

Global Family Insurance



EXPAT & Co



International mobility insurances

essential insurance coverage for
individuals and families abroad



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Global Family Insurance

Your family members are the most important people in your life. There is nothing you wouldn't do to keep them safe and in the very best of health.

Travelling for work or for leisure, your family will most likely be joining you. Whether your journeys keep you close or find you exploring far-flung locations, you want to be safe in the knowledge that no matter where you travel, you and your family will be taken care of. Just like you would be at home...

Expat & Co introduces Global Family Insurance; the long term travel insurance that goes wherever you go.

What makes us so very different from the rest you might ask? Expat & Co's insurance policies have been developed to travel with you, wherever you go. Health care, with or without social security, expat assistance, private liability, life insurance, household goods and more.

Our guaranties are designed to fit your personal and professional needs. And best of all, your policy comes with you when you relocate and adapts to the new environment and social security.

So there's no need to start the whole administrative process all over again in your new country of residence.

So although we can't help you find your new home or decide on the best school for the kids, we can help you ensure your insurance is always set for premium coverage at the best possible price, wherever you go.

Discover insurance as colourful as you are.





Why choose Expat & Co?

Expat & Co is the specialist underwriter of insurance for expats, international students and other globally mobile people. We offer some of the best terms on the market at competitive prices and have experience on our side.

Expat & Co insures private individuals as well as multinationals, universities and (non) governmental organisations. We have lived the expat life ourselves and know how different you are, how individual your needs can be. So why not find out what makes Expat & Co your perfect match?

Insurance suddenly becomes as colourful as you are.

About Global Family Insurance

Global Family Insurance has been designed with young globetrotters and their accompanying family members in mind.

Available in Basic and Comprehensive coverage, Global Family Insurance - GFI - incorporates all the important features of long term travel insurance in a simplified package for you and your loved ones.

Based on our Chameleon Principle[®], GFI takes into account the local social security contributions you are already making and works as a top up coverage to the benefits you are already enjoying.

By offering continuity in coverage (no matter what the local standards are) and by being transferable to any country in the world (except your country of origin), our policy offers every security you could want for your family.

Our only requirement is that you have a link to Europe. So whether you're a European national, live as a non-European in Europe, or work for a European company in- or outside of Europe, GFI was designed for you.

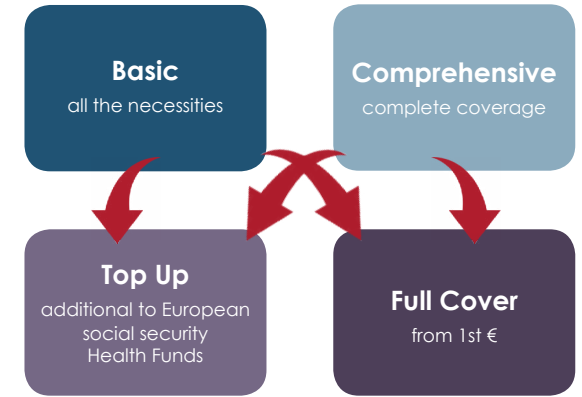
2 X 2 Versions

Our Global Family Insurance comes in Basic and Comprehensive versions and Full Cover or Top-Up coverage. It covers all your needs without overlapping any social security you may already have.

GFI offers you 5 modules in your Core Plan including Medical Treatment Costs, Assistance, Liability and more. Additionally you might want to choose Travel Cancellation or Life Insurance as extra options in order to complete your package.

5 Modules, 2 Options

And as we like to make life easier, we've broken GFI down into 5 bite-size modules and 2 additional options for you:



<p>Module 1 Medical Treatment Costs*</p> <p>This part of GFI covers you for:</p> <ul style="list-style-type: none"> • hospitalisation costs; • ambulatory treatment in case of accident or illness; • medicines; • dental care; • dental surgery; • vaccinations; <p>and more....</p> <p><small>* including wintersports, under water sports and speleology (only in comprehensive version)</small></p>	<p>Module 2 Assistance Abroad</p> <p>This module offers:</p> <ul style="list-style-type: none"> • visa information, vaccinations, health precautions, consular representation,...; • referral service for doctors/hospitals; • linguistic assistance in case of a claim; • medical repatriation/evacuation; • repatriation in case of natural disaster; • early return in case of death of a family member; <p>and more...</p>	<p>Module 3 Accident*</p> <p>This bit offers you a lump sum in case of:</p> <ul style="list-style-type: none"> • permanent disability due to an accident; • death by accident; <p><small>* including winter sports, underwater sports and speleology (only in comprehensive version)</small></p>	<p>Module 4 Baggage & Household Goods</p> <p>We've thought of the goods too:</p> <ul style="list-style-type: none"> • baggage and household contents, including: <ul style="list-style-type: none"> - photo, film, computer,...; - jewellery, watches; - (sun)glasses, frames; - ID and travel documents; - skis and other sports equipment; <p>and more...</p>	<p>Module 5 Extra Contractual Liability</p> <p>And just to make sure you're covered for absolutely any eventuality, we also cover you for:</p> <ul style="list-style-type: none"> • physical damage to third parties; • material damage to third parties; 	<p>OPTION 1 Travel Cancellation</p> <p>Option 1 in our GFI package will cover you in case your journey is cancelled or interrupted due to unforeseen circumstances.</p>	<p>OPTION 2 Life Insurance</p> <p>Option 2 can be taken out additionally to your own life insurance in case it does not cover you in the countries you are travelling to.</p>
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Coverage & Benefits

Your Core Plan consists of five essential modules: Medical Treatment Costs, Assistance Abroad, Accidents, Baggage & Household Goods and Extra Contractual Liability Private Life. To this you may wish to add either - or both - of the 2 optional modules Travel Cancellation and Life Insurance. The listed benefits and maximum amounts are per person, per year.

Module 1 - Medical Treatment Costs	Basic	Comprehensive
Medical Treatment Costs* **	€150.000 / year	€300.000 / year
Hospitalization due to accident, illness	100% *	100% *
Ambulatory treatment costs due to accident, illness	100%	100%
Medicines	100%	100%
Follow-up treatment after return to home country	NO	max. 6 months
Extension of cover after return in home country possible when no right to social security	max. 6 months	max. 6 months
Pregnancy and childbirth (after a 1 year waiting period)	NO	max. €5000
Urgent dental care	€400 / year max. €250 / claim	€800 / year max. €250 / claim
Yearly dental check-up (after a 1 year waiting period)	NO	75
Dental surgery following an accident	100% *	100% *
Mandatory vaccinations for the stay abroad (after a waiting period of 1 year)	NO	YES
Preventative health care (after a 3 months waiting period)	75% max. €250 / year	75% max. €250 / year
Urgent Transportation to hospital by ambulance, helicopter ...	Real Cost	Real Cost
(*) Only non-private room and max. 365 consecutive days.	YES	YES
(**) Including winter sports, under water sport and speleology.	Optional	YES
Deductible / year for illness and preventative care	€100	€100

Module 2 - Assistance Abroad	Basic	Comprehensive
Information regarding visa, vaccinations, health precautions, consular representations, climate,...	YES	YES
Referral service concerning hospitals/doctors in host country	YES	YES
Linguistic assistance in case of a covered claim	YES	YES
Medical Repatriation/evacuation (including return ticket)	Real Cost	Real Cost
Repatriation in case of assault / terrorism act / natural disaster	Real Cost	Real Cost
Transport of the mortal remains to the place chosen by the deceased's family	Real Cost	Real Cost
Funeral costs (incl. laying-out costs and coffin)	€1.250	€1.250
Early return in case of death of a family member (°)	round trip (economy)	round trip (economy)
Sending of a substitute (°)	NO	YES
Forwarding essential medications / medical applications / urgent messages	Real Cost	Real Cost
Tracing & rescue	€12.500	€25.000
Psychological help after trauma	NO	YES
Assistance in case of theft/loss of travel and ID-documents	Real Cost	Real Cost
Legal assistance abroad - advance of security deposit	€2.500 €12.500	€5.000 €25.000
(°) Travel and accommodation expenses limited to	Accommodation: max. €75 per person / day, Tickets: Economy class max. €7.500	Accommodation: max. €75 per person / day, Tickets: Economy class max. €7.500

Module 3 - Accidents ***	Basic	Comprehensive
Permanent disability due to an accident	€50.000	€100.000
Death by accident	€5.000	€25.000
(***) Including winter sport, under water sport and speleology	Optional	YES
Income protection for the family members of the insured taken into hostage > 90 days	NO	max. €300.000 over 3 years





Module 4 - Baggage & Household	Basic	Comprehensive
Theft, loss and damage of baggage and household contents	only baggage delay, ID and travel docs.	theft, loss and damage
Baggage	-	€1.500
Household contents	-	€5.000
Maxima per item:		
photo, film, video, sound and computer apparatus, per item, including accessories		€500
jewellery, watches, per item		€150
mobile telecommunication apparatus		€150
(sun)glasses including frame, contact lenses		€150
sport equipment (surfboards, skis, bicycles, etc...) , per item, including accessories		€250
musical instruments		€250
tents		€250
ID and travel documents	€150	€150
purchase of essential clothing and toilet articles in case of a baggage delay of at least 1 night	€350	€350
Deductible per claim: (except for baggage delay and ID and travel docs)		€100

Module 5 - Extra Contractual Liability Private Life	Basic	Comprehensive
Physical damages	€20.000.000	€20.000.000
Material damages	€1.000.000	€1.000.000
For the US and Canada: Physical and material damage (in all)	€1.250.000	€1.250.000
Tenant Liability (not in US or Canada)	included	included
Deductible per claim	€100	€100

2 Additional Options

OPTION 1 - Travel Cancellation / Interruption	Basic	Comprehensive
Travel Cancellation / Interruption (max. per trip)	€1.500	€1.500
Absolute annual limit per person (all included)	€3.000	€3.000
Deductible per claim	€100	€100

OPTION 2 - Life Insurance	Basic	Comprehensive
Life Insurance (all causes)	max. €300.000	max. €300.000

How to take out your policy

Taking out your Global Family Insurance policy couldn't be easier.

Once you've decided which options you would like to include and which type of coverage you'd like to receive, fill out the form on our website and send it back to us by fax or e-mail.

 www.expatsinsurance.eu/PDF/application_form_GFI.pdf

To receive personal advice on our modules and options or for your made-to-measure quote, please don't hesitate to contact us; we look forward to hearing from you.

 info@expatsinsurance.eu

How to make adjustments to your policy

Should your situation have changed, or is it about to change and for any reason at all, GFI has been designed to adapt. Simply let us know which adjustments you would like to make to your policy and we will do the necessary.



GLOSSARY & POLICY CONDITIONS

GLOSSARY

This glossary is a guide to your understanding of the terms and conditions of the Long term Travel insurance. For the purpose of this contract, the following declarations shall apply:

1) UNDERWRITER:

Unless otherwise mentioned in the Policy schedule, the Underwriting Insurer is XL Catlin Belgium (a branch of XL Catlin SE).

Underwritten by XL Catlin Syndicate SJC2003 at Lloyd's, Uitbreidingstraat 10-16 B-2600 Berchem, BELGIUM further called "THE UNDERWRITER", Licensed for branch Accident, Health, Fire, Liability. License number FSMA 2405.

The assistance benefits are insured by XL Catlin Belgium. The organization and the execution of these services have been entrusted to a third party assistance company further called "THE ALARM CENTRE".

The policy and claims are administrated by: Expat & Co BVBA Noordkustlaan 12, 1702 Groot-Bijgaarden (Dilbeek) BELGIUM. Licensed for all branches. License number FSMA 13.633A, and authorized to work in all countries of the European Economic Area (EEA).

Negotiations with service providers networks and individual service providers to contain costs in favour of the insured person and the underwriter, will be done by a Network Manager.

For the USA the Network Management has been entrusted to Olympus. For the rest of the world it is done by the Assistance Company.

2) POLICYHOLDER:

The natural or legal person who subscribes to the contract, identified as the policyholder in the insurance certificate.

3) INSURED PERSON:

The natural person, identified as insured person in this policy and who:

- is aged less than 70 years at the moment of contract subscription;
- is aged less than 75 years;
- is of the nationality of a state member of Europe (see Glossary point 15), has his/her home country in Europe and is making his/her way abroad;
- or is of non-European nationality, has his/her home country outside Europe and is making his/her way to Europe.

4) BENEFICIARY:

The person, identified as the beneficiary in the insurance certificate, to whom a benefit is payable on the strength of this insurance.

5) FAMILY MEMBERS:

Spouse/partner, children/parents (-in-law), brothers/sisters, grandparents/grandchildren, other persons with whom the insured person lives at the same address on a permanent basis.

6) THIRD PARTY:

Any other person who is not the insured, or one of his/her family members.

7) ACCIDENT:

Any sudden, unexpected force from external origin, affecting or influencing the body of the insured person, and directly causing a medically diagnosable physical injury to the Insured Person.

An accident also includes the following events:

- acute poisoning caused by the sudden and involuntary inhale of gases, vapors, liquid or solid substances, other than medicines, or allergens;
- illness or allergic reaction directly caused by an involuntary fall into the water or into any other substance, or as a result of jumping in, in an attempt to save humans, animals or own goods;
- the involuntary and sudden intake of substances or objects in the digestive system, respiratory system, the eyes or the ears, causing internal injury;

- spraining, dislocation and rupture of muscle and tendon tissues provided these injuries have been caused suddenly and their nature and location may be diagnosed medically;
- suffocation, drowning, freezing, sunstroke, heat stroke;
- exhaustion, starvation, dehydration and sunburn as a result of unforeseen circumstances;
- complications or aggravation of the injury as a direct result of first aid or medical treatment necessitated after the accident;
- physical injuries resulting from assaults or attacks on the life of the Insured, unless it is proved that the insured actively participated in the activities of which he/she is the victim, whether as perpetrator or as instigator.

Are not considered as accidents in the sense of this contract:

- the development and/or the appearance of any form of hernia in whatever way;
- the contamination of the organism of the insured by the Acquired Immune Deficiency Syndrome (AIDS virus), whatever the consequences are.

8) ILLNESS/DISEASE:

for the purposes of this contract, illness/disease is defined as any involuntary impairment of health that can be medically confirmed.

The following are excluded:

- illnesses, accidents and/or defects (congenital or otherwise) that exist prior to or at the inception date of the contract and of which the Policyholder or the Insured should be aware at that time or of which he/she is likely to have been aware because the symptoms of the illness or defect had already manifested themselves. This provision is also applicable in the event of the contract coming back into force following a period of suspension. Nevertheless persons with pre-existing chronic diseases can be covered for medical care following sudden attacks or worsening of the disease, at condition that they can prove, with a report of their treating physician, prior to effective date of the contract, that

they can function normally, while following regularly treatment or therapy. In all cases, this regularly treatment or therapy is not reimbursable. Cover can also be refused if it is proven that the attack or worsening was due to non-fidelity to the treatment/therapy, doctors' advice, or misuse of the medication.

- aesthetic or similar treatments;
- mental or nervous diseases, neuroses, psychoses, rest cures or similar treatments requiring a stay in a psychiatric institution, in a psychiatric ward of a hospital or in another institution that is mainly a rest home, a convalescent home or a similar institution that is specialized in the treatment of alcoholics, drug addicts, mental diseases or the elderly, with the exception of the exclusions stipulated in module 1.

However, non-permanent and non-chronic mental disorders will be covered;

- professional diseases for which compensation is paid under the terms of the legislation applicable to professional diseases;

- attributable to the infecting of the organism of the Insured by the Acquired Immune Deficiency Syndrome (the AIDS virus), regardless of the consequences;

- diseases for which the treatment can be postponed, with medical justification, until return of the insured to his/her home country.

9) HEALTH FUND:

Mutual or private health insurer, licensed to provide the local governmental health insurance scheme.

Is not considered as a Health Fund: National Health Services (NHS), governmental or municipal institutions which provide care in kind.

10) HOSPITAL:

An establishment, which is legally licensed as a medical or surgical hospital/clinic.

11) PHYSICIAN/DOCTOR:

Physical person suitably qualified and legally licensed to practice medicine in the country where treatment is provided. The physician must be practicing within the scope of his/her license and training.

If the insured calls on the services of persons who are legally licensed to exercise dental care in the country where their services were called upon, these people are also considered as physicians.

12) MEDICINES:

Medicines which are only obtainable with a prescription delivered by a physician, dentist or obstetrician, practicing within their scope of license and training.

Not eligible for compensation are, for example:

- restorative and nutritional products;
- slimming products;
- tonics, medicinal wines, cod liver and fish oil products;
- vitamin products;
- laxatives;
- cosmetics.

13) HOME COUNTRY:

The country that the policy holder declared as such on the application form and of which he/she holds a passport or ID card.

14) FOREIGN COUNTRY/ABROAD:

Every country outside the home country.

15) EUROPE:

The EU-countries, extended with the EFTA-countries (Iceland, Norway and Liechtenstein), the countries that are candidates for membership of the EU (FYROM and Turkey), and Switzerland.

16) EEA – European Economic Area

The EU-countries, extended with the EFTA-countries (Iceland, Norway and Liechtenstein).

17) INSURANCE YEAR:

- the period between the inception day of the contract and the first anniversary of this inception day;
- the period between two anniversaries of the inception day;
- the period between the last anniversary of the inception day and the end of the contract.

GENERAL CONDITIONS

CONDITIONS COMMON TO ALL MODULES

Art. 1. Description of the insurance contract

1.1. Versions and Options

The contract has 2 possible versions of which the policyholder can make a choice: the Basic version or the Comprehensive version. The choice of the policyholder will be mentioned in the insurance certificate.

The policy can be extended with the option "Cancellations Insurance".

The options can only be taken out as a supplement of the Basic or Comprehensive version.

1.2. Extent of cover

This insurance will provide cover to the insured person according to the conditions which are mentioned in the insurance certificate, within the extent and limits described in the Benefits List.

1.3 Area of cover

The insurance will provide cover worldwide. The home country is not covered unless specifically mentioned.

Nevertheless there will be special limitations or exclusions, and a special premium for some guarantees in U.S.A.

1.4 Deductibles

The deductibles mentioned in the Benefits List shall apply per claim, except for medical care where it applies per insurance year.

Art. 2. Duration and end of the insurance

2.1. Duration of the insurance

The insurance will be effective from the inception date mentioned in the insurance certificate (but not before the date the first premium has been paid) for

the mentioned period.

The duration of the contract will never exceed one year. If the contract is concluded for an initial period of more than 1 year, it will automatically be renewed on the due date, which is the anniversary of the inception date of the contract.

The coverage for the insured person starts at the moment when he/she leaves their usual place of residence in the home country to make his/her way to their destination abroad and ends definitely on the day specified on the insurance certificate as the final expiry date or as much earlier as the return of the insured to their home country or home.

After the definitive return of the insured to his/her home country or home, the coverage in relation to Module 1 remains applicable up to 6 months after the return date for follow-up treatment of covered illnesses and injuries occurred during the insured travel period (only in the comprehensive version).

After the definitive return of the insured to his/her home country or home, the policy can be extended for max. 6 months if the insured has no rights to local social security.

2.2. End of the insurance

The policy can be cancelled as follows:

2.2.1. By the policy holder:

By registered written termination letter from the policy holder:

- on due date with at least 3 months prior notice;
- in connection with a claim, within 30 days after the Underwriter has taken a final position;
- in connection with a premium increase or alteration of conditions;
- if the policy holder has been notified about the premium increase or alteration at least 4 months before the expiry date, he/she has the right to cancel the policy with at least 3 months prior notice. The contract will end on the expiry date;

- if the policy holder has been notified about the premium increase or alteration less than 4 months before the expiry date, he/she has the right to cancel the policy within a period of 3 months following the mailing date of the notification. By doing so the contract ends one month after the day of notification, date of the receipt or, in case of registered letter, the date of deposition at the post office, but not before the expiry date.

In case of death of the policy holder, the eventual other insured persons or his relatives can terminate the contract, by sending a registered letter within 30 days after the death. Ik vind de cease beter.

2.2.2. By the Underwriter:

Unless otherwise mentioned in the General Policy Conditions specific to the different modules and options, by registered letter from the Underwriter:

- on expiry date with at least 3 months prior notice;
- if in connection with an event the insured person has deliberately given a misrepresentation of facts or failed to notify important information to the Underwriter, of which, if the information was known, never would have led to cover that risk. In this case the insurance will end on the date mentioned in the letter of termination. The Underwriter will observe at least 30 days prior notice;
- in the event of a significant and definitive change in the risk, as set out in article 9 of the present conditions;
- following any declared accident, whether covered or not by the contract, but at the latest 30 days following the payment of the compensation or the refusal by the Underwriter to pay the compensation;
- in case of non-payment in respect with the procedure explained in art. 3.2.

Art. 3. Premium payment

3.1. Premium payment in general

Premiums are determined by the Underwriter and will be payable, unless otherwise mentioned, in advance including eventual (local) premium taxes and contributions.

The initial premium is due on the date of inception as stipulated in the insurance certificate. The Policy Holder may choose between quarterly, semi-annual and annual payments. Quarterly premiums are 25,75% of the annual premiums (+3%). Semi-annual payments are 51% of the annual premiums (+2%). The premium must be paid within 30 days after its Due Date. Premium payment is only possible by bank transfer. The premium must be paid within 30 days after its due date.

The Underwriter reserves the right to adjust the premiums once a year starting from the renewal date:

- based on eventual changes in cover ;
- based on the loss experience during the previous calendar year (e.g. because of the increased prices in medical care);
- in case of a fundamental modification in the legislation or Health Fund cover;
- in case of introduction or modification of legislation that influences this contract.

This in relation to the modification of the concerned legislation in question and its financial consequences for the Underwriter, and after having notified the policy holder.

In case of an early return the premium balance will be reimbursed to the policy holder. No restitution of premium inferior to 25 EUR will be made.

3.2. Non payment or unpunctual payment

The policyholder will be responsible for punctual payment of the premium. In the event that a premium is not received by the Underwriter or his legal representative on the due date, the Underwriter will send a registered letter. 15 days after sending this registered letter the Underwriter has the right to suspend or annul the contract if the premium is still not received. Any policy suspension or annulment for non-payment will start after expiry of the above-mentioned period. The policy holder maintains responsibility for any amount due (premiums, interests and costs). The cov-

er of a suspended policy will only start again when all amounts due have been received and accepted by the Underwriter, with respect of the provisions of eventual special clauses in the General conditions or the Insurance certificate. No right to any benefit will exist for reimbursement of any damage arisen in the period of suspension.

Art. 4. General exclusions

The insurance will not cover damage or expenses caused by, or as a result of:

1 War risk/terrorism/military service

Direct or indirect active engagement in (civil) war, invasion, riots, lock-outs, acts of a foreign enemy, hostilities (whether war be declared or not), civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act.

The benefits of the contract are not applicable in case of claims occurred to the insured during military service or reserve call-up.

2 Criminal acts

The committal of any criminal act, as perpetrator, co-perpetrator or accomplice, by the insured or by the beneficiary as interested party of the insurance benefits.

3 Weapons

The possession and/or the active use of weapons by an insured person or beneficiary as interested party of the insurance benefits.

4 Nuclear reactions

- nuclear accidents as described at the Paris Convention of July 29th, 1960.
- ionizing radiations or contamination by radioisotopes.

An exception will apply when the insured person is exposed to nuclear reactions as result of any medical treatment.

5 Alcohol/drugs

The use of alcohol, intoxicants, drugs or medicines (except when the medicines are prescribed and used in accordance with prescription or doctor's advice).

6 Sports

- practicing sports as a (subsidiary) profession.
- practicing dangerous sports such as:
 - preparation for or participation in speed races with motor vehicles, motor boats or other motorized vehicles;
 - amateur flying, delta flying, parachuting;
 - equestrian competitions;
 - all full contact box, hit, punch and kick sports, free fighting and wrestling. Sports as judo, jiu jitsu, aikido, and semi-contact karate are accepted;
 - rugby;
 - glacier trips without a guide, climbing, mountaineering;
 - practice of winter sports, ice-hockey inclusive, speleology or underwater sports. This exclusion shall not apply if the policy states that the comprehensive version is concluded, or, in the Basic version the option sport is added;
 - sporting activities done in such circumstances that specialists will be of opinion they must be considered as rash acts, such as non-execution of regulations or measures of safety.

7. Other exclusions:

- claims related to accidents and disorders occurred by salaried work.
- willfulness or consent of the insured or the beneficiary as interested party of the insurance benefits;
- suicide or attempted suicide. Nevertheless the benefits for funeral costs, coffin and repatriation of mortal remains will be granted in case of death by suicide;
- reckless act or severe negligence;
- active engagement in fights or risky ventures in which the insured person endangers his/her life or body.

Art. 5. Claims

1 Reporting a claim

Claims should be reported as soon as possible to the Underwriter. For this purpose a claim form should be completed according to the applicable instructions and returned together with the original and detailed bills and all supporting vouchers.

The right to compensation will expire if it is not reported within 3 years after the date on which the damage occurred. As regards any legal claim by the beneficiary, this period starts from the date on which the beneficiary has taken cognizance of the existence of the agreement, of his capacity as beneficiary and of the incident that causes the insurance services to be due.

2 Complementary intervention

In the event that the damage or expenses are also recoverable from other insurance companies, or a Social Security Institution (Health Fund), this insurance will only apply to complement the cover in the other policies or schemes up to the given limits in our Benefits List.

3 Subrogation

For any payment under this policy, the Underwriter will be subrogated to all rights and demands the insured person may claim concerning recovery against any third party or organization. The insured will be obligated to give his full cooperation to secure such rights.

4 Dispute and expertise

In case the policy holder or the insured person does not agree with a medical matter, then this should be reported to the Underwriter within 15 days after notification of the decision.

The dispute will be submitted on contradiction to a medical commission of 2 experts-doctors, one designated by the Policy holder and/or the Insured, and one by the Underwriter. If these doctors don't agree, they designate a third expert-doctor, whose role is to

provide a decisive answer.

If one of the parties does not designate an expert, or if both experts do not agree about the choice of the third expert, the designation will be done by the Court of First Instance from the head office of the Underwriter, on appeal of the plaintiff.

Every party carries the fees of his own expert; the fee of the third expert will be carried by both parties at equal share.

The same principle will apply for the fees of doctors to whom they appeal.

Art. 6. Exchange rates

Premiums should always be paid in the currency mentioned in the Insurance certificate. All exchange and bank costs are at the expense of the Policy holder.

Claims will be reimbursed to the insured person, or in the currency mentioned in the insurance certificate, or in the currency of the invoice. The date of the exchange will be the date of the invoice.

The used rate will be the official interbank rate.

Art. 7. Obligations of the insured person

The insured person will be obligated to:

- supply the Underwriter with all particulars and documents as soon as possible;
- keep the Underwriter informed of new facts and developments in the case;
- take all reasonable measures and precautions to minimize the damage and the consequences for the Underwriter;
- lend his full cooperation to the claim settlement and withhold every action that may harm the Underwriter's interests.

If the insured has not fulfilled these obligations, and this turns out to be a disadvantage to the Underwriter, the previously named will have the right to reduce the

compensation amounting to this disadvantage.

The insured person loses any right to reimbursement, taking into account the circumstances under which the event occurred or with respect to any other component of the claim, when he/she:

- has given a misrepresentation of facts or has made an untrue statement;
- withholds information of which he/she could - or reasonably should - know that it might be important to the Underwriter in its assessment.

Art. 8. Notifications

Notifications by the Underwriter to the policyholder will be made regularly to the policy holders' last known address to the Underwriter.

The policy holder and/or the insured person will be obligated to notify the Underwriter of any changes of name or address mentioned in the General Policy Conditions, changes in existing cover with third parties or changes in profession of the different Insured Persons. The Underwriter must also be notified in the event of death of the policy holder or one of the Insured Persons.

The Underwriter cannot be held responsible for the consequences if the policy holder and/or the insured fails to notify such events.

Art. 9. Change of risk

The Policyholder shall without delay inform the Underwriter of any significant and permanent change to the risk.

In the event that during the contractual period the risk is increased to such an extent that the Underwriter would have insured the risk according to different conditions if this increased risk had existed at the time of the signing of the contract, it must, within a period of one month starting from the day on which it has taken cognizance of the increased risk, propose the modification to the contract with retro-active effect

to the date of the start of the increased risk.

In the event that the Underwriter furnishes proof that it would not under any circumstances have insured the increased risk, it is entitled to cancel the contract within a period of one month starting from the day on which it has taken cognizance of the increased risk.

In the event that the proposed change to the contract is rejected by the Policyholder or if, upon expiry of a period of one month starting from the receipt of said proposal, it is not accepted, the Underwriter may cancel the contract within 15 days.

In the event that a claim occurs and the Policyholder has not complied with the obligation set out in paragraph 1 of this article:

- the Underwriter is under an obligation to provide the agreed service if the Policyholder cannot be held responsible for the failure to notify;
- the service to be provided by the Underwriter is reduced in proportion to the difference between the paid-up premium and the premium that the Policyholder would have had to pay if he had properly reported the risk, if the failure to notify can be attributed to the Policyholder.

However, in the event that the Underwriter furnishes proof that it would not under any circumstances have insured the increased risk, it is only under an obligation to refund all premiums paid;

- in the event that the Policyholder has failed to comply with this obligation by deliberate deceit, the Underwriter may reduce its cover.

The premiums that have fallen due up to the day on which the Underwriter has taken cognizance of the deliberate omission shall be considered as rightfully belonging to the Underwriter as compensation for damages.

Art. 10. Applicable law, Disputes

The contract and the insurance relationship are subject to English law and practice and to exclusive jurisdiction of the English courts.

Art.11. Privacy code

The personal data submitted to the Underwriter are intended only for the following purposes: evaluation of the insured risks, management of the commercial relationship, of the insurance contract and the claims covered by it, control of the portfolio and to prevent fraud or abuse.

Only for these purposes this information can be transferred to a reinsurer, expert or counsel. This information is only accessible to the underwriting and claims management services as part of their duties. All information will be handled with the greatest discretion. All involved persons have the right to look into their own particulars and have them corrected, if necessary.

GENERAL CONDITIONS SPECIFIC TO MODULE 1 - MEDICAL CARE

Art. 12. Medical care following accident, illness.

The Underwriter refunds the really indispensable medical costs of treatment, provided to an insured, which are the direct consequence of an accident or an illness:

- hospital stay in a semi-private room, during a maximum of 365 consecutive days;
- surgical costs;
- the medical costs, costs for treatments and examinations;
- the costs for prescribed medicines or medicines entered on the hospital invoice, for use during the period covered by the insurance. For a longer use, prior written approval should be obtained from the Underwriter;
- costs of the transport in ambulance from the place of incident to the nearest hospital, or from one hospital to another hospital on doctor's prescription. No allowance is paid for the costs of public transports such as train, tram and bus;
- first prostheses which have become necessary, as a

consequence of an accident;

- the costs for a medically necessary sterilization or abortion, prescribed or imposed by a physician, and carried out in a hospital;
- the costs for a voluntary abortion in consequence of a rape, carried out in a hospital.

Art. 13 Pregnancy and childbirth (only in the Comprehensive version)

This guarantee includes normal childbirth, pregnancy complications, home delivery, pre- and postnatal treatment by a doctor and/or obstetrician. It will not include pre- and postnatal exercises. The maternity costs will only be reimbursed, within the given limits in the Benefits List, on the condition that the date of delivery has passed the applicable waiting period of the Insured mother, mentioned in the Benefits List.

We accept maximum 9 consultations, including echography, and 6 lab tests per pregnancy.

An elective caesarean will be reimbursed at the cost of a normal delivery.

The provisions mentioned in the benefits list will also apply to the newborn children from the time of birth and irrespective of any congenital diseases or defects, at the conditions:

- they have been presented to the Underwriter for insurance within thirty (30) days after their birth;
- all other children, living with the Insured parent(s) at the same address, have been insured under this cover;
- the date of delivery has passed the applicable Waiting Period of the Insured mother.

Art. 14. Physiotherapy and Psychotherapy

The Underwriter refunds the costs of treatment by a physiotherapist or psychotherapist, prescribed or imposed by a physician.

The compensation will be attributed in conformity with the locally common tariffs, for a maximum of 12 visits over a period of 1 year after the doctors' prescription.

For extended treatment, prior written approval should be obtained from the Underwriter.

Not eligible for compensation are:

- speech therapy lessons, unless the loss of speech is the consequence of an insured accident or illness;
- work and occupational therapy;
- pre- and post natal gymnastics;
- sports massage;

Art. 15. Costs of urgent dental care

The Underwriter reimburses the costs of acute medical necessary dental treatment up to the maximum amount stipulated in the benefits list.

Hereby is understood solely:

- the dentists' fees for dental treatment;
- the eventual X-ray photos, prescribed or imposed by the treating dentist, made in connection with this treatment;
- the medicines, prescribed by a dentist;
- the repair or the replacement of a denture or of artificial elements of the denture.

The dental surgery costs incurred as a consequence of an insured accident, are insured up to maximum 365 days following the day of the accident.

Art. 16. Annual dental check-up

The Underwriter reimburses the costs of 1 dental check-up per insurance year by a dentist, up to the maximum amount stipulated in the benefits list.

Hereby is understood solely:

- the dentists' fees for dental treatment;
- the eventual X-ray photos, prescribed or imposed by the dentist, made in connection with this check-up.
- dental cleaning

This cover is subject to a waiting period of 12 months after the inception day of the contract.

Art. 17. Preventative Health Care

Payment of preventative health checks and visits to general practitioners for prescription of medication and birth control are subject to a 3 months waiting period. The maximum reimbursement for such visits is 75% of the real cost with a maximum as mentioned in the Benefits list.

Art. 18. Exclusions relating to Module 1:

Additional to the general exclusions mentioned in the General conditions common to all modules (Art.4) and in the definitions of accident and illness (see Glossary point 7 and 8), there shall be no reimbursement for:

- the cost of fertility tests and fertility promoting treatments;
- contraception;
- cosmetic surgery and treatments, unless it is a matter of mutilation as a result of an accident or disease, occurred during the insured period of this contract;
- the development and/or the appearance of any form of hernia in whatever way;
- contaminations or epidemics which have been placed under the direction of public authorities;
- the costs for non-urgent dental care and dental cleaning (except for the annual dental check-up in the comprehensive version);
- the bare issue of medical certificates.

Art. 19. Special obligations in case of admission to a hospital:

In case of admission to a hospital, it is necessary to call THE ALARM CENTRE before or, if not possible, as soon as possible after the admission, so that, in agreement with the insured or with his/her representative, and with the treating physician, and possibly with the family doctor, the measures which ensure best the interests of the insured, can be taken.

GENERAL CONDITIONS SPECIFIC TO MODULE 2 - ASSISTANCE

Art. 20. Repatriation or medical evacuation of the insured

In case the insured person has been hospitalized as a result of an illness or an accident occurring outside the home country, and the Alarm Centre's medical team considers it necessary to transfer him/her to a better skilled medical centre, or a centre in the Home Country, the Alarm Centre will organize, at its expense, the repatriation or transportation of the insured person, if necessary under medical surveillance.

In case the insured was transported to a better skilled medical centre abroad, in a second instance, repatriation to the home country can be considered, if necessary and insofar as this is warranted by the state of health at that time. If not necessary, a return ticket to the country where the insured person stayed at the moment of incident will be made available by the Alarm Centre.

The decision concerning transport and the means of transport, will only be taken by the Alarm Centre's consulting physician and this in function of technical and medical importance.

It is made compulsory to have the Alarm Centre's physician's approval for every transport.

The Alarm Centre also takes charge of the organization and expenses for transportation of one person while accompanying the repatriated insured person to the place of hospitalization or the home country.

Art.21. Repatriation of the mortal remains

Option A:

In case of death of an insured person, the Alarm Centre will organize the repatriation of the mortal remains and takes charge of:

- the post-mortem treatment;
- a coffin, limited as mentioned in the Benefits List;

- the transportation or the remains from the place of death to the place of burial or cremation;
- a round-trip for 1 family member to accompany the remains, in case the insured person stays abroad alone.

Option B:

The family can also choose for burial or cremation on location. In that case the Alarm Centre will take charge of:

- the post-mortem treatment;
- a coffin, limited as mentioned in the Benefits List;
- a round-trip for the direct family members (partner, child, parent, brother, sister, grandparent or grandchild and/or of those people who lived as a family with the deceased insured) including accommodation during maximum 3 days.

The intervention of the Alarm Centre is under all conditions limited to the expenses that would have been taken charge of for the repatriation of the mortal remains to the Home Country (Option A).

In both cases the accommodation expenses will be reimbursed, as mentioned in the Benefits List under "Travel and accommodation expenses for family members".

The expenses in relation with any ceremony will not be paid for by the Underwriter.

Art. 22. Early return in case of the death of a relative

In case of death or a situation of mortal danger of a member of the family who is not travelling with the insured (partner, child, parent, brother, sister, grandparent or grandchild), the Alarm Centre organizes and bears for the cost for a round ticket of the insured.

If accommodation is needed, the reimbursement will be limited as mentioned in the Benefits List under "Travel and accommodation expenses for family members", with a maximum of 7 days.

Art.23. Forwarding of essential medicines/medical applications

The Alarm Centre will do everything in its power to organize and pay for the search and disposal of essential medication or medical appliances, prescribed by a competent medical authority, locally unfindable, but available at the Home Country.

It is made compulsory to have the Alarm Centre's medical team's approval for delivery.

The sending depends on availability of means of transport and must be in accordance to the local and international laws. The insured person commits himself/herself to reimburse the price of the medication or appliances which were put at his/her disposal (except when covered in another cover of this contract), increased with the clearance expenses, and this within a period of 30 days after sending. A surety will be asked.

The Alarm Centre's medical team shall always give approval.

Art.24. Search and rescue costs

The Alarm Centre will organize a trace and rescue operation, as mentioned in the Benefits List, made to save the insured person's life or physical integrity, on the condition that the rescue action is lead by the local authorities or by official relief organizations.

The provision of this service is only applicable in so far as the destination of the trip was not strongly discouraged by the authorities. In case of a ski accident (only in the Comprehensive version) with physical injuries on a ski run the Alarm Centre will organize a trace and rescue operation to bring the insured back down per sledge or helicopter.

The accident must absolutely be reported to the Underwriter within 72 hours of (werd zo overgneomen uit GS) occurrence. The expenses for this operation can be claimed back to the client when this occurs outside the well-defined ski run without a guide recognized by the local authorities.

Art. 25. Forwarding urgent messages

Upon request of the insured person, the Alarm Centre will forward urgent messages free of charge to every person in relation with the insured cover and possible actions set out.

All communications to be sent are subject to justification of the request and must state the message clearly and explicitly, as well as the correct name, address and phone number of the person to be contacted.

Every document regarding penal, financial, civil or commercial liability results will be communicated on full responsibility of the author, whose identity must be known. The content must be in accordance with the local and eventual international law and cannot hold any liability against the Alarm Centre or Underwriter.

Art. 26. Assistance in case of loss or theft of travel and ID-documents, cheques, bank cards or credit cards

In case of loss or theft of travel documents and after the insured person reported it to the local authorities, the Alarm Centre will put the necessary tickets at the disposal of the insured person to continue his/her journey or to return to his/her residence.

The insured person commits himself/herself to reimburse the price of the tickets which were disposed to him (except when covered in another cover of this contract, e.g. baggage), increased with the clearance expenses, and this within a period of one month after sending.

In case of loss or theft of identity documents, visas, driving licenses, insurance papers, registration documents, and the like, and after the insured person reported it to the local authorities, the Alarm Centre will assist the insured by advising and intervening at the local embassy, consulate and other official bodies for the disposal of the necessary identity certificates, and pay for the travel expenses to and from the embassy/consulate, limited as mentioned in the Benefits List under "Travel and accommodation costs of family

members".

In case of loss or theft of cheques, bank cards or credit cards and after the insured person reported it to the local authorities, the Alarm Centre will act towards the financial institutions to take the necessary precautions.

If necessary and when possible the Alarm Centre will perform the functions of interpreter.

Under penalty of decline of cover, the insured person has to report the loss or theft to the local authorities. Under no circumstances can the Alarm Centre, nor the Underwriter, be held liable for incorrect transfer of information provided by the insured person.

Art. 27. Legal assistance abroad

When the private rights or interests of the insured are at risk, due to incidents occurring during the stay of the insured abroad, with the exception of losses as a consequence of the possession, the keeping or the use of a motorized vehicle (except for wheelchairs for handicapped persons), the insured can claim a reimbursement of the costs incurred for legal assistance, without however exceeding the amount stipulated in the Benefits List, per claim, and only in relation to:

- the recuperation of the material and immaterial loss following a physical injury sustained by the insured person for which a third party is liable based on local legal provisions;
- the legal defence of the insured person in case the insured is sued in court for his private liability, under the laws of the country where he/she is, for losses inflicted to third parties, or after being guilty for involuntary offence of local laws.

Are covered the costs for the necessary legal assistance or those incurred by the Alarm Centre, insofar as these are not to be recuperated from a third party, namely:

- the costs linked to the investigation and the handling of the case;

- the costs linked to the calling in of lawyers, bailiffs, witnesses and experts.

In the United States and Canada, the fees of the lawyer are not charged to the Alarm Centre if the lawyer is treating the case on a “no cure - no pay” basis. In this case it should be considered that the fees are included in the compensation for prejudice;

- in agreement with the Alarm Centre, the costs incurred by the insured for accommodation and travel. Travel costs will be reimbursed following common tariffs for public transport and/or economy class. The accommodation expenses will be reimbursed, as mentioned in the Benefits List under “Travel and accommodation expenses for family members”.

On the request of the insured and provided there is sufficient guarantee, the Alarm Centre will provide an advance for a maximum mentioned in the Benefits List for:

- the payment of due legal proceedings and execution costs of the insured and the adverse party, with the exception of money deposited as security, insofar as an irrevocable legal judgement determines that these costs must be borne by the insured;
- the release of the insured if he/she has been placed under arrest after a traffic accident.

A similar advance or bail will be considered as a loan from the Alarm Centre to the insured, which he/she will reimburse in totality as soon as the amount of the bail is paid back to him/her in case of the dropping of legal proceedings, a verdict of not guilty or otherwise within the 30 days after the date on which the competent tribunal has pronounced the judgement.

Reimbursement to the Alarm Centre should in any case not occur later than 60 days after that advance has been made or the bail has been posted.

Additional to the general exclusions mentioned in the General conditions common to all modules (Art.4), there shall be no reimbursement for:

- damage or expenses following cases known – or reasonably should be known – by the insured person prior to the inception date of the contract;

- the cases in which the interest at stake is less than 250,00 EUR;
- the costs (including the costs linked to the calling in of a lawyer or an expert) which are incurred without the prior approval of the Alarm Centre;
- in case of malice, serious culpability or negligence on the part of the insured;
- the costs which are the consequence of omissions or faults of the insured in relation to the treatment of the case.

From the moment when the Alarm Centre has communicated to the insured that further treatment of the case has no reasonable chance of success, the insured can no longer make any claim for coverage except for the settlement of the dispute as described hereafter.

Settlement of disputes

In case of difference of opinion between the insured and the Underwriter on the result to be expected, or on the way to handle the case, the insured can, after agreement with the Underwriter to charge this to the Underwriter's account, submit the case to 1 lawyer of his /her choice who is expert in the field in question.

This has to be done as soon as possible and in any case within 30 days after the Underwriter has communicated the insured its opinion on the result to be expected or on the way of handling the case, which is contested by the insured.

Should that lawyer share the Underwriter's points of view, then the insured can only proceed with the case at his/her own expense. Should the result show that the insured is wholly or partially vindicated; the costs are reimbursed to a maximum of the sum mentioned in the Benefits List.

In the case the insured loses confidence in the designated lawyer who is handling the case, the insured can, at the Underwriter's expense; transfer the case to another lawyer, under condition that the Underwriter can reasonably share the point of view of the

insured.

Art. 28. Travel and accommodation costs for family members.

The Alarm Centre organizes and covers the travel and accommodation expenses, as mentioned in the Benefits List, for:

- the urgent return of the insured person because a family member has been deceased, or has been hospitalized in a life-threatening or very critical condition;
- the necessary presence of 1 family member, in the event an insured person is hospitalized in a life-threatening or critical medical condition. These expenses shall only be paid if the insured person has not yet died before the time of departure;
- the necessary presence of 1 person to accompany the insured person in case of an emergency evacuation or repatriation of the mortal remains;
- the necessary presence of 1 family member to accompany the insured person in case of an emergency evacuation or repatriation of the mortal remains.

Art. 29. Specific conditions concerning Assistance services

The assistance benefits are insured by the Underwriter. The organization and the execution of these services have been entrusted to the Alarm Centre. The implementation by the insured or by one of his family members, of one of the services described above can only give rise to reimbursement if the Alarm Centre has been previously notified and has given its explicit approval for the means to be used, by opening a file number.

The costs incurred will only be reimbursed after presentation of the necessary supporting documents and within the limits for which the Alarm Centre has committed itself for the organization of the provision of assistance mentioned above. Only the additional costs, besides those, which the insured would normally incur for his/her return to its home country, are taken in charge.

If the Alarm Centre has organized the return trip of the insured and has borne the costs, the Policyholder, the insured and/or his/her beneficiaries are obliged to take the necessary measures to obtain reimbursement of the transport tickets which were not used and to reimburse the Underwriter for that amount within a delay of 30 days maximum. A surety will be asked.

When the Alarm Centre has expressed its approval for the change in the means of transport to be used or in the destination, these become contractually established, its financial participation can never be superior to the amount that had been foreseen for the execution of the original transport contract.

When the costs of hotel accommodation are taken in charge, the Underwriter only intervenes for the actual costs of renting a room, within the limits foreseen in the Benefits List, excluding all other costs. The Alarm Centre may only intervene within the limits of the agreements, which were granted by the local authorities. It may in no case take the place of local organizations for the provision of first aid services, and therefore would not bear the inherent costs.

The Alarm Centre or the Underwriter cannot be held responsible for the faults or for the wrong execution of its obligations as a consequence of circumstances outside one's control such as civil wars or war with a foreign country revolution, popular rebellion, insurrection, strike, sequestration or constraint by the police and/or by the local authorities, official prohibition, piracy, detonation of explosives, nuclear or radioactive effects, climatic obstructions.

Art. 30. Exclusions relating to Module 2

Additional to the general exclusions mentioned in the General conditions common to all modules (Art.4), there shall be no reimbursement for:

- costs for conditions existing before the effective date of the contract, or which it was reasonable to expect, on the effective date of the contract or before, to be incurred during the period covered by the

insurance.

- pregnancies after the sixth month;
- each intervention when a trip is undertaken in order to undergo a (para) medical treatment;
- infractions which the insured commits voluntarily against the laws which are in force abroad.

GENERAL CONDITIONS SPECIFIC TO MODULE 3 - ACCIDENT INSURANCE

Art. 31. Accidental death

This cover guarantees payment of benefits mentioned in the Benefit List, in case of death of the insured person by accident covered by the contract, within three years following this accident.

The Underwriter pays to the designated beneficiary or, in his absence, to the legal heirs, with the exception of the State, the lump sum stipulated in the Benefits List.

If, with respect to the same accident, a benefit for permanent disability has already been paid out, it will be deducted from the benefit payable for death. There will be no reclamation of benefit already paid out.

In the event that the body of the insured is not found in the wake of a plane crash, a shipwreck, the destruction of a transport vehicle or the disappearance of an aircraft, a ship or a transport vehicle, if there has been no news of the Insured, of other passengers or of crew members within three years following the day of the destruction or disappearance, it will be assumed that the Insured died from the consequences of the accident at the time of the disappearance or destruction.

Art. 32. Permanent disability due to accident

This cover guarantees payment of benefits mentioned in the Benefit List, in case of permanent disability

of the insured person by accident.

The Underwriter shall, by joint agreement between the physician appointed by itself and the physician appointed by the Insured, pay a lump sum as stipulated in the Benefits List to the Insured Person, according to the level of disability determined in accordance with the Official European Scale of Invalidity.

The level of disability is determined from the time of consolidation of the condition of the Insured person and at least following the expiry of a period of 2 years starting from the date of the accident.

No compensation may be granted for a pre-existing disability of the insured person prior to the accident. Any injuries to limbs and organs that were already deficient shall only receive compensation according to the difference in their condition before and after the accident.

The assessment of any injuries to a limb or organ may not be influenced by the already deficient condition of any other limb or organ.

Art. 33. Motorcycles

Lump sums paid out under this Module 3 for accidental death and permanent invalidity will be reduced by 50 % in cases of accidents resulting from the use, as a driver of any motor cycle of a capacity greater than 50 cc.

Art. 34. Exclusions relating to Module 3 Accident insurance

Additional to the general exclusions mentioned in the General conditions common to all modules (Art.4), there shall be no reimbursement for:

- a pre-existing health condition of the insured person, unless these circumstances are known and were accepted by the Underwriter, as stated in the Insurance certificate, or as the result of a prior accident for which the Underwriter already paid, or is due to pay benefits;

- any intentional act carried out by the insured person such as suicide or attempted suicide, through participation in criminal acts, offences or misdemeanours. However, in case of suicide, funeral costs, laying-out costs, coffin and repatriation of the mortal remains will be reimbursed;
- accidents relating to the use of a power plane, as member of the crew, or if during the flight the insured person carries out a professional activity or any other activity connected with the flight.

GENERAL CONDITIONS SPECIFIC TO MODULE 4 - BAGGAGE AND HOUSHOLD EFFECTS

Art.35. Subject

The object of this section is to cover the insured for the damage occurring to:

- baggage and travel documents, during travel periods, up to the amount stipulated in the Benefits List;
- household effects and furniture, and travel documents, during the stay abroad, up to the amount stipulated in the Benefits List.

The following risks are covered:

- loss of the insured's goods registered with the travel Underwriter;
- theft of all or a part of the insured's goods;
- destruction of or damage to the insured's goods.

Art. 36. Insured goods

Insured goods are: baggage, travel documents, and household effects belonging to the insured.

Under "baggage" should be understood the objects which the insured has taken along for personal use or which, during the period of validity of the contract, have been dispatched before or after to the destination abroad, as well as the goods which the insured buys for his own use during the period of validity of the contract for a maximum sum as mentioned in the Benefits List.

Under "travel documents" in relation with this section, should be understood passports, visas, travel tickets, driver's licenses as well as documents in connection with vehicles such as insurance papers, registration cards, and the like.

Under "household effects and furniture" should be understood all movable goods belonging to or under the responsibility of the insured which normally fall into the notion of household effects and which, during the period of validity of the contract, are located at the address of residence abroad.

Art. 37. Baggage delay

In case of delay of more than 12 hours (or at least 1 night) of the baggage after arriving at destination in the foreign country the Underwriter covers the expenses for the purchase of the first requisites (necessary clothing and toilet items) up to the limits mentioned in the Benefits List.

Art. 38. Household effects and furniture

For the household effects, the coverage insures against the following dangers:

- fire;
- explosion;
- lightning strike, induction and overloading as a result of lightning;
- scorching, melting, charring and overheating;
- smoke and soot;
- collision, aircraft crash;
- storm with a wind velocity of 80km/h;
- rainfall, water, steam and oil;
- theft or attempted theft by house breaking;
- robbery and blackmail;
- broken glass, plates and mirrors.

Art. 39. Damage compensation

The following values will be used as the basis for the calculation of the compensation:

- travel documents: the real cost for obtaining the new documents;

- baggage and household effects:
 - the replacement value for objects not older than one year;
 - the actual value for objects older than one year;
- objects that cannot be replaced by new ones of the same type and quality: the market value;
- damaged objects which are reasonably susceptible of being repaired: the repair cost; with as upper limit the amount stipulated in the Benefits List.

By "replacement value", it should be understood, the today's price for the acquisition of new objects of the same type and quality.

By "actual value", it should be understood the value of the object at the moment the damage occurred. By "market value", it should be understood the market price for the sale of the objects in the state the objects were in immediately before the damage.

Compensation will be made following the "first risk" principle, which means without application of a proportionate rule.

In case of baggage lost, damaged or delayed by the air carrier, the benefit will only be provided if the insured provides original documentation in form of a Property Irregularity Report (P.I.R) from the carrier stating that baggage was lost, damaged, or did not arrive at scheduled time and date, and indicating the date and time of actual arriving.

For all claims, except for travel documents and replacement of clothing and toilet items, a deductible as mentioned in the Benefits List will be applied.

Art. 40. Exclusions relating to Module 4

Additional to the general exclusions mentioned in the General conditions common to all modules (Art.4), there shall be no reimbursement for:

- any item confiscated or detained by customs or police authorities, other than because of a traffic accident;
- prejudices caused by or which are the consequence of imprisonment, confiscation or seizure of the means

of transport in which the insured goods are;

- loss or theft of baggage not reported to the police within 24 hours of discovery and supported by a written police statement;
- theft of baggage when left unattended, other than locked in an appropriate locked compartment or locked out of sight in the boot of a motor vehicle;
- vessels (with the exception of sailboards), aircraft (including delta-plan and gliding equipment), motor vehicles (including motor-bikes), camping cars and other vehicles (with the exception of bicycles) as well as the accessories thereof, parts and attachments;
- wear and tear, depreciation, vermin, internal mechanical or electrical breakdown, any gradually operating cause (like humidity, cold or heat) any process of cleaning, repair, restoration or alteration;
- damage caused by insects, worms, maggots, rodents or by any parasite;
- bumps, scratches, stains and other deterioration, unless the damaged object has thereby become unfit for the use for which it was intended;
- china, works of sculpture, paintings, art objects and other breakable objects, unless this damage was the consequence of fire, theft or of an accident of the means of transport used;
- loose natural pearls and precious stones;
- breakage of strings and ripping of skins on musical instruments;
- stamps, coins and similar collections;
- animals;
- values (cash, money, post or bank payment orders, travel vouchers, letters of credit or debit), not in possession of the insured person or not put away in a safe.

GENERAL CONDITIONS SPECIFIC TO MODULE 5 - PRIVATE LIABILITY

Art. 41. Subject

The object of this module is to cover the insured against extra-contractual liability and tenant liability

in private life:

The Underwriter covers the insured person against the financial consequences resulting from the extra-contractual liability, as well as tenant liability, incumbent on the local legal prescriptions, for the damage caused to third parties in his/her private life.

By "damage", it should be understood: bodily injury or property damage as well as immaterial damage such as unemployment, loss of profit, deprivation of use or enjoyment, moral damage, under condition that it arises from corporal or material damage covered. Immaterial damages not arising from corporal or material damage are excluded.

The cover is granted with a maximum insured amount mentioned in the Benefits List, per claim and per insurance year. For US and Canada different amounts do apply. Tenant liability remains excluded in the US and Canada.

Art. 42. Extent of the guarantees in time

The guarantee covers the damage that has taken place during the effective period of the contract and extends as far as to encompass claims that are introduced after the end of this contract.

Art 43. Specific scope of stipulated risks

a) Is insured the damage caused by the insured person for whom he/she is personally liable.

b) Real estate and its content:

1. Is insured the damage, apart from that mentioned in Point II hereafter, for which the insured person is liable and caused by:

1. the building or the part of the building occupied by the insured person for a temporary stay;
2. the gardens, whether or not bordering on the above mentioned building as far as their surface does not exceed 1 hectare;
3. insofar as these are part of the above men-

tioned buildings or are situated in the above mentioned gardens: the plantations, the outbuildings and premises, the pathways and the fences, as well as all movable goods fastened by means of permanent attachments, such as antennas;

4. the part of the building occupied by the insured person in a hotel or in a similar lodging house during a temporary or occasional stay for private as well as for professional purposes;

5. a part of the building temporarily occupied by the insured person for private purposes in a hospital, rehabilitation centre or care establishment;

6. the part of the building which does not belong to the insured person but which is temporarily used by the insured person at the occasion of a family celebration or a meeting;

7. the contents of the real estate mentioned in Points 1 to 6 above.

II. If the insured person is liable for it, is insured:

1. the damage caused by the effects of water originating in or transmitted by real estate or its content mentioned in Point I above;

2. the bodily injury caused by fire, by a conflagration, by an explosion or by smoke arising from fire or a conflagration, originating in or transmitted by the real estate or its content mentioned in Point I above;

3. the property damage caused by fire, by a conflagration, by an explosion or by smoke arising from fire or a conflagration, originating in or transmitted by the real estate mentioned in Point I, 2, 4, 5 and 6 above;

4. the property damage caused by the effect of water, by fire, by a conflagration, by an explosion or by smoke arising from fire or a conflagration, to the real estate mentioned in Points I.1 and I.4 above and its contents that do not belong to an insured person.

c) Means of transport and travel

1. Is insured the damage for which the insured person is liable and caused:

- in the course of his/her private travel, among others as: owner, holder or user of bicycles and other cycles without engine, wheelchairs for handicapped per-

sons (whether motorized or not);

- as a passenger of a vehicle of whatever type (with the exception of the cases for which liability is covered by a compulsory liability insurance for motor vehicles);

- as a pedestrian;

2. Is insured the damage caused by the insured person who, without the knowledge of his/her parents, of the persons who have him/her under their supervision and of the owner or the holder of the vehicle, drives a motor vehicle or a vehicle on rails or sets it into motion before he/she has reached the legally required age for doing so. The damage caused to the motor vehicle or to the vehicle on rails, which belongs to a third party, is also compensated.

Art.44. Exclusions relating to Module 5

Additional to the general exclusions mentioned in the General conditions common to all modules (Art.4), there shall be no reimbursement for:

- the damage which falls under the extra-contractual civil liability subject to a legally compulsory insurance;
- the damage caused by the use of aircraft which belong to the insured person or have been taken on rental or are used by him/her;
- the damage caused by the use of sailing boats of more than 200 kg and of motor boats which belong to the insured person or are taken on rental or used by him/her;
- the damage caused by the practice of hunting activities as well as the damage to wild animals;
- the damage for which the insured person is liable in his/her quality of leader, designated person or organizer of youth movements and the like, as a consequence of the actions of persons for whom he/she is answerable;
- the damage resulting from an intentional act by the insured person or resulting from the extra-contractual personal civil liability of the insured person who has reached the age of 16 years and which arises from:
 - a situation where the alcohol content in the blood of the insured person reaches or exceeds the limit set by local law it, or in a similar situation which is the con-

sequence of the use of products other than alcoholic beverages;

- participating in scuffles;

- the damage caused to animals, other movable goods and real estate property, which the insured person has under his/her responsibility, without prejudicing to what has been determined in Art 43.b.;
- the damage caused by lands and by gardens not included in the guarantee of the present contract;
- the damage caused by horses whether harnessed or not, belonging to the insured person;
- the damage caused to horses, ponies and donkeys as well as to their harnesses, which the insured person has rented, borrowed or of which he/she is the depositary.

Art. 45. Obligations of the insured person in case of damage

The insured person shall be obliged to:

- transmit all documents necessary for the administration and all judicial and extrajudicial instruments concerning the damage to the Underwriter immediately after their notification, legal notice or handing over to the insured person;
- appear at the hearings of the tribunal and submit himself (herself) to the requirements of the enquiry decided by the tribunal.

In case the insured person does not comply with the above mentioned obligations, he/she shall compensate the Underwriter for any damage suffered by the Underwriter.

Art. 46. Conduct of the dispute

From the moment the Underwriter is obliged to provide coverage and in so far as it has been appealed to, it shall support the insured person within the limits of the coverage.

With respect to civil rights interests and in so far as the interests of the Underwriter coincide with those of the insured person, the Underwriter has the right to conduct all the negotiations with the injured party and

the civil lawsuit. The Underwriter can make amends for the injury if there are any grounds for doing so.

These interventions of the Underwriter do not imply any recognition of liability on the part of the insured person and they must not cause him/her any prejudice.

The Underwriter pays for the costs of the civil defence of the insured person.

The final damage compensation or the refusal to compensate shall be communicated to the insured person as quickly as possible.

Art. 47. Intervention in the administration of justice

- a sentence can only be objected to the Underwriter, to the insured person or to the injured party if they were parties in the lawsuit or if they have been called in the case.

Nevertheless the sentence which has been pronounced in a lawsuit between the injured party and the insured person can be objected to the Underwriter if it is established that the Underwriter itself in fact took control of the conduct of the lawsuit.

- when the lawsuit is introduced against the insured person by the criminal court, the Underwriter can be implicated in the case by the injured party or by the insured person and the Underwriter can intervene voluntarily, under the same conditions as if the claim had been brought before a civil court, but the criminal court cannot pronounce a judgement upon the rights which the Underwriter can put forward against the insured person or the insurance taker.
- the Underwriter and the insured person can each intervene voluntarily in a lawsuit that has been brought by the injured party against the insured person or against the Underwriter alone.
- the Underwriter can call upon the insured person in the lawsuit that is undertaken against it by the injured party. The insured person can call upon the Underwriter in the lawsuit that has been brought against him/her by the injured party.
- the policy holder, who is not the insured person, can voluntarily intervene or be called in the lawsuit which

has been brought against the Underwriter or against the insured person.

Art. 48. Personal right of the injured party

The injured party has a personal right against the Underwriter. The compensation for damages owed by the Underwriter is due to the injured party or to his beneficiaries, to the exclusion of the other creditors of the insured person.

Art. 49. Opposability of the demurrers, nullity and abandonment of right

The Underwriter can only object the demurrers, the nullity and the abandonment of rights arising from law or the contract to the injured person in so far as these find their origin in an event previous to the damage suffered.

Art. 50. Payment of compensation for damages

The maximum amounts per case of damage, which the Underwriter can be obliged to pay, are determined by the amounts indicated in the Benefits List for each guarantee. All the damages, which can be attributed to one single event causing damages, constitute one and the same case of damage. The Underwriter pays for the interests on the principal due for compensation, the costs relating to civil proceedings, as well as the fees and expenses of the lawyers and the experts, even if they are above the insured sums, but only in so far as these costs have been made by itself or with its consent or, in case of a conflict of interest which cannot be imputed to the insured person, in so far as these costs have not been incurred unreasonably.

GENERAL CONDITIONS SPECIFIC TO OPTION 1

Art. 51. Travel Cancellation/Travel Interruption

If the insurance has been extended with Option 1, the special terms below will also apply.

Option 1 can only be taken out as a supplement to the Assistance Plan. The option Travel Cancellation/Travel Interruption is limited in the number of consecutive days, and is subject to a Deductible, as mentioned in the Benefits List. This cover is valid worldwide.

This cover will compensate the cancellation/interruption expenses (travel and accommodation costs) charged to the Insured Person, following the conditions of the travel contract, because of a cancellation or interruption for one of the following reasons, of which the Insured had no knowledge at the time of booking the trip:

- illness, accident, pregnancy complications or death of:
 - the Insured Person, his Life Partner, a Close Relative;
 - a person who lives together with the Insured Person on the same address and is in his/her care and at his/her charge;
 - the private person where Insured was invited to stay for free.
- pregnancy of the Insured or spouse/partner, in case the booked trip falls in the last 3 months of the pregnancy, and the pregnancy was not known at time of booking the trip;
- termination of the employment contract of the Insured Person by his employer for economic reasons;
- cancellation of leave of the Insured Person by his employer because of unavailability of a replacing colleague due to illness, accident or death;
- compulsory presence of the Insured Person due to the conclusion of an employment contract with a minimum duration of 3 months;
- necessary presence of self-employed Insured Person because of the unavailability of a replacing colleague due to illness, accident or death;

- unavailability due to illness, accident or death of a person charged with taking care of a Minor or handicapped child;
- major material damage to real estate property belonging to or rented by the Insured Person and occurring within 30 days before departure date;
- mandatory presence of the Insured Person called:
 - as a witness or member of the jury in court;
 - for military service or humanitarian aid;
 - for a re-examination in the period between departure date and 30 days after return date of the journey;
- if the Insured Person is called for the Adoption of a child;
- if the Insured Person is called for an organ transplant;
- inability of the Insured Person to receive, for medical reasons, a vaccination required for the destination;
- refusal of the entry visa by the authorities of the country of destination;
- total immobilization, due to a traffic accident, fire or theft, of the private car of the Insured Person at the time of departure (or maximum 1 week before), or during the haul to the destination. Engine trouble or apparently bad maintenance are excluded from compensation;
- delay at the time of embarkation, unforeseen in the travel contract, at departure or during a hop, due to immobilization of more than one hour because of a traffic accident or force majeure during the haul to embarkation.

Cancellation insurance is solely valid if concluded within 14 days of booking the travel arrangement. Contrary to the inception date of the policy (which gives the start date of the travel) the cancellation option is valid as from issue date.

Additional to the general exclusions mentioned in the General Conditions Common to all Modules (Art.4), there shall be no reimbursement for costs for conditions existing before the effective date of the contract, or which it was reasonable to expect, on the effective date of the contract or before, to be incurred during the period covered by the insurance.

Already paid premiums for cancellation insurance shall not be restituted in case of a cancellation.

No restitution of expenses will be made paid other than in connection with the cancellation of the travel or rental agreement, transport organization or accommodation.

The cover for cancellation is also granted in case of cancellation by a travel companion due to one of the abovementioned reasons, as long as the travel companion also subscribes to the option "Cancellation/Interruption" with the Underwriter.

GENERAL CONDITIONS SPECIFIC TO OPTION 2

Art. 52. Term life insurance

If the option Term Life insurance has been taken out this cover guarantees payment of the lump sum mentioned in the Policy Schedule in case of death of the Insured Person irrespective of the cause. In case of suicide a waiting period of 2 years will be applied.

Option 2 can only be taken out as a supplement to the Assistance Plan. The premium is age related and may not be higher than the premium of the Assistance Plan + option 1. This means the lump sum will be limited to a sum of which premium is lower or equal to the Assistance Plan + Option 1 (if taken out).

WHAT TO DO IF YOU NEED TO CLAIM

Please use the office hours contact details for all your claims and enquiries so as not to tie up the alarm centre with non-urgent requests. We strive to reply to all queries within 24 hours. Contact us on:

claims@expatinsurance.eu (office hours GMT +1)
+32 (0)2 463 0404 (office hours GMT +1)

To get reimbursed for other (medical) expenses, we kindly ask you to complete and send the according claim form to:

Expat & Co, Claims Dept.
Noordkustlaan 12
1702 Groot-Bijgaarden (Dilbeek)
BELGIUM

together with the ORIGINAL bills (no scans, no copies). All claim forms can be found on our website under 'claims'.

Please also note: travel tickets in case of an early return or repatriation **must be bought with Underwriter's or Alarm Centre's pre-approval**. You may run the risk of not being fully reimbursed if you buy the tickets first.

IN CASE OF AN EMERGENCY

If you find yourself needing to claim urgent assistance, or if you are hospitalised, call or e-mail the Alarm Centre for immediate support.

Tel: **+32 (0)2 669 0880** **24/7**
E-mail: **help@expatinsurance.eu** **24/7**
or: **claims@expatinsurance.eu** (office hours GMT +1)
Tel: **+32 (0)2 463 0404** (office hours GMT +1)

Download and save a copy of our **'what to do in case of a claim manual'**:
www.expatinsurance.eu/pdf-files/claims_manual.pdf

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