees

If during the course of a business trip abroad, expatriation or secondment, the Insured is imprisoned or threatened with imprisonment, the Assistant shall pay the fees of the legal advisers that the Insured may engage, up to the amounts stated in the Chapter entitled "Cover and Benefits" of the Special Terms and Conditions of this policy.

7. HOW TO DECLARE A CLAIM

7.1. Filing a claim with assistance

The Assistant's offices and agents, available 24/7, and whose contact information appears in the Special Terms and Conditions of this policy, must be contacted prior to the organisation of any assistance, under penalty of forfeiture of the cover.

7.2. Filing a claim without assistance

The Policyholder, the Insured, its statutory representative or the Beneficiaries shall declare any incidents to the Insurer within 30 business days following the date on which the incident becomes known, save in case of unforeseeable or force majeure events.

Any Insured who intentionally provides false information or uses false or tampered documents with the intent of defrauding the Insurer shall forfeit all rights to cover pertaining to the claim in question.

INTER PARTNER ASSISTANCE

Service de Remboursement

B-1050 Bruxelles, Avenue Louise 166, bte 1

7.3. Claim documentation

7.3.1 The declaration shall include:

- the number of this policy,
- a sworn written statement detailing the circumstances in which the incident occurred, and the names of witnesses, if any,
- the identity of the local authority having drawn up, where applicable, minutes or any other report setting out the circumstances in which the incident occurred.

Furthermore, the Insurer or the Assistant shall request all additional original documents that may be required for the processing and conduct of investigations on the file and in particular:

7.3.2 Death

- the first medical report witnessing the death of the Insured and stating the precise cause of death,
- the notice of death,
- the statutory documents (deed setting out the identity of the heirs or certificate of inheritance) establishing the capacity of the Beneficiary(ies) and the name and address of the notary entrusted with the liquidation of the estate on death.

7.3.3 Permanent disability

- the initial medical certificate specifying the date of the incident, describing the nature of the injuries and comprising a precise diagnosis,
- any medical document enabling the Insurer to assess the extent of the injuries (e.g. certificates of extension of work suspensions, medical needs, hospital discharge letters, X-ray memos, CAT scan memos, etc.)
- the medical certificate of consolidation allowing the Company to appoint the medical expert who will determine the degree of permanent disability.

7.3.4 Coma

- the initial medical certificate witnessing the Insured's coma and the duration thereof,
- the medical certificate of extension and the duration thereof, if the Insured is still in a coma.

7.3.5 Loss, theft, damage to or destruction of luggage or professional equipment

- the original of the acknowledgement of receipt of filing of complaint or declaration of loss as well as a detailed declaration,
- all supporting documentation enabling the verification or assessment of the loss (e.g. damaged luggage, invoices, etc.)

7.3.6 Psychological guidance

- the invoices pertaining to consultations with a doctor and/or psychologist.

7.3.7 Third-party liability

As soon as he becomes aware of a circumstance that could lead to a call on this policy and no later than within five days, the Insured shall, under penalty of forfeiture, save in case of unforeseeable or force majeure events, notify the Insurer thereof in writing or verbally with an acknowledgement of receipt of notification.

It shall furthermore:

- Notify the Insurer as soon as possible of the circumstances of the incident, its known or presumed causes and the nature and approximate amount of the damage.
- Take all measures to mitigate the damage already known and to prevent the occurrence of further damage.
- Forward to the Insurer, as soon as possible, any notice, summons, writs, extrajudicial deeds and procedural documents that may have been sent, served or formally notified to him.

In case of failure by the Insured to comply with obligations listed in the foregoing three paragraphs, the Insurer shall be entitled to an indemnity proportional to the losses incurred as a result of such failure.

Any correspondence, writ, summons or court notice pertaining to an insured incident shall be forwarded to the Company forthwith. The Company shall also be informed of any legal proceedings or investigations of which the Insured may be the subject-matter in connection with an insured event. No agreement, promise, offer, payment or indemnification shall be proposed by the Insured without the Company's written consent.

7.4. Claim settlement

7.4.1 Assessment of loss or damage

The Insured, its statutory representative, the Beneficiary or the Policyholder hereby undertakes to submit to the Insurer all items and documents allowing it to assess whether the claim filed lies within the scope of the requested cover.

Where the Insured refuses, without any legitimate reason, to provide these items or documents or undergo a medical examination by an expert medical practitioner appointed by the Insurer and where, after notice served 48 hours in advance by registered mail, he persists in such refusal, the Insured or the Beneficiary(ies) shall forfeit all rights to compensation.

If additional medical documents or other supporting documentation are necessary, the Insured, his statutory representative, the Beneficiary or the Policyholder shall be personally informed thereof by letter.

7.4.2 Independent aggravation due to accidental or pathological causes

If the consequences of an accident are aggravated by the personal condition, by the existence of a prior disability, by an empirical treatment, or by the refusal or negligence of the Insured to take the medical treatment required by his condition, the compensation shall not be calculated with respect to the actual consequences of the case, but to those that would have ensued for a subject in a normal state of health taking rational and adequate medical treatment.

