



General Terms and Conditions of Contract (GTCC)

Insurances for Global Card Visa and/or Mastercard payment cards,

issued by Cornèr Europe Ltd.

Valid for Austria.

General Terms and Conditions of Contract (GTCC) – AXA Insurance Ltd – Issue 01.01.2023

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Benefits Table

Insurance covers and maximum amounts insured ¹ in EUR per claim and insured person	Global Card Personal Platinum Visa and / or Mastercard credit card	Global Card Personal Gold Visa and / or Mastercard credit card	Global Card Personal Classic Visa and / or Mastercard credit card
	Global Card Business Platinum Visa and / or Mastercard credit card	Global Card Business Gold Visa and / or Mastercard credit card	Global Card Personal Direct Visa and / or Mastercard prepaid card
			Global Card Business Classic Visa and / or Mastercard credit card
			Global Card Business Direct Visa and / or Mastercard prepaid card
Section C – Emergency Medical Expenses			
Emergency medical expenses	EUR 1,000,000*	EUR 1,000,000*	EUR 1,000,000*
Evacuation / repatriation costs	Included	Included	Included
Emergency dental treatment	EUR 500	EUR 500	EUR 500
Complications of pregnancy	EUR 75,000*	EUR 75,000*	EUR 75,000*
Funeral expenses / repatriation of mortal remains	EUR 30,000	EUR 30,000	EUR 30,000
Excess	EUR 70	EUR 70	EUR 70
Section D – Travel Cancellation or Curtailment			
Travel cancellation costs	EUR 20,000*	EUR 10,000*	EUR 5,000*
Travel curtailment costs	EUR 10,000*	EUR 5,000*	EUR 3,000*
Excess	10% of total travel costs; min. EUR 70 and max. EUR 150	10% of total travel costs; min. EUR 70 and max. EUR 150	10% of total travel costs; min. EUR 70 and max. EUR 150
Section E – Baggage Delay			
Emergency replacement of clothing, toiletries, medication costs	from 4 hours, EUR 250	from 6 hours, EUR 250	from 6 hours, EUR 250
Section F – Baggage, Valuables, Money, and Travel Documents			
Loss, theft, or damage to baggage per person	EUR 10,000	EUR 5,000	EUR 1,000
Valuables	EUR 500	EUR 250	EUR 200
Money	EUR 500	EUR 250	EUR 200
Travel documents	EUR 500	EUR 250	EUR 200
Section G – Delayed Departure			
Restaurant meals, refreshments, and hotel accommodation costs	from 4 hours EUR 250, max. EUR 1,000	from 6 hours EUR 250, max. EUR 800	from 6 hours EUR 250, max. EUR 800
Section H – Travel Accident			
Death benefit	EUR 500,000	EUR 300,000	EUR 100,000
Invalidity benefit	EUR 500,000	EUR 300,000	EUR 100,000

¹In the case of sums insured marked * the amounts apply per claim.

Definitions

- **Medical practitioner**

A legally licensed member of the medical profession, recognized by the law of the country where treatment is provided and who, in rendering such treatment, is practicing within the scope of their license and training.

- **Government measure**

Official and legally binding order from local government authorities in the country of residence and at the travel destination.

- **Theft**

Any theft committed by violence, threat of violence, robbery, assault, or through break in by a third party (a person who is not a relative, close relative, or travel companion).

- **Baggage**

Clothing, personal effects, baggage, and other items belonging to an insured person (excluding valuables, ski equipment, golf equipment, money, and documents of any kind) which the insured person carries or uses during a trip.

- **Outward journey**

The journey from the home or business address to the travel destination including international flights, sea crossings or rail journeys booked, which are directly related to the outward journey.

- **Cardholder**

The holder of an insured card. Feminine and other gender identities are explicitly included as far as it is necessary for the statement.

- **Bodily injury**

An identifiable physical injury suffered by an insured as a result of a sudden, external, unexpected, and particular event.

- **Benefit table**

The table listing the insurance benefits.

- **Manual work**

Any work above ground level, work using cutting tools, power tools and machinery, work involving hands-on involvement with the installation, assembly, maintenance, or repair of electrical, mechanical, or hydraulic plant, undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter / decorator or builder, or manual labor of any kind, with the exception of bar and restaurant work, service staff, housemaids, au pair and child care, and occasional light manual work at ground level including retail work and fruit picking.

- **Medical emergency**

A bodily injury or sudden and unforeseen illness suffered by an insured person while they are on a trip outside their country of residence and a medical practitioner tells them that they need immediate medical treatment or medical attention.

- **Medically necessary**

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

- **Medical condition**

Any physical or mental illness, disease, injury, or condition of an insured person or close relative, travelling companion or person with whom the insured person intends to stay during the trip.

- **Close relative**

Mother, father, sister, brother, spouse, or fiancé / fiancée or common law partner (any couple, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward.

- **Public transportation**

All means of transportation by road, rail, sea, or air of a licensed carrier operating a regular and / or charter passenger service booked by the insured person for the trip.

- **Pandemic**

A pandemic is a temporary, global, massive accumulation of a contagious disease. The respective declarations of the World Health Organization (WHO who.int) are decisive for the qualification as a pandemic and thus also for its duration.

- **Quarantine**

For the purposes of these terms and conditions, a government-ordered quarantine is a legal order for forced isolation issued to a person by a local government authority.

- **Trip**

Private and / or business travel undertaken within the scope of application.

- **Travel Curtailment**

Curtailment of the trip by returning directly to the home address due to an emergency; subject to AXA approval for the return.

- **Return journey**

The journey to the home address in the country of residence.

- **Complications of pregnancy**

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

- **Loss of vision**

Total and irrecoverable loss of vision in one or both eye(s); this is considered to have occurred if the degree of vision remaining after correction is 3 / 60 or less on the Snellen scale.

- **Sports and activities**

The following sports and activities are in any case excluded from the insurance cover within the scope of Section H – Travel Accident:

- Abseiling
- Glacier skiing
- Sailing (within 20 nautical miles of the coastline)
- Diving (see following exceptions)

Diving is insured provided that a necessary qualification exists and diving is undertaken under the supervision of an accredited dive marshal, instructor, or guide and within the guidelines of the relevant diving or training agency or organization:

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

Any equivalent qualification must be approved by AXA. If the insured person does not hold any qualification, AXA will only insure them to a depth of 18 meters.

- Skidoo / snowmobile
- Trekking (over 4'000 meters without climbing equipment)
- War games

As a general rule, events related to high-risk activities that knowingly expose oneself to danger are excluded.

- **Strike**

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

- **Terrorism**

An act, including but not limited to the use of force or violence and / or the threat thereof, by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or similar purposes including the intention to influence any government and / or to put the public, or any section of the public, in fear.