7.4.3 Expertise

In case of disagreement between the parties, each of them shall appoint an expert. If the experts thus appointed disagree, a third-party expert shall be appointed by the presiding judge of the court with geographic jurisdiction over the location of the Insured's home.

This appointment shall take place upon mere request submitted by the first party to act no earlier than 15 days following dispatch to the other party of a registered letter of formal notice with acknowledgement of receipt.

Each party shall pay its expert's costs and fees and, where applicable, half of the fees of the third-party expert and of the costs of the latter's appointment.

No action shall be brought against the Insurer as long as the third-party expert has not ruled on the dispute.

7.4.4 Settlement period

The proceeds shall be payable without interest within 15 days as of determination of the amount thereof. The payment of the proceeds shall be final and shall release the Insurer from liability for any subsequent recourse pertaining to the incident or the consequences thereof.

8. IMPLEMENTATION OF CONTRACT

8.1. Execution of the policy

Declaration of risk

Pursuant to applicable law, this policy is drawn up on the basis of the representations made by the Policyholder.

It must therefore respond to the Insurer's questions, which are intended to allow the latter to assess the risks that it is assuming.

8.1.1 Effective date of policy

The policy shall be effective as of the date set out in the Chapter entitled "Effective Date and Term of the Policy" of the Special Terms and Conditions of this policy.

8.1.2 Term of policy

The policy shall be effective for a term of one year.

Unless otherwise provided in the Chapter entitled "Effective Date and Term of the Policy" of the Special Terms and Conditions of this policy, or save in case of termination, it shall thereafter be automatically renewed each year on the anniversary date stated in the same Chapter entitled "Effective Date and Term of the Policy"

8.2. During the term of the policy

8.2.1 Change of circumstances

The Policyholder shall be responsible for informing the Company within 15 days following the date on which it becomes aware of any change affecting at least one of the contractual items.

8.2.1.1 Aggravation of risk:

If the change entails an aggravation of risk, the Company may either terminate the policy or offer a new price to the Policyholder.

If the Policyholder does not accept the offer or expressly refuses the new price within 30 days of the proposal, the Company may terminate the policy on expiry of the said period.

The termination shall be effective 10 days after expiry of the said 30-day period.

8.2.1.2 Reduction of risk:

If the change entails a reduction of risk, the Company shall within 30 days inform the Policyholder of the reduction of the premium.

If, on expiry of the said 30-day period, the Company has failed to inform the Policyholder or if the premium has not been reduced, the Policyholder may terminate the policy.

8.2.2 Change of address

The Policyholder must notify the Company of any change of address.

Failing this, the registered letters sent by the Company to its last known address shall be deemed to have been received.

8.2.3 Variation of excess or intervention threshold

If the Company increases the amount of an excess or intervention threshold, the Policyholder shall be informed thereof at the beginning of the annual period of the policy at the time of notification of the call for the premium.

If the Policyholder rejects this variation, it may terminate its policy within 30 days of the date on which it is informed thereof, the benefit of the cover continuing to accrue to it on the prior terms and conditions until the date of termination of the policy.

Failing this termination, the variation of the excess or intervention threshold shall become effective as of the date stated on the premium call.

8.3. Termination of policy

8.3.1 Termination of the policy

Termination options:

On expiry, by the Policyholder or the Company:

- within a period of at least 60 days prior to the expiry date of the policy, the postmark being evidence of the date.

Prior to expiry, by the Policyholder:

- in the event of total withdrawal of the Company's licence.
- in the event of reduction of the risk if the Company does not agree to reduce the premium.
- in the event of price increase on annual expiry within 30 days following the notice by the Company of the price increase.

Prior to expiry, by the Company:

- in case of aggravation of risk and exclusively if the Policyholder does not accept the new premium offered, as stated in the foregoing chapter,
- in case of non-payment of the premium by the Policyholder, as stated in the foregoing chapter.

8.3.2 Termination procedures

By the Policyholder:

The policy may be terminated by means of a registered letter or on declaration filed with the Company against acknowledgement of receipt.

By the Company:

The policy may be terminated by registered mail sent to the Policyholder's last known domicile.

8.3.3 Effects of termination

Termination of the policy entails the loss of Insured status, and therefore termination of the right to benefit from insurance cover, without prejudice to immediate or delayed services accruing or having accrued as at the date of termination.

Furthermore, in the case of Insured who are in a state of work disability or invalidity on the effective date of termination of the right to cover, the termination does not affect the continued applicability of the cover in case of death, as defined in the policy, until cessation of the state of work disability or invalidity.

8.3.4 Termination of cover for an Insured

The cover granted under this policy shall accrue to the Insured without any age limit.

It shall automatically cease without further notice on the date on which the Insured ceases to be an employee of the Policyholder.

Any incident occurring after the date of the Insured's departure from the company shall not be insured by the Insurer.

8.4. Penalties for misrepresentation

In accordance with the provisions of the French Insurance Code, any deliberate reticence or misrepresentation by the Policyholder regarding items constituting risks shall entail nullity of the policy.

In case of omission or misrepresentation without bad faith on the part of the Policyholder and identified prior to the occurrence of an incident, the Company shall be entitled either to terminate the policy or maintain it in consideration of a premium increase. If such an omission or misrepresentation is not noticed until after the occurrence of an incident, the proceeds shall be reduced.

8.5. Premiums

8.5.1 Variable items

Where the premium is calculated on the basis of variable items, the Policyholder shall, upon execution and on each expiry date, provide the Company with the information required for the calculation of the total premium.

The Company shall be entitled to carry out verifications in respect of the representations made by the Policyholder, who must accept any visit or inspection made to that end by any delegate of the Company, and who must provide evidence, by means of all documents in its possession or held by its agents, of the accuracy thereof.

Failing provision to the Company of the requisite declaration within the prescribed periods, the Company may, by registered mail, formally demand that the Policyholder meet this obligation within ten days.

If, on expiry of this period, the declaration has not been furnished, the Company may initiate collection, as a deposit and subject to subsequent settlement, of a premium calculated with respect to the last declaration furnished, increased by 50%.

8.5.2 Modification of premium

If the Company wishes to increase the premium, the Policyholder and/or the policy holding company shall be informed thereof, provided however that the notice period applicable to any termination of the policy is complied with.

If the Policyholder and/or policy holding company refuses such variation, it may terminate the policy within 30 days as of the time when it was informed of the said variation.

Failing such termination, the premium increase shall be effective as of the annual expiry of the policy.

8.5.3 Payment of the premium

The premium and ancillary sums, the amount of which is specified in the policy, as well as the taxes and levies, shall be payable at the Insurer's registered office or at the agent's domicile if one has been appointed to that end.

The instalment payment dates are set out in the Chapter entitled "Effective Date and Term of the Policy" of the Special Terms and Conditions of this policy.

8.5.4 Failure to pay the premium

Failing settlement within 10 days following the due date, the Company shall, independently of its right to seek specific performance of the contract in court, be entitled to claim the unpaid premium from the Policyholder by registered mail restating the applicable statutory provisions, i.e.:

- Suspension of cover after a period of 30 days following dispatch of the registered formal notice.
- Termination of policy 10 days after expiry of this 30-day period in the event of refusal to pay, without need to confirm such termination.

Suspension of cover for non-payment shall mean that the Insurer is released from all commitments vis-à-vis the Insured in the event of an incident occurring during this period of suspension.

Independently of the suspension or termination, premiums that have not yet been paid remain fully due and payable and the collection thereof after the date of suspension or termination shall not howsoever imply the waiver by the Insurer of its right to rely on the consequences of the suspension or termination.

The non-terminated agreement shall resume effectiveness at noon on the day following the date on which the outstanding premium or, in the case of an apportioned payment of premium subject to a formal notice, the fractions of premium remaining outstanding for the remaining duration of the current insurance year, have been paid to the Policyholder.

8.5.5 Appropriation of premium in the event of termination

In the event of termination during an insurance period, the share of premium pertaining to the period subsequent to termination shall not accrue to the Company and shall be repaid to the policy holding company, if same has been collected in advance.

In the event of termination on grounds of non-payment of the premium, the Company shall be entitled to collect premium as indemnity, as well as all premium fractions (in the event of apportioned payment) remaining outstanding for the remaining duration of the current insurance year.

9. MISCELLANEOUS PROVISIONS

9.1. Information notice

In accordance with the provisions of Article 71 of the Insurance Act (4 April 2014), it is recalled that any action arising from this contract is time-barred after three years.

9.2. Auditing

The Insurer may at any time, subject to a 15-day notice period, verify the proper application of the provisions of the insurance policy. The Policyholder shall provide the Insurer with all administrative or accounting items or documents relating to the operation of the insurance policy, in order to allow the monitoring thereof.

9.3. Subrogation

In accordance with the provisions of Article 95 of the Insurance Act (4 April 2014), the Company is subrogated, up to the amount of the indemnity paid by it, to the rights and actions of the Insured with respect to Third Parties.

9.4. Processing complaints

In the event of a complaint concerning insurance services, the insurer may contact INTER PARTNER ASSISTANCE's Quality Department:

- By e-mail: customer.care.bnl@axa-assistance.com
- By mail: INTER PARTNER ASSISTANCE Customer Care, Avenue Louise 166 Bte 1, 1050 Brussels

The complaint will be examined as soon as possible by INTER PARTNER ASSISTANCE's Quality Department and processed within the following deadlines:

- An acknowledgement of receipt of the complaint will follow within three working days, with an explanation of the further progress of the procedure, unless a response is given within one week.
- Within five days a final answer is sent to the insured, except for complex problems, these questions are answered within one month.
- If this is not possible, the problem shall be analysed and the reasons for non-compliance shall be given, with an indication, within one month, of the period within which a final response can be expected.

The insured may contact the Insurance Ombudsman's office (by letter: Square de Meeûs, 35, 1000 Brussels; by telephone: 02 / 547 58 71; by fax: 02 / 547 59 75, by e-mail: info@ombudsman.as), without prejudice to the possibility for the Policyholder to initiate legal proceedings.

The Insurance Ombudsman and his team examine insurance disputes between a consumer and an insurance company or intermediary.

The insured may also contact a recognised alternative dispute resolution entity, as mentioned on the online dispute resolution platform: <https://webgate.ec.europa.eu/odr/main/index.cfm?event=main.home.chooseLanguage>

The insured may complete a complaint form via this platform, which transmits the complaint to the defendant in an easily understandable form, without delay. The full procedure is explained on this platform.

9.5. Governing law and jurisdiction

This contract is governed by Belgian law. The contracting parties declare that they will submit to the jurisdiction of the Belgian courts and waive any proceedings in any other country.

9.6. Penalty clause

The types of cover defined in this policy shall be deemed to be ineffective where the grant of such insurance cover will expose the Insurer to sanctions, prohibitions or restrictions within the framework of UN resolutions or commercial or

economic sanctions, statutory provisions and regulations of the European Union, United Kingdom or United States of America.

9.7. Protection of privacy

9.7.1 Data Controller

Inter Partner Assistance nv, with registered office at Louizalaan, 166, 1050 Brussels, registered with the “Kruispuntbank van Ondernemingen” under number 0415.591.055 (hereinafter referred to as “Inter Partner Assistance”).

9.7.2 Purposes of data processing and intended recipients

The personal data communicated by the person himself or received legitimately by Inter Partner Assistance from companies of the AXA Group, from companies that are related to these companies, from the employer of the person or third parties, may be processed by Inter Partner Assistance for the following purposes:

- the management of the person database;
- the management of the insurance contract;
- the service to the customers;
- the management of the relationship between Inter Partner Assistance and the insurance intermediary;
- the detection, prevention and combating of fraud;
- the fight against money laundering and the financing of terrorism;
- monitoring the portfolio;
- statistical studies;

To the extent that the communication of personal data is necessary for the purposes listed above, the personal data may be communicated to other companies of the AXA Group and to companies and / or persons connected to it (lawyers, experts, medical advisers, reinsurers, co-insurers, insurance intermediaries, service providers, other insurance companies, representatives, follow-up agencies for pricing, claims settlement agencies, Datassur).

This information may also be communicated to the inspection authorities, to the competent government departments and to any other government or private organization with which Inter Partner Assistance may exchange personal data in accordance with the applicable legislation.

9.7.3 Data processing with a view to direct marketing

The personal data communicated by the person concerned or lawfully received by Inter Partner Assistance may be communicated to other companies of the AXA Group and to companies that are connected to Inter Partner Assistance and / or to the insurance intermediary for the purpose of their own direct marketing or joint direct marketing (commercial actions, personalized advertising, profiling, linking of data, awareness, ...), to improve the knowledge of the joint customers and prospects, to inform the latter about their respective activities, products and services, and to deliver commercial offers.

In order to provide an optimal service in connection with direct marketing, this personal data can be communicated to companies and / or to persons in their capacity as subcontractors or service providers in favour of Inter Partner Assistance, other companies of the AXA Group and / or the insurance intermediary.

These processing operations are necessary for the representation of legitimate interests of Inter Partner Assistance consisting of the development of its economic activity. Where appropriate, these processing operations may be based on the consent of the subject.

9.7.4 Data transfer outside the European Union

Other companies of the AXA Group, and companies and/or persons in relation with them who receive personal data, may be located outside the European Union. Where personal data is transferred to third parties located outside the European Union, Inter Partner Assistance complies with the legal and statutory provisions in force regarding such transfers. It ensures, especially, a level of protection appropriate to the personal data which is transferred, based on alternative mechanisms introduced by the European Commission, such as standard contractual clauses, or binding corporate rules of the AXA Group in the event of intra-Group transfers (BOG 6/10/2014, p. 78547).

The data subject can obtain a copy of measures introduced by Inter Partner Assistance to be able to transfer personal data outside the European Union by writing to Inter Partner Assistance at the address below (‘Contact Inter Partner Assistance’).

9.7.5 Processing activities of health data

Inter Partner Assistance guarantees the respect of the rules and regulations specifically applicable to processing activities of data subject’s health data, in taking all technical or organizational measures necessary to that end.

- The processing of these data is only performed with the explicit and written consent of the data subject or, where the data subject is physically or legally incapable of giving consent, to protect the vital interest of the data subject.
- The processing of these data is performed, under the supervision of doctor (medical advisors), subject to medical secrecy, by collaborators specially appointed to that end.
- Medical certificates and other documents containing these data, which are necessary to the negotiation, the conclusion, the execution or the performance of the contract, including the claims handling, are only transmitted to the medical advisors of Inter Partner Assistance. These medical advisors only disclose health data that reveal the current state of the data subject and are strictly adequate and relevant with regard to the risks they have been drawn up, to Inter Partner Assistance or the persons specially appointed to process health data.

- The transfer of these data is only performed insofar it is necessary and the recipients provide sufficient guarantees to ensure the compliance with the rules and regulations specifically applicable to the processing. Prior to this transfer, Inter Partner Assistance shall minimize, pseudonymize or, eventually anonymize these data.

9.7.6 Data storage

Inter Partner Assistance stores the personal data collected relative to the insurance policy throughout the contractual relationship or the claims handling, updating them every time required by the circumstances, extended by the legal storage time or limitation period, so that it can meet the requests or any recourse that may be engaged after the end of the contractual relationship or after the closure of the claim.

Inter Partner Assistance stores the personal data relating to offers refused or which were not followed up by Inter Partner Assistance for five years after the offer was issued or the rejection was pronounced.

9.7.7 Need to provide personal data

The personal data relating to the data subject requested by Inter Partner Assistance are required to conclude and execute the insurance policy. Failure to provide these data can make it impossible to conclude or execute the insurance policy correctly.

9.7.8 Confidentiality

Inter Partner Assistance has done everything necessary to protect the confidentiality of personal data and to guard against any unauthorised access and any improper use, modification or deletion of the data.

To this end, Inter Partner Assistance follows the service security and continuity standards and assesses regularly the security level of its processes, systems and applications and those of its partners.

9.7.9 Rights of the data subject

The data subject has the right to:

- obtain from Inter Partner Assistance confirmation that his personal data are or are not processed and, when they are processed, to access this data;
- rectify and, if appropriate, complete his personal data that are inaccurate or incomplete;
- erase his personal data in certain circumstances;
- limit the processing of his personal data in certain circumstances;
- object, for reasons relating to his particular situation, the processing of personal data based on the legitimate interests of Inter Partner Assistance. The data controller no longer processes the personal data, unless he can demonstrate compelling legitimate grounds for the processing which override the interests, rights and freedoms of the data subject ;
- object the processing of his personal data for the purposes of direct marketing, which includes profiling to the extent that it is related to such direct marketing;
- not be subject to a decision based solely on automated processing, including profiling, which produces legal effects concerning him or her or similarly significantly affects him or her; nevertheless, where this automated processing is required to conclude or execute a policy, he has the right to obtain human intervention on the part of Inter Partner Assistance, express his point of view and contest the Inter Partner Assistance decision;
- receive his personal data that he has provided to Inter Partner Assistance in a structured, commonly used and machine-readable format; to transmit these data to another data controller when (i) the processing of his personal data is based on his consent or for the contract execution requirements and (ii) the processing is carried out by automated means ; and to have his personal data transmit directly from one data controller to another, where technically feasible;
- withdraw consent at any time, without affecting the lawfulness of processing based on consent before its withdrawal , when the processing of his personal data is based on his consent.

9.7.10 Contact Inter Partner Assistance

The person concerned wishing to exercise his rights can contact Inter Partner Assistance at the following addresses, accompanied by a recto / verso photocopy of his identity card:

- by post: Inter Partner Assistance - Data Protection Officer, avenue Louise 166, 1050 Brussels
- via e-mail: dpo.BNL@axa-assistance.com

Inter Partner Assistance will process the applications within the legally stipulated deadlines. Except for clearly unfounded or excessive applications, no payment will be claimed for the processing of his applications.

9.7.11 Lodging a complaint

Where the data subject believes that Inter Partner Assistance is failing to comply with the relevant regulations, he is asked to contact Inter Partner Assistance in priority.

The person in question can also lodge a claim to the Personal Data Protection Authority at the following address:

Rue de la Presse, 35
1000 Brussels
Tel. + 32 2 274 48 00
Fax: + 32 2 274 48 35
contact@apd-gba.be

The data subject can also lodge a complaint with the Court of First Instance of his domicile.

10. COMPANY SCALE FOR DETERMINING THE DEGREE OF PERMANENT DISABILITY

10.1. Total permanent infirmity

- Total blindness	100%
- Total loss of both arms or both hands	100%
- Total loss of both legs or both feet	100%
- Total loss of an arm and a leg – of an arm and a foot – of a hand and a leg – of a hand and a foot	100%
- Quadriplegia, hemiplegia or total paraplegia (bedridden)	100%
- Total and incurable insanity excluding the possibility of any remunerative work	100%

10.2. Partial permanent infirmity

10.2.1 Head

- Complete loss of sight in one eye (with or without enucleation) or one-half reduction of total function of each of the eyes	25%
- Loss of skull material over full thickness:	
a) area of at least 12 cm ²	50%
b) area of 6 to 12 cm ²	30%
c) area of 3 to 6 cm ²	16%
d) area less than 3 cm ² maximum	10%
- Incurable and total deafness in both ears	40%
- Incurable and total deafness in one ear	10%
- Ablation of lower jaw:	
a) total	35%
b) partial (all or half of part rising from main jaw)	25%
- Loss of all upper and lower teeth	10%

10.3. Limbs

Upper limbs	Right	Left
- Amputation of arm or hand	60%	50%
- Total loss of movement of the shoulder	30%	25%
- Total loss of movement of the elbow	25%	20%
- Total loss of movement of the wrist	20%	15%
- Total paralysis of the upper member	60%	50%
- Total paralysis of the axillary nerve	20%	15%
- Total paralysis of the median nerve	40%	30%
- Total paralysis of the ulnar nerve at the elbow	20%	15%
- Total paralysis of the ulnar nerve at the wrist	12%	8%
- Total paralysis of the radial nerve, injury at the level of the spiral groove	30%	20%
- Total paralysis of the radial nerve at the forearm	30%	25%
- Non-consolidated fracture of the arm (constituted pseudarthrosis)	30%	25%
- Non-consolidated fracture of the arm (constituted pseudarthrosis):		
a) of the two bones	25%	20%
b) of only one bone	12%	7%
- Amputation of the thumb:		
a) total	20%	15%
b) partial (nail phalanx)	5%	3%
- Ankylosis of the thumb:		

a) total	12%	8%
b) partial (nail phalanx)	5%	3%
- Amputation of the index:		
a) total	12%	8%
b) two phalanges	8%	6%
c) one phalanx	3%	2%
- Total amputation of middle finger	8%	6%
- Total amputation of ring finger	6%	4%
- Total amputation of little finger	5%	3%
- Total amputation of the foregoing three fingers	25%	20%
- Total amputation of two of the foregoing three fingers	15%	10%
- Total amputation of the thumb and index	30%	25%
- Total amputation of the thumb and a finger other than the index	25%	20%
- Total amputation of the index and of a finger other than the thumb	20%	15%

Lower limbs

- Amputation of the thigh:		
a) of upper 1/3		60%
b) of lower 2/3		50%
- Amputation of the leg		40%
- Amputation of the foot:		
a) total		35%
b) subtalar		30%
c) midtarsal		30%
d) medio-metatarsal		25%
- Amputation of all toes of a foot		15%
- Amputation of the big toe		7%
- Total loss of the last four toes of a foot		6%
- Amputation of a toe (other than the big toe)		1%
- Total loss of movement of the hip:		
a) in poor attitude (flexion, adduction or abduction)		40%
b) in rectitude		30%
- Total loss of knee movements (ankylosis):		
a) in flexion		40%
b) in rectitude		20%
- Total loss of the movements of the tibio-talar joint:		
a) in favourable position		10%
b) in unfavourable position		20%
- Non-consolidated fracture of the thigh or both leg bones (constituted pseudarthrosis)		40%
- Badly consolidated fracture of a foot		20%
- Badly consolidated fracture of a rotula		20%
- Shortening of a lower limb:		
a) by at least 8 cm		15%
b) by 5 cm		9%
c) by 3 cm		4%
- Total paralysis of the lower limb		55%
- Total paralysis of the peroneal nerve		25%
- Total paralysis of the tibial nerve		15%

10.4. Torso

- Immobilisation of a segment of the spine with pronounced deviation and in uncomfortable position 30%
- Fracture of rib with persistent thorax perforation and functional issue 10%

If the Insured is left-handed, the rates specified in the above scale for the various disabilities of the upper right member and of the upper left limb shall be switched.

The total and permanent functional incapacity of all or part of a limb is deemed to constitute a total loss, so that the limbs or parts thereof that are permanently non-functional are considered as lost.

In the event of partial loss of a limb or of part of this limb, the level of infirmity shall be assessed in comparison to its total loss.

The infirmities that are not listed in the above scale, although of lesser importance, shall be compensated in proportion to their degree of severity as compared to that of the listed infirmities, and without taking into account the Insured's profession.

10.5. Multiple infirmities

Where several distinct infirmities affecting various or different limbs or parts of a same limb result from the same accident, the total compensation is calculated on the global level set out in the above scale for all relevant infirmities and, failing this, on that obtained by addition through application of the following principle: infirmities being classified in any order whatsoever, the first is assessed at the level stated in the above scale and then each of the following disabilities are assessed in proportion to the estimated remaining capacity based on this scale.

10.6. Former condition

The loss of limbs or organs that were already non-functional prior to the accident cannot give rise to compensation.

Injury to limbs or organs already in a state of infirmity is compensated to the extent of the difference between the condition prior to and following the accident.

Injuries to limbs or organs caused by the accident shall be assessed without taking into account the former condition of disability that may have affected other limbs or organs.

II. SPECIFIC CONDITIONS

1. PARTIES

The Subscriber:

The company that is defined in the special terms.

The Subscriber represents that it is acting exclusively on its own behalf.

The Insurer:

Inter Partner Assistance, S.A. subject to Belgium law with a share capital of 31 702 613 € - RPM Bruxelles – BCE 0415 591 055, which registered office is located Avenue Louise 166 BP1 – 1050-BRUXELLES,

An insurance company registered with BNB (Banque Nationale de Belgique) under n° 0487

2. MANDATORY DOCUMENTS

The following form an indivisible part of this policy :

- The special terms delivered to the subscriber
- These specific terms.
- The Business Travel Excellence terms and conditions

The subscriber has the obligation:

- To provide the insured with an Information Notice prepared by the insurer which defines the guarantees and their terms of entry into force and the formalities to be fulfilled in the event of a loss.
- To inform the insured in writing of the changes that are intended, if any, to bring to their rights and obligations.

The proof of the delivery of the information leaflet to the insured and the information relating to the contractual changes rests with the subscriber.

Consequently, it is clearly established that this Information leaflet must be duplicated by the subscriber in as many copies as necessary, in order to be given to each of the insured under the sole responsibility of the Subscriber.

For any assistance request or hospitalization, prior to any commitment that entails the filing of a claim under this policy, the Insured must contact : +32 (0)2 550 05 00

Specifying the number of contrat, the number of convention, the name of the subscribing company, his name, surname and function.

3. PURPOSE OF THE CONTRACT

The present contract is to provide covers for the subscriber and the Insured against the risks set out in the attached conditions

4. INSURED PERSONS

The Principal Insured: Any employee, agent of the company, director, manager of the Subscriber, engaged on a business trip,

Any other person engaged on a business trip,

Expatriates and/or seconded employees during the course of business trips conducted as part of their expatriation or secondment.

The Principal Insured's spouse and dependent children accompanying the Principal Insured on their business trip.

5. SCOPE OF INSURANCE COVER

The purpose of this policy is to allow the Insured to benefit from the cover set forth below in the Chapter entitled "Cover and Benefits", within the framework of the business trip conducted on behalf of the Subscriber, having a duration of less than 365 consecutive days, 24 hours a day, at any location and throughout the duration thereof, including travel to and from the place of work.

For each business trip, the cover shall be effective from the moment the Insured leaves his place of work or home for the purpose of conducting the business trip and ends on the return of the Insured to his place of work or home, whichever is reached first.

The cover is extended on a 24-hour-a-day basis throughout the Insured's leave periods, i.e. personal trips conducted during an absence authorised by the Subscriber, taken for a maximum period of 15 days within the Insured's business trip and conducted in the country in which the business trip is located.

6. COVER AND BENEFITS

PART I.- PERSONAL ACCIDENT - if subscribed as mentioned in the special conditions

Type of cover of benefits	Maximum amount per head or per claim	Geographic scope
Accidental death	The subscribed capital mentioned in the special conditions	Worldwide
Increase of benefit in the event of attack, terrorist act or civil commotion	50% of the capital death	
Increase of benefit per dependant Child	€ 7 500 per child Max € 35 000	
Permanent disability reductible in case of permanent partial disability according to the company scale, scale of the work accident of the social security or EU scale	The subscribed capital mentioned in the special conditions	
Benefit in the event of attack, terrorist act or civil commotion	Increase of 50% of the capital death	
Benefit per Dependant Child	Increase of € 7 500 per child Max € 35 000	
If the permanent disability stabilized at a rate of over 25%: Fit out the principal residence or relocation, vehicle, technology help and adaptation of the work area Providing an occupational therapist and a professional of home readaptation Reimbursement of expenses for the development of the home, the vehicle, the technological aids, the adaptation of the workstation	Services and reimbursement real costs up to € 50 000	
Death or disability (from 66% to 100%) following a cerebral vascular accident or heart attack, myocardial infection	The subscribed capital mentioned in the special conditions	
Accidental coma	€ 75 per day since 10 consecutive days max 365 days	
Retraining expenses	€ 5 000 per head / € 15 000 per claim	

PART II.-HEALTH - if subscribed as mentioned in the special conditions

Type of cover of benefits	Maximum amount per head	Geographic scope
Medical expenses abroad Following accident or illness: payment or reimbursement of the actual expenses in addition to or in the absence of a primary medical	Actual costs without any deductible Max 365 days per claim	Abroad
Medical expenses while back to the country of residence: In the event of hospitalisation of the insured abroad, reimbursement of the actual expenses in addition to or in the absence of a primary medical insurance policy and/or any other additional cover	€ 30 000 during 30 days since the return of the insured to his country of residence and € 15 000 for the prostheses	Country of residence
Emergency dental expenses abroad Reimbursement of the actual expenses in addition to or in absence of a primary medical insurance policy and/or any other additional cover	€ 1 500	Abroad
Cosmetic disfigurement	€ 3 000	Worldwide
Psychological assistance Reimbursement of the cost of consultations	€ 3 000	Worldwide

PART III.- ASSISTANCE, SAFETY AND SERVICES

Type of cover of benefits	Maximum amount per head	Geographic scope
Medical transportation	Actual costs	Worldwide
Dispatch of doctor on site	Actual costs	
Home repatriation	Actual costs	
Repatriation of deceased body and coffin expenses	Actual costs	
Funeral expenses	€ 5 000	
Assistance with formalities following death	Telephone services	
Repatriation of spouse and/or children	Actual costs	
Shipping of personal effects in the event of repatriation	Actual costs	
Travel costs of replacement employee	Two way tickets	
Return of insured to business trip relocation	Two way tickets	

Compassionate visiting of the insured in hospital or accompaniment during repatriation on grounds of illness, accident or in the event of insured's death	Actual costs of accomodation and ticket reservation -max 7 days for a max of 3 persons	
Notification of family members in the event of serious damage to his home	Two way tickets	
Early return in the event of death or hospitalization of a family member	Two way tickets	
Early return of the insured in the event of serious damage to his home	Two way tickets	
Early return of director	Two way tickets	
Early return in case of premature birth of a kid in charge	Two way tickets	
In situ costs in case of impossibility to leave the country	€ 300 per day max € 4 500	
Costs of extension of stay further to accident or illness	€ 300 per day max € 4 500	
Dispatch of medication unavailable locally		
Sitting service for children under 16	Two way tickets or € 500	Country of residence
Search and rescue costs	€ 30 000	
Evacuation for health or political reasons		Worldwide
Natural or nuclear disasters, epidemics, pandemics, war or riots	€ 100 000	
Insured's personal belongings package	€ 2 000	
Loss, theft, damage to or destruction of luggage		
Relative excess 150€ per claim	€ 5 000	
Loss, theft, damage to or destruction of professional equipment		Worldwide
Relative excess 150€ per claim	€ 5 000	
Cover for assault		
Theft or loss of cards, keys, identity documents with or without assault	€ 500	
Damage to personal belongings as a result of assault	€ 500	
Theft of withdrawn cash with assault	€ 800	
Fraudulent use of SIM card	€ 300	

PART IV.- TRAVEL - if subscribed as mentioned in the special conditions

Type of cover of benefits	Maximum amount per head	Geographic scope
<p>Travel incidence</p> <p>Delay in excess of 4h per incident, cancellation or non-admission on board</p> <p>Missed connection in excess of 6h per incident</p> <p>Delayed luggage delivery in excess of 24h per incident</p> <p>Air hijacking</p> <p>Advance of funds in case of loss of theft of payment means</p> <p>Assistance with passport/identity documents</p> <p>Early return in the event of loss, theft or destruction of samples</p>	<p>€ 600</p> <p>€ 600</p> <p>€ 600</p> <p>€ 3 000</p> <p>€ 15 000</p> <p>Services</p> <p>€ 3 000</p>	Worldwide
<p>Cancelling or changing a scheduled trip</p> <p>Costs of cancelling or changing visit and travel arrangements prior to departure in the event of:</p> <p>Serious accident, serious illness, death or hospitalization of the insured or a family member</p> <p>Side effects or incompatibility of a mandatory vaccinations</p> <p>Pregnancy complications</p> <p>Death or hospitalization of a work colleague</p> <p>Summons to a court</p> <p>Serious property damage at the insured who is a director</p>	<p>€ 8 000</p>	Worldwide
<p>Travel cancellation</p> <p>In case of Terrorism, war or Natural disaster</p>	<p>€ 5 000</p> <p>Deductible € 100</p>	
<p>Corporate assistance</p> <p>Postponement/cancellation of meeting</p> <p>Transmission of forgotten or lost documents</p> <p>Transmission of messages</p> <p>Information assistance</p> <p>Language assistance</p>	Services	
<p>Private third party liability</p> <p>All bodily injury, property and consequential losses except USA and Canada</p>	<p>€ 10 000 000 per event</p>	Abroad

For the claim in the US or Canada: Food poisoning	€ 1 500 000 per event	
All bodily injury, property and consequential losses except USA and Canada	€ 1 500 000 per event	
Car hire excess In case of material damage or theft of the hire car rented, reimbursement of the excess	€ 1 000	
Advance of the bail bond	€ 50 000	
Assumption of the lawyer's cost	€ 15 000 per event	

PART IV.- SECURITY HOTLINE

<p>1. Provide a first level of response to the collaborator facing an emergency or crisis situation-aggression, protest, riot, earthquake, attack, shooting, abduction, hostage-taking-requiring the immediate issuance of recommendations as to The conduct to be held;</p> <p>2. Trigger the mobilization, if any, and on the client's agreement, of the necessary safety and/or medical resources to assist the collaborator (s).</p>	<p>Accessible 24/24 7/7 Contact: Assistance plateforme</p>	Worldwide
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7. MAXIMUM COMMITMENTS PER EVENT

For Private liability: € 10 000 000
Other guarantees: € 30 000 000

It is formally agreed that if the policy is taken out in favour of several Insured, who are victims of the same insured accident caused by a same event and if the aggregate death and disability benefits exceed € 30 000 000, the Insurer's commitments shall in any event be capped at this amount with respect to the total amount of the accidental death and accidental permanent disability benefits paid to Insured who are victims of the same accident, the benefits being reduced and paid on a proportional basis with respect to the number of victims.

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AXA Assistance Distributor

If you have a question or if you desire to adapt your contract, contact your AXA Assistance distributor, he or she will assist you with his or her expertise.

In need of assistance or introducing a claim ?

AXA Assistance 24/24 and 7/7
+32 2 550 05 00

When you need to introduce a claim, always contact our call center to receive the best possible support for all insured guarantees. If you organise the service without the help of our call center certain expenses could be refused.

Visit our website

www.assudis.be

You can consult and adapt an annual contract on our website. You will find the general terms and conditions that apply to your contract. You have a question that your AXA Assistance distributor couldn't answer, contact us through, info@assudis.be or +32 2 247 77 10.

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