- **Adverse weather conditions**

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

- **Under the influence of alcohol or drugs**

If a toxicological test has been completed and produces a result above 0.02 % BAC (blood alcohol content) or a drug screening is positive. If a toxicological test has been completed, any report from the time of the incident detecting or confirming any suspicion of the consumption / use of drugs or alcohol.

- **Loss of limb**

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

- **Insured cards**

Insurance cover applies to cardholders of the following cards:

- Global Card Personal Platinum Visa and / or Mastercard credit card
- Global Card Personal Gold Visa and / or Mastercard credit card
- Global Card Personal Classic Visa and / or Mastercard credit card
- Global Card Personal Direct Visa and / or Mastercard prepaid card
- Global Card Business Platinum Visa and / or Mastercard credit card
- Global Card Business Gold Visa and / or Mastercard credit card
- Global Card Business Classic Visa and / or Mastercard credit card
- Global Card Business Direct Visa and / or Mastercard prepaid card

- **Insured persons**

- **Personal**

The cardholder and his / her spouse or legal partner (any couple in a common law relationship living permanently at the same address), their unmarried children, aged under 19, or age 19 to 25 if in full time education, who are legally and financially dependent (according to the regulations of the country of residence) on the cardholder, all living in the country of residence of the cardholder and travelling on a trip. Insured persons are only covered if they are travelling to the same destination as the cardholder.

- **Business**

The cardholder, employees, consultants, guests and family members and persons living in the same household and who are accompanying the cardholder on a business trip, as well as employees, consultants and guests of the cardholder for whom the cardholder paid travel expenses by card without personally going on the business trip.

- **Pre-existing medical conditions**

- Any past or current medical condition that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation, or follow-up / check-up has been required or received during the two years prior to the holding of an insured card and / or prior to the booking of and / or commencement of any trip.
- Any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the beginning of the insurance cover under this Benefit Table and / or prior to a trip.

- **Valuables**

Jewelry, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, photographic, audio, video, computer, television, or games devices (including but not limited to CDs, DVDs, memory devices, and headphones), telescopes, binoculars, MP3 / 4 players.

- **Country of residence**

The country in which the insured person has his official primary residence.

General Terms and Conditions of Contract (GTCC)

Section A Framework Conditions of the Insurance Contract

A1 Introduction

These conditions summarize the insurance benefits offered by Cornèr Europe Ltd (hereinafter referred to as “Cornèr”) to the cardholders of an insured card and to the insured persons. The provision of these insurance benefits is enabled by an insurance policy held by Cornèr, as policyholder, and issued by AXA Insurance Ltd (hereinafter referred to as “AXA”), as insurer. Cornèr is the sole policyholder as defined in the insurance policy and only Cornèr has direct rights of claim against the insurer under the insurance policy. These conditions do not confer any direct rights under the insurance policy but allow benefits to be received as a cardholder of an insured card or as an insured person. For the insured to receive benefits, strict compliance with these conditions is required.

A2 Eligibility

The benefits summarized in this document are subject to the condition that at least one insured person is a legitimate cardholder of an insured card at the time of any incident giving rise to a claim. Cornèr will notify the insured persons if there are any material changes to these conditions or if the policy supporting the benefits insured under these conditions is canceled or expires without renewal on equivalent terms. This document serves as the catalog of benefits. It contains details of benefits, general conditions, and general exclusions, and provide the basis on which all claims made by the insured person will be processed.

A3 Insurer

The insurer is:

AXA Insurance Ltd
General-Guisan-Strasse 41
8400 Winterthur
Switzerland
Phone +43 1 581 39 69
Email: info@axa-assistance.de

The following are commissioned with the processing of assistance and insurance services:

AXA Assistance Deutschland GmbH
Colonia-Allee 10-20
51067 Cologne
Germany

and

Inter Partner Assistance Service GmbH
Grosse Scharrnstrasse 36
15230 Frankfurt (Oder)
Germany

and

AXA Travel Insurance
106-118 Station Road
The Quadrangle
Redhill RH1 1PR
United Kingdom

The commissioned service providers can be contacted on +43 1 581 39 69 or via info@axa-assistance.de.

A4 Policyholder

Cornèr Europe AG
Städtle 17
9490 Vaduz
Principality of Liechtenstein

A5 Insured persons

Personal

The cardholder and his/her spouse or legal partner (any couple in a common law relationship living permanently at the same address), their unmarried children, aged under 19, or age 19 to 25 if in full time education, who are legally and financially dependent (according to the regulations of the country of residence) on the cardholder, all living in the country of residence of the cardholder and travelling on a trip. Insured persons are only covered if they are travelling to the same destination as the cardholder.

Business

The cardholder, employees, consultants, guests and family members and persons living in the same household and who are accompanying the cardholder on a business trip, as well as employees, consultants and guests of the cardholder for whom the cardholder paid travel expenses by card without personally going on the business trip.

Insureds are only insured if they are traveling with the cardholder to the same destination.

The insured persons' maximum age limit for all benefits is 75 years. If the insured person reaches the age of 76 during the insurance period, the insurance cover continues until the end of that insurance period, but not beyond.

A6 Subsidiary clause

Benefits are provided on a subsidiary basis under this insurance policy. If the insured person has another insurance policy, in the first instance he must claim benefits under such insurance up to the maximum limit of the respective policy. The insurance cover provided by AXA begins once this maximum limit has been reached. AXA does not cover costs if another insurance, indemnity, liability, health policy, or if there is another source covering the same loss, damage, expense, or liability (does not apply to Section H – Travel Accident).

A7 Beginning, duration, and prerequisite of insurance cover

A7.1 Beginning

Insurance cover begins as soon as Cornèr has issued the insured card and the cardholder is in legitimate possession of it. The insurance cover is valid as long as the cardholder is in legitimate possession of a valid insured card.

A7.2 Duration and validity of insured card

The insurance cover applies to all events that occur during the term of the contract. The insurance cover does not apply if the insured card was blocked or withdrawn by Cornèr at the time of booking and/or paying for the trip.

A7.3 Prerequisite – pre-payment of at least 51 %

For insurance cover to apply, the cardholder must have pre-paid at least 51% of the cost of the trip with one or more valid insured cards.

A8 Important information

1. Claims arising from any pre-existing medical conditions are not insured.
2. Claims arising when the insured travels against the advice of a medical practitioner (or would be travelling against the advice of a medical practitioner if the insured person had consulted him) are not insured.
3. Claims arising when the insured person travels with the intention of seeking medical treatment or a consultation abroad are not insured.
4. Claims arising when the insured person has undiagnosed symptoms that require attention or investigation in the future (i.e. symptoms for which the insured is awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not insured.
5. In the event of a medical emergency, the insured person or the institution providing the treatment must contact AXA as soon as possible on +43 31 581 39 69. The insured person must also contact AXA to report any loss, theft, or damage.
6. In circumstances requiring travel curtailment, the insured person must contact AXA on +43 1 581 39 69.
7. These conditions are subject to Austrian law.
8. The Austrian courts have jurisdiction in the event of disputes arising between a cardholder (as consumer) and the insurer or the policyholder under this insurance.
9. The cardholder agrees that communication will be conducted electronically (including via email). Such communications may contain information of a marketing nature, including information on new products. The cardholder is entitled to revoke their consent to electronic communication at any time.
10. Trips must begin and end in the country of residence and both outward and return travel tickets must be purchased before the trip begins.
11. The duration of any trip must not exceed 45 consecutive days. In the case of trips longer than the maximum insurance duration, the benefits will not apply to any part of the trip.
12. Coverage for the benefits in Section C – Emergency Medical Expenses is excluded in the country of residence.
13. A deductible applies to benefits in Section C – Emergency Medical Expenses and Section D – Travel Cancellation or Curtailment.

A9 Important health requirements

The insured person must meet the following requirements in order to benefit from full coverage under this policy. These requirements apply in addition to the conditions specified in the "Important information" section. If the insured person fails to meet these conditions, AXA may refuse to process the claim or may reduce the payment amount.

The benefits in relation to medical care in the event of travel cancellation or curtailment due to medical reasons are not covered if the insured does not have a permanent residence.

IMPORTANT: Claims arising directly or indirectly from a pre-existing medical condition affecting the insured person are not insured.

A9.1 Indirectly related medical conditions

1. At the time this insurance is concluded, the insured person is not covered for claims resulting directly or indirectly from:
 - a) any medical condition which the insured person has or had, and for which the insured person takes or took prescribed medications; and
 - b) any medical condition which the insured person has or had, and for which the insured person is awaiting treatment (including surgery, tests, or investigations) or received treatment in the last two years;
 - c) any medical condition for which the insured person has received the diagnosis that it is incurable;
 - d) any medical condition which is known to the insured person but for which the insured person has not received a diagnosis;
 - e) any medical condition for which the insured person is on a waiting list;
 - f) any medical condition for which the insured person knows he requires surgery or treatment;
 - g) any medical condition for which the insured person is expecting the results of tests or investigations;
 - h) any medical condition affecting the insured person and which the insured person is aware of and which could reasonably be expected to give rise to a claim under this insurance;
 - i) any medical condition affecting a third party that the insured person is aware of and which could reasonably be expected to give rise to a claim under this insurance; For the information of the insured person, this applies in the case of the following examples:
 - any third party who has received the prognosis of an incurable disease;
 - any third party who receives or is awaiting an investigation or treatment at a hospital due to an undiagnosed illness or a series of symptoms;
 - any third party who is treated on an inpatient basis;
 - any third party who suffers from an existing medical condition or disease who shows new symptoms or a change in symptoms.

For the information of the insured person, examples of illnesses that may be indirectly connected to a disease include:

 - a person with breathing difficulties who then suffers from any kind of chest infection;
 - a person with high blood pressure or diabetes who then suffers a heart attack, stroke, or mini-stroke;
 - a person who has or has had cancer and who then suffers from a secondary cancer;
 - a person with osteoporosis who then suffers from a broken bone or fracture.

2. At no time is the insured person covered in the event of claims arising directly or indirectly from any of the following:
 - any medical condition which the insured person has, for which a medical practitioner advised against travel or would have advised against travel had the insured person consulted him.
 - surgery, treatments, or investigations for which the insured person intends to travel outside their home region (including all costs arising due to the

discovery of other illnesses during these procedures and /or complications due to these procedures).

- any medical condition for which the insured person is not taking the recommended treatment or prescribed medication as advised by a medical practitioner.
 - traveling in breach of any health regulations or requirements set by the carrier, their handling agents, or any another local public transportation provider.
3. Insurance cover is offered on the condition that the insured person is fit to travel on the day of booking. If the insured person's state of health changes following the date on which the travel tickets or booking confirmation are issued, the insured person must contact AXA on +43 1 581 39 69 to discuss how this may affect the insurance cover. The insured person can contact AXA on +43 1 581 39 69 if he has concerns about his fitness for travel.

A10 Important limits under Section D – Travel Cancellation or Curtailment

The insurance does not cover claims under Section D – Travel Cancellation or Curtailment arising due to a pre-existing medical condition that is known prior to booking a trip (whichever is the later) and which concerns a close relative, a person with whom the insured person is traveling, or a person with whom the insured person intends to stay, if:

- 1) an incurable disease was diagnosed by a medical practitioner; or
- 2) the person was on a waiting list or was aware of the need for surgery, inpatient treatment, or investigation at a hospital or clinic;
- 3) during the 45 days immediately prior to taking out the insurance or booking a trip (whichever is the later) a close relative required an operation, inpatient treatment, or hospital visit.

A11 Emergency assistance

AXA must be contacted on +43 1 581 39 69.

Should an insured person suffer from a serious illness or an accident that could lead to hospitalization, the insured person must contact AXA before any repatriation is planned or if he has to interrupt the trip. AXA is available around the clock and can assist with the organization of repatriation and settlement of medical expenses directly with the treating institution. Treatment in a private facility is not insured unless pre-approved by AXA. If it is not possible to contact AXA before treatment (in the case of immediate emergency treatment), AXA must be contacted as soon as possible afterwards.

A11.1 Medical assistance abroad

AXA organizes transportation home if this is deemed medically necessary or in the event that the insured person learns of a serious illness, injury, or death of a close relative at home.

A11.2 Payment for medical treatment abroad

If the insured person is admitted to a hospital / clinic outside their country of residence, AXA will arrange for the medical costs covered by the insurance to be paid directly to the hospital / clinic. AXA must be contacted as soon as possible on +43 1 581 39 69.

For outpatient treatment (if the insured person is not hospitalized) or minor illnesses or injuries (excluding fractures), the insured person must pay for the required medical treatment themselves and claim it back from AXA upon return to their country of residence. It is important not to sign anything confirming that the insured person will pay for additional treatments or fees. If in doubt, AXA must be contacted.

A12 Reciprocal healthcare agreements

European Union (EU), European Economic Area (EEA), and Switzerland

If the insured person travels to a country within the European Union (EU), European Economic Area (EEA), or Switzerland, AXA recommends carrying the European Health Insurance Card (EHIC) and presenting it, if applicable. The statutory health insurance card also serves as European Health Insurance Card. This card entitles the insured person to certain free or reduced-cost medical treatments in the EU, EEA, or Switzerland. In addition, the card entitles the insured person to receive emergency benefits in Macedonia, Montenegro, and Serbia.

A13 General terms and conditions

The insured person must meet the following general terms and conditions in order to benefit from full coverage under this policy. If the insured person fails to comply with the following general terms and conditions, AXA may refuse the claim or reduce the claim amount at its discretion.

1. To be eligible for the insurance cover, the cardholder must have pre-paid at least 51 % of the cost of the trip with one or more valid Cornèr cards.
2. The maximum age limit for all benefits under this insurance is 75 years.
3. The insured person must take all reasonable care and precautions to prevent a claim. The insured person must act as if he was not insured and take all steps to minimize his loss as much as possible as well as take reasonable steps to prevent a further incident and recover missing property.
4. In circumstances requiring travel curtailment, AXA must be contacted on +43 1 581 39 69. AXA is available around the clock and can support the insured person with the return journey. AXA will also organize the return journey home if the insured person receives information about a serious illness, imminent death, or death of a close relative at home.
5. The insured person must notify AXA as soon as possible in case of emergency or in case of inpatient treatment at a hospital (all outpatient treatments, minor illnesses, or injuries [excluding fractures] must be paid for directly by the insured person and claimed back). The insured person is required to notify AXA within 28 days of becoming aware of a claim and to send the completed forms listed under "Reporting a Claim", together with all additional documentation requested to AXA as soon as possible.
6. The insured person must report all claims under Section F – Baggage, Valuables, Money, and Travel Documents to the local police in the country in which the claim event occurred and obtain a confirmation of notification or loss.
7. The insured person must not dispose of any insured items and must retain any damaged items, as AXA may need to inspect them.
8. The insured person must make all required information available to AXA at his own expense. AXA may ask the insured person for additional documentation to that listed in these terms and conditions in order to verify the claim. Claims may be refused if the insured person does not provide AXA with the required documents.
9. The insured person or their legal representatives must provide AXA at their own expense with all information, evidence, medical certificates, original invoices, receipts, reports, and other documentation that may be needed, including details of other insurance policies that may cover the claim. AXA may refuse to reimburse expenses for which the insured person cannot provide receipts or invoices. The insured person is advised to make copies of all documentation submitted to AXA.
10. The excess will be deducted for each insured person and each incident.
11. The insured person must not recognize, deny, regulate, reject, or negotiate any demand or enter into any agreement without the consent of AXA.
12. In the event of a claim, the insured person must, upon AXA's request and expense, be examined by a medical practitioner (selected by AXA) as often as is reasonably necessary prior to AXA paying a claim; in the event of the death of the insured person, AXA has the right to request and pay for an autopsy.
13. If repatriation is arranged or a claim refund is made and the insured person has unused travel tickets as a result, the insured person must surrender them to AXA. If the insured person fails to do so, AXA will deduct the price of these tickets from the reimbursement amount.
14. AXA is entitled to do the following on behalf of the insured person and at AXA's own expense:
 - take responsibility for settling claims;
 - take legal steps on behalf of the insured person to obtain compensation from other persons for the benefit of AXA or obtain a refund of payments already made;
 - take any action to recover lost property or property that is thought to be lost.
15. If the insured person or anyone acting for the insured person seeks to obtain a reimbursement, information, or other assets by fraud or other illegal means (including deliberate misrepresentation or omission of facts in order to misrepresent the true situation), the insurance will no longer be valid. AXA may inform the police and the insured person will be required to repay any benefits already received under the insurance.
16. AXA will make every effort to provide the insured person with all the benefits as described in these conditions.
17. If the insured person has more than one insured card, AXA will only pay the amount insured on the card with the highest limit of insurance cover; the claims are not cumulative.

Section B

General Conditions

B1 General exclusions

1. Events that had already occurred when the trip or holiday was booked or whose occurrence should have been recognizable to the insured person.
2. Claims arising directly or indirectly from any pre-existing medical conditions.
3. Claims where the insured person, at their own expense, failed to provide AXA with the required documents requested in "Reporting a Claim". AXA may ask for additional documentation to that listed in order to substantiate the claim.
4. Any claim relating to IVF treatment (in vitro fertilization, colloquially known as "artificial insemination").
5. Engagement in or practice of manual work, flying unless as a passenger in a fully licensed passenger aircraft, use of motorized vehicles with two or three wheels unless the insured persons have a valid driving license issued in the country of residence permitting the use of such vehicles at the destination and a crash helmet is worn, professional practice of sports, racing (but not on foot), motor rallies and motor competitions, driving on race tracks, or other tests of speed or endurance.
6. Sports and activities are only insured on an occasional, non-competitive, and non-professional basis.
7. Events related to high-risk activities involving the deliberate exposure to risk
8. Claims resulting from an insured person attempting or committing suicide; deliberately injuring themselves, using any drug not prescribed by a medical practitioner, being addicted to, abusing, or being under the influence of drugs, or alcohol.
9. Claims resulting from involvement in a physical altercation except in self-defense.
10. Travel carried out in breach of any health regulations or requirements set by the carrier, their handling agents, or any other public transportation provider.
11. Any unlawful act by or criminal proceedings against the insured person or any loss or damage intentionally caused by the insured person.
12. Consequential losses, damage, or costs incurred as a result of the event for which the insured person claims insurance benefits.
13. Operational duties of a member of the armed forces, police, fire, nursing, or ambulance services, or employees of a government department other than claims arising from authorized leave being canceled due to operational reasons, as provided for under Section D – Travel Cancellation or Curtailment.
14. Any claim where the insured person is entitled to indemnity under any other insurance cover, including any amounts recoverable from any other source, unless this exceeds the amount which would have been insured under such other insurance, or any amount recoverable from any other source, had these benefits not been settled.
15. Travel to countries, specific areas, or event in respect of which an authority in the country of residence or a supervisory authority in a country to/from which travel is being undertaken has advised against all travel.
16. Claims caused by an insured person climbing, jumping, or moving from one balcony to another regardless of the height of the balcony.
17. Costs for which an insured person should also have been liable or would probably have been liable if the claim had not occurred.
18. Any circumstances an insured person is aware of that could reasonably be expected to give rise to a claim under this insurance.
19. Costs of telephone calls, faxes, or internet charges insofar as these are not documented as costs to contact AXA.
20. A medical condition for which the insured person is not taking the recommended treatment or prescribed medication as advised by a medical practitioner.
21. War, invasion, acts of foreign enemies, hostilities, or warlike operations (whether war has been declared or not), civil war, rebellion, terrorism, revolution, insurrection, civil unrest in the form of or assuming the proportions of an uprising, military or usurpatory coups or attempted coups; this exclusion does not apply to losses under Section C – Emergency Medical Expenses or Section H – Travel Accident unless such losses are caused by nuclear, chemical, or biological attack, or the circumstances were already taking place at the beginning of any trip.
22. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or component of such assembly.
23. Loss, destruction, or damage directly caused by pressure waves generated by aircraft and other aerial devices traveling at sonic or supersonic speeds.
24. Events that are not explicitly listed under "What is insured".

Section C

Emergency Medical Expenses

This is not a private health insurance. If an insured person becomes unexpectedly ill, injured or has pregnancy complications and requires inpatient treatment or repatriation or exceeds costs of €500, AXA must be contacted on +41 445 830 628.

AXA may:

- move an insured person from one hospital to another; and /or
- return them to their home in the country of residence; or
- move them to the most suitable hospital in the country of residence;

at any time AXA and the treating medical practitioner deems this to be medically necessary and safe.

If AXA's chief medical director indicates a date when it is possible and practical to repatriate the insured person but the insured person chooses not to be repatriated, liability for further costs under this section after that date will be limited to what AXA would have paid if repatriation had taken place.

C1 What is insured?

Expenses up to the limit shown in the benefit table incurred outside the country of residence:

- a) All reasonable and necessary expenses which arise as a result of a medical emergency involving an insured person. This includes medical practitioners' fees, hospital expenses, medical treatment and all the costs of transport to the nearest suitable hospital, when deemed necessary by a recognized medical practitioner.
- b) All reasonable and necessary emergency medical expenses for all infants born following complications of pregnancy during a trip. Claims involving multiple births are considered to be one event.
- c) Emergency dental treatment for the immediate relief of pain and /or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
- d) Additional travel costs for the return transport of the insured person to the country of residence, if approved by AXA and recommended by AXA's chief medical director, including the costs of medical escorts if necessary. Repatriation expenses will only be paid for the same class of travel as the outward journey unless AXA agrees otherwise.
- e) With AXA's prior authorization and if deemed medically necessary by AXA's chief medical director:
 - I. all necessary and reasonable accommodation (room only) and travel expenses incurred where it is medically necessary for an insured person to stay beyond the scheduled return date, including costs of returning to the country of residence when the insured person's original ticket can no longer be used;
 - II. all necessary and reasonable accommodation (room only) and travel expenses incurred by another person if required on medical advice to accompany the insured person or escort a child home to their country of residence;
 - III. all necessary and reasonable accommodation (room only) and travel expenses for a friend or close relative to travel from the country of residence to escort beneficiaries under the age of 18 to their home in the country of residence if the insured person is physically unable to take care of them and are travelling alone. If the insured person cannot nominate a person, AXA will select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, AXA will pay for economy one way travel to take the child home. AXA will not pay for travel and /or lodging not arranged by the insurer or incurred without their prior consent.

- f) If an insured person dies abroad:
 - I. the cost of cremation or burial in the country where the insured person dies; or
 - II. Transport costs for repatriating the body or ashes to the country of residence.

C2 What is not insured?

1. Excess indicated in the benefit table per insured person and per claim, unless the European Health Insurance Card has been used and accepted by the treating institution.
2. Emergency medical and other expenses incurred abroad are excluded in the country of residence.
3. Any claim arising directly or indirectly from any pre-existing medical conditions.
4. Any claim arising from pregnancy related conditions not due to complications of pregnancy which first arise after departing on your trip. Normal pregnancy or childbirth, or travelling when a medical practitioner has recorded the pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
5. Claims where an insured person refuses AXA's medical repatriation service. If the insured person requests an alternative medical repatriation, this shall be at the insured person's own risk and expense.
6. Expenses incurred outside the country of residence after AXA's chief medical director has advised the insured person that the insured person should return home or arrange a return.
7. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
8. Any expenses which are not usual, reasonable or customary to treat the bodily injury or illness.
9. Any treatment or diagnosis that was planned in advance or known to the insured person.

10. Any form of treatment or surgery which in the opinion of AXA's chief medical director can be reasonably delayed until the insured person returns to the country of residence.
11. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the country of residence, unless stolen or damaged.
12. Additional costs arising from single or private room accommodation.
13. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by AXA.
14. Treatment costs for cosmetic reasons unless AXA's chief medical director agrees such treatment is necessary as a result of an accident insured by this policy.
15. Any expenses incurred after you return to the country of residence unless AXA has agreed these in advance.
16. Expenses incurred as a result of a tropical disease where the insured person didn't take the recommended vaccinations and / or recommended medication.
17. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
18. The cost of dental treatment involving the adjustment of dentures, artificial teeth or the use of precious metals that are not for the immediate relief of pain.
19. Any costs incurred in Australia where the insured person would have been eligible and had the opportunity to enroll in the Medicare scheme but failed to do so.
20. Costs of telephone calls, other than calls to us in order to inform us of the claim, and for which a receipt or other evidence to show the cost of the call and the number called can be provided.
21. Air-sea rescue costs.

Section D

Travel Cancellation or Curtailment

D1 Travel Cancellation: What is insured?

Expenses per trip for unused and non-refundable travel and accommodation expenses and other pre-paid excursions, tours and activities for all insured persons travelling together and paid or required to be paid for by the Cardholder as a result of additional travel expenses. The basic prerequisite is that at the time of booking the trip or at the beginning of the trip the insured event had not already occurred or was not foreseeable:

- a) unexpected illness, injury, pregnancy complications or death of an insured person and / or a close relative.
- b) Unexpected illness, injury, complication of pregnancy or death of any person with whom the insured person is travelling or with whom the insured person intends to stay during the trip.
- c) Compulsory quarantine, jury service attendance or being summoned as a witness to a court (except in an advisory or professional capacity) of the insured person.
- d) Request by emergency services to an insured person to stay at home or return home due to serious damage to their home or place of work (where the insured person is the owner, director or manager of the company) by a third party who is not related to the insured person.
- e) If an insured person is in an open-ended employment relationship and the probationary period with the employer has been passed and is dismissed.
- f) When an insured person or a travel companion, or any person with whom an insured person is staying during the trip, is a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and the authorized leave has been cancelled for business reasons, provided that such travel cancellation or curtailment could not reasonably have been foreseen at the time of booking any trip (whichever is the later).
- g) If the homeward journey on scheduled public transport is delayed at the final departure point for more than 24 hours from the scheduled time of departure due to strike or industrial action; or adverse weather conditions; or mechanical breakdown or a technical fault occurring in the scheduled public transport on which the insured person is booked to travel.
- h) If the car that was meant to be used for a trip is stolen or damaged and is unroadworthy, within seven days of the original departure date, and repairs are unable to be completed by the day of departure, only the costs of an equivalent hire car will be insured and no cancellation costs will be paid.

D2 Travel Cancellation: What is not insured?

1. The cost of recoverable airport charges, fees and taxes.
2. Claims where the insured person delays or fails 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 without such failure or delay.
3. Claims for unused travel tickets to a destination where AXA has already paid the insured person for alternative travel arrangements.
4. Claims for travel curtailment where the insured person has not obtained confirmation from the carriers (or their handling agents) of the duration and reason for the delay.
5. Any claim arising from complications of pregnancy which first arise before booking or paying for the trip, whichever is later.
6. Claims arising from a changed financial situation of an insured person unless the insured person is dismissed whilst having been employed by the same employer for at least 2 years.
7. Claims where documented evidence that the authorized leave is cancelled for unforeseen operational reasons is not provided.
8. Any rebooking costs that exceed the cost of the originally booked trip.
9. Claims where the insured person has not checked in in accordance with the itinerary provided to him.
10. Curtailment after the first leg of a trip.
11. Any expenses when reasonable alternative travel arrangements have been made available within 24 hours of the scheduled departure time.
12. Claims for travel curtailment under this section if claims have already been made under Section G "Delayed departure".
13. Any claim resulting from the delay or change to a booked trip because of governmental measures or restrictive regulations.
14. Claims, should it not be possible to travel due to governmental measures in the context of a pandemic.
15. Claims arising from the insured person's failure to comply with any condition or entry requirement.
16. Amounts for which the insured person has claimed under Travel Curtailment.

D3 Travel curtailment: What is insured?

Expenses per trip for unused and non-refundable travel and accommodation expenses and other pre-paid excursions, tours and activities for all insured persons travelling together and paid or required to be paid for by the cardholder as a result of additional travel expenses. The basic prerequisite is that at the time of booking the trip or at the beginning of the trip the insured event had not already occurred or was not foreseeable:

- a) unexpected illness, injury, pregnancy complications or death of an insured person and / or a close relative.
- b) Unexpected illness, injury, complication of pregnancy or death of any person with whom the insured person is travelling or with whom the insured person intends to stay during the trip.
- c) Compulsory quarantine, jury service attendance or being summoned as a witness to a court (except in an advisory or professional capacity) of the insured person.
- d) Request by emergency services to an insured person to stay at home or return home due to serious damage to their home or place of work (where the insured person is the owner, director or manager of the company) by a third party who is not related to the insured person.
- e) When an insured person or a travel companion, or any person with whom an insured person is staying during the trip, is a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and the authorized leave has been cancelled for business reasons, provided that such travel cancellation or curtailment could not reasonably have been foreseen at the time of booking any trip (whichever is the later).

D4 Travel curtailment: What is not insured?

1. Any claim where the insured person has not received any pre-approval from AXA before returning to the country of residence. AXA will confirm the necessity to return home due to bodily injury or illness before the travel curtailment.
2. Any transportation and / or accommodation costs not arranged by AXA or incurred without AXA's prior approval.
3. Any claim arising from complications of pregnancy which first arise before departing on the trip.
4. Amounts for which the insured person has already claimed under travel cancellation.
5. Claims for unused and non-refundable travel and accommodation expenses and other pre-paid excursions, tours or activities if an insured person is required to curtail a trip due to governmental pandemic measures.
6. Events resulting from the insured person's failure to comply with any condition or entry requirement.

7. Claims arising directly or indirectly from a pre-existing medical condition known to the insured person prior to booking any trip involving a close relative, any person with whom the insured person is travelling or any person with whom the insured person intends to stay whilst on the trip if:
 - a) a terminal illness had been diagnosed by a medical practitioner; or
 - b) the person was on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or examination at any hospital or clinic;
 - c) the person required surgery, inpatient treatment or hospital consultations during the 90 days immediately prior to booking any trip

D5 What is not insured under travel cancellation or curtailment?

1. The excess as shown in the benefit table per insured person for each individual claim.
2. The cost of travel cancellation or curtailment due to bodily injury or illness where the insured person cannot provide a medical certificate from the medical practitioner treating the injured / ill person, stating that the insured person had to cancel the trip and was unable to travel or return to the country of residence due to bodily injury or illness.
3. Claims for travel companions if they are not an insured person.
4. Any costs paid for using an airline mileage reward program, or any card bonus points program, any Timeshare program, holiday housing program or other holiday points program and / or any associated maintenance fees.
5. Any costs or charges for which the public transport provider will pay compensation.
6. Claims where the insured person has not complied with the terms of contract of the travel agent, tour operator or provider of transport.
7. Strikes or industrial action or delays due to traffic controls which existed or were made public at the time these conditions came into force or at the time the insured person booked the trip (whichever is the earlier).
8. Withdrawal from service of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar agency in any country.
9. Any claim resulting from the failure of the provider of any service forming part of the booked trip to provide any part of the booked trip (apart from excursions) including error, insolvency, omission or delay.
10. Any travel cancellation or curtailment caused by work commitment or amendment of holiday leave by the employer unless the insured person or any travelling companion or person they are staying with on the trip are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and they have their authorized leave cancelled for operational reasons.
11. Any claim resulting from an inability to travel due to failure to own, obtain or show a valid passport or any required visas of any member of the travelling group.

Section E

Baggage delay

E1 What is insured?

The insured person will receive, up to the amount specified in the benefit table for all insured persons travelling together, the cost of the necessary replacement of clothing, medicines and toiletries if the checked-in baggage is temporarily lost on departure and is not returned after arrival within the hours specified in the benefits table, provided there is a written confirmation from the airline confirming the duration of the baggage delay.

E1.1 Important conditions for the insurance benefits

1. The insured person must obtain a written confirmation from the carrier, confirming the duration of the baggage delay.
2. The insured person must obtain a Property Irregularity Report from the airline or its handling agents; and
3. Submit a written notice of claim within the time limit specified in the conditions and retain a copy of it;
4. Retain all travel tickets and tags to submit with a claim.
5. All amounts apply only for actual incurred expenses in excess of any compensation paid by the carrier.
6. The amounts shown in the benefit table are the total for each delay irrespective of the number of insured persons travelling together.
7. If the covered card could not be used for the essential purchases, detailed receipts for these purchases must be retained.

E2 What is not insured?

1. Claims which do not relate to the outward journey on a trip outside of the country of residence.
2. Claims due to delay, confiscation or detention by customs or other authority.
3. Claims arising from baggage shipped as freight or under a bill of lading.
4. Costs or charges that a carrier or provider is required to reimburse, has reimbursed, or will reimburse.
5. Reimbursement for items purchased after the baggage was returned.
6. Reimbursement where individual receipts are not provided.
7. Claims where the insured person does not obtain written confirmation from the carrier (or their handling agents), confirming the duration of the baggage delay and when the baggage was returned to the insured person.
8. Any purchases made after more than 4 days from the actual arrival at the destination.

Section F

Baggage, Valuables, Money, and Travel Documents

F1 What is insured?

F1.1 Baggage

Up to the amount shown in the benefit table per trip for all insured persons travelling together, for the accidental loss, theft or damage of the baggage.

The amount payable will be the value at the time of purchase less a deduction for wear and tear (or if the item's repair is economically worthwhile, AXA will pay the repair costs only).

F1.2 Valuables

Up to the amount shown in the benefit table per trip for all insured persons travelling together for accidental loss, theft or damage to valuables.

The amount payable is the value of the item at the time of purchase less a deduction for wear and tear (or if the item's repair is economically worthwhile, AXA will only pay the repair costs).

F1.3 Money

Up to the amounts shown in the benefit table per trip for all insured persons travelling together for the accidental loss, theft or damage to money.

F1.4 Travel documents

Up to the amount shown in the benefit table for reasonable additional travel and accommodation expenses necessarily incurred abroad to obtain a replacement of the lost or stolen travel documents as well as the proportionate cost of the lost or stolen document.

F1.5 Important conditions for the insurance benefits

1. If valuables are lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel, the insured person must inform them, in writing, about the details of the incident. The insured person must obtain an official report from the local police within 24 hours.
2. If valuables are lost, stolen or damaged whilst in the care of an airline the insured person must:
 - a) obtain a Property Irregularity Report from the airline at the airport when the incident occurs;
 - b) give written notice of the claim to the airline within the time limitations of the carrier or of the handling agents, and retain a copy of it;
 - c) retain all travel tickets and tags to submit with a claim.
3. The insured person must provide an original receipt or other proof of ownership of the items to help substantiate the claim.
4. Any amounts paid under "Baggage Delay" will be deducted from the final amount to be paid under this section.

F2 What is not insured?

1. Claims which are not supported by the proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged
2. Incidents of loss or theft of valuables which are not reported to the local police within 24 hours of discovery and for which a written report is not obtained. A tour guide's confirmation is not sufficient.
3. Items damaged whilst an insured person is on a trip when they do not have a damage / repair certificate issued by an appropriate agent within 7 days of their return to their country of residence.
4. Loss or damage due to delay, confiscation or detention by customs or another authority.
5. Cheques, traveler's cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, if the insured person has not followed the issuer's instructions.
6. Mobile phones and their accessories
7. Claims relating to currency when evidence of the withdrawal cannot be produced.
8. Uncut precious stones, contact or corneal lenses, non-prescription spectacles or sunglasses without a receipt, hearing aids, dental or medical fittings, cosmetics, perfumes, tobacco, vaporizers or E-cigarettes, drones, alcohol, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, surfboards / sailboards, bicycles, marine equipment or watercrafts or any related equipment or fittings of any kind and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage), china, glass (other than glass in dials, prescription spectacles and sunglasses, cameras, binoculars or telescopes), porcelain or other brittle or fragile items unless caused by fire, theft, or accident to the transportation vehicle or vessel in which they are being carried.
9. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
10. Any amounts already paid under Section E "Baggage Delay".
11. Damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moths, vermin, any cleaning process, repairing or restoring, mechanical or electrical breakdown or liquid damage.
12. Depreciation in value, variations in exchange rates or loss due to error or omission by the insured person or a third party.
13. Claims arising from loss or theft from the insured person's accommodation unless there is evidence of forced entry which is confirmed by a police report.
14. Baggage, valuables or money or passports left unattended at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where the insured person has not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.
15. Claims arising from damage caused by leakage of powder or liquid carried within baggage.
16. Claims arising from baggage shipped as freight.

Section G

Delayed Departure and Non-Departure

G1 What is insured?

Up to the amount shown in the benefit table for costs incurred in the terminal in respect of restaurant meals, refreshments consumed and hotel accommodation if the insured person has arrived at the terminal and has checked in or attempted to check in during the outward journey or homeward journey and the departure of the pre-booked scheduled public transport is delayed at the final departure point for more than the number of hours indicated in the benefits table from the scheduled departure time due to:

- a) strike or industrial action; or
- b) adverse weather conditions; or
- c) mechanical breakdown or a technical fault occurring in the scheduled public transport on which the insured person is booked to travel;

G1.1 Important conditions for the insurance benefits

After at least 24 hours delay on the outward journey and if the period of the trip is decreased by more than 25 % of the originally booked duration, the insured person may request cancellation under Section D – Travel Cancellation and Curtailment. A refund or alternative compensation must initially be sought from the travel provider.

G2 What is not insured?

1. Costs or charges that a carrier or provider is required to reimburse, has reimbursed, or will reimburse.
2. Claims where the insured person has not checked in or attempted to check in in accordance with the itinerary provided. The insured person must also arrive at the departure point before the specified departure time.
3. Claims where the insured person has not complied with the terms of contract of the travel agent, tour operator or provider of transport.
4. Claims where the insured person has not obtained information from the carriers (or their handling agents) in writing of the duration and the reason for the delay.
5. Strike or industrial action or air traffic control delay which had commenced or for which the start date had been announced before the insured person made the travel arrangements for their trip.
6. Withdrawal from service (temporary or otherwise) of public transport on the recommendation of the Aviation Authority or a Port Authority or any similar agency in any country.
7. Any claim where the insured person has not been delayed for more than the number of hours indicated in the benefit table from the scheduled departure time.
8. Delayed departure claims made under this section where the insured person has already made claims under Section D Travel Cancellation or Curtailment.
9. Privately chartered flights.

Section H

Travel Accident

H1 What is insured?

Up to the amount specified in the benefit table if an insured person suffers a bodily injury as a result of an accident during a journey by public transport and this directly results within 12 months in:

- death; or
- loss of vision; or
- loss of limb; or
- permanent total invalidity

If an **insured person** suffers from **loss of limb or loss of vision**, the following amounts may be paid, but in any case will not exceed 100 % of the benefit amount for permanent total invalidity.

Loss of:	Total benefit
both hands both feet full vision in both eyes one hand and one foot one hand or one foot and full vision of one eye	100% of the amount for total disability
one hand one hand full vision of one eye	50% of the amount for total disability

H1.1 Important conditions for the insurance benefits

1. An AXA medical practitioner may examine an insured person as often as necessary before a claim is paid.
2. The benefit is not payable under permanent total invalidity, until one year after the bodily injury is sustained.
3. AXA will not pay more than one benefit for the same bodily injury.

H2 What is not insured?

1. Claims arising when the insured person is not travelling by public transport.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a bodily injury.
3. Payment under permanent total invalidity less than one year after the bodily injury was sustained.
4. Normal and usual journeys between the insured person's home and place of employment or second residence will not be considered as an insured trip.

Section I

Reporting a Claim

In the event of an emergency, AXA must be contacted on +43 1 581 39 69.
The insured person must provide the following information:

- Name
- Brief details of the claim

The insured person is asked to notify AXA within 28 days (unless otherwise stated) that the insured person has suffered a claim and to send the completed claim forms with any additional requested documentation to AXA as soon as possible.

In addition, the insured person is asked to retain a copy of all documents sent to AXA. For AXA to be able to process the claim quickly and fairly, it is sometimes necessary for an expert to be commissioned.

The insured person must be prepared to be available to AXA during the handling of the claim, even when travelling. In order to verify the claim, AXA may ask for further documents in addition to those listed below. The claim may be rejected if the required documentation is not available. Below is a list of the documents required for AXA to process the claim as quickly as possible:

I1 For all claims

- Card number and card statement on which the costs can be seen.
- Original booking invoice(s) and travel documents showing travel and booking dates.
- Original receipts and bills for all expenses paid by the insured person.
- Original payment receipts and invoices that have been paid the insured person.
- Details of any other insurance policies that the insured person may have taken out and that are covering the same claim.
- Other documentation that enables the insured person to prove the claim.
- For all claims relating to illness or injury, a medical certificate must be completed by the medical practitioner attending the insured person, a close relative, or a person with whom the insured person is traveling or staying. For all claims relating to a death, AXA requires a medical certificate from the medical practitioner attending the insured person, a close relative, or a person with whom the insured person is traveling or staying, together with a copy of the death certificate.
- Original receipts or proof of ownership for stolen, lost, or damaged items.

I2 Medical expenses

- In the event of a medical emergency, the insured person must contact AXA as soon as possible on +43 1 581 39 69.
- In the event of outpatient treatment (excluding fractures), the insured person should pay for the treatment. All original receipts should be retained. The insured person must also obtain a medical report from the hospital, detailing the illness or injury, treatment, admission and discharge data, where applicable.
- A medical report from the medical practitioner confirming the treatment and medical expenses.
- In the event of outstanding costs, a copy of the outstanding invoice (incl. note) must be sent to AXA.
- Proof of any additional costs incurred by the insured person, subject to prior approval by AXA, must also be submitted.

I3 Travel cancellation or curtailment

I3.1 Travel cancellation

- Original cancellation invoice(s) detailing all cancellation charges incurred and any refunds given.
- To submit a claim for travel cancellation after 24 hours' delay, the insured person must obtain a written report from the carrier confirming the duration and reason for the delay.
- If the insured person's claim relates to other insured circumstances, AXA will detail which documentation is to be provided in the claim forms.

I3.2 Travel curtailment

- Original receipt or booking invoice for new flight.
- Original booking invoice for any unused pre-paid excursions confirming date and amount paid.
- For all claims relating to illness or injury, a medical certificate must be completed by the medical practitioner attending the insured person, a close relative, or a person with whom the insured person is traveling or staying during the trip. If the insured person curtails the trip due to death, AXA requires a medical certificate from the medical practitioner attending the insured person, a close relative, or a person with whom the insured person is traveling or staying during the trip, together with a copy of the death certificate.

I4 Baggage delay

- Property Irregularity Report (PIR) from the carrier or its handling agents.
- Letter from the airline confirming the reason and the duration of the delay as well as when the items were returned to the insured person.
- Original individual receipts for any emergency purchases made.

15 Baggage, Valuables, Money, and Travel Documents

- In case of loss or theft, a police report confirming that the insured person reported the incident to the police within 24 hours of noticing that the equipment was missing.
- If lost or damaged by the carrier, the insured person should obtain a Property Irregularity Report (PIR) and a letter from the airline confirming the items lost. The insured person is requested to retain all baggage tags.
- In case of loss or theft of money, a police report confirming what happened and what was lost, and any bank statements/currency exchange receipts as proof of ownership.
- A damage report and an estimate of the cost of repairing damaged items.
- The insured person must also retain any items damaged beyond repair, as AXA may need to inspect them.

16 Travel documents

- Police or embassy report confirming that the insured person reported the missing passport to the local authorities within 24 hours of noticing the passport missing.
- Original receipts for any additional accommodation or travel expenses incurred.

17 Delayed departure

- Written confirmation from the carrier (or its handling agents) confirming the duration and the reason for the delay.
- Original receipts for purchases of refreshments and meals, or additional accommodation if necessary.
- If after 24 hours' delay on the insured person's initial outward journey they choose to cancel it, a cancellation invoice and a letter from the carrier confirming the duration and the reason for the delay.

18 Travel accident

- A detailed description of the circumstances surrounding the incident, including photographic and video evidence (if available).
- A medical certificate from the medical practitioner to confirm the extent of the injury and treatment given including hospital admission/discharge.
- A death certificate (where applicable).
- Full details of all witnesses, providing written statements where possible.

Section J

Complaints Procedure

AXA makes every effort to offer the highest standards of service. In the event that the service provided fails to meet the standard which the insured person expects from AXA, the insured person may contact the Complaints Team by telephone, following which the complaint will be investigated. The telephone number of the Complaints Team is: +43 1 581 39 69.

It is always advisable to retain copies of all documents submitted.

These procedures do not affect the insured person's right to take legal action.

The insured person can also contact the complaints body set up by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (contact details: Stubenring 1, 1010 Vienna, versicherungsbeschwerde@sozialministerium.at).

Section K

Use of Personal Data

Data concerning the insured persons, the insurance cover in connection with this insurance and claims will be stored by AXA (as data controller) for the purposes of insurance, administration, claims settlement, travel advice, complaints processing, sanction control and fraud detection in accordance with the applicable data protection regulations and in compliance with the assurances contained in the data protection information (see below).

AXA collects and processes this data, insofar as this is required for the performance of the insurance contract or for the compliance with its legal obligations, or otherwise in the legitimate interests of conducting business and providing products and services.

This may involve:

- a) use of sensitive information concerning the health or risks faced by the insured person or other persons participating in the insurance, in order to provide the services described in these conditions; by using the services of AXA, the insured person consents to the use of this data for such purposes;
- b) disclosure of data concerning the insured person and their insurance cover to companies in the AXA group of companies, to service providers and agents of AXA for the management and maintenance of insurance cover, the provision of travel assistance, fraud prevention, the collection of payments, and otherwise as required or permitted by applicable law;
- c) monitoring and / or recording of telephone calls in relation to the insurance contract for the purposes of documentation, training, and quality control purposes;
- d) technical studies to analyze claims and premiums, pricing adjustment, support subscription processes and consolidate financial reporting (including regulatory), detailed analyses on claims / tasks / calls to better monitor providers and operations, analyses of customer satisfaction, and creation of customer segments to better adapt products to market needs;
- e) collecting and storing any relevant, appropriate supporting evidence of claims for the purpose of providing services under this policy and validating claims; and
- f) sending feedback requests or surveys regarding services and other customer care communications.

AXA will separately seek the insured person's consent before using or disclosing their personal data to a third party for the purpose of contacting the insured person about other products or services (direct marketing). The insured person may withdraw their consent to the use of their data for marketing purposes or feedback requests at any time by contacting the Data Protection Officer (see contact details below).

AXA carries out these activities in Austria as well as in and outside the European Economic Area, in relation to which processing the data protection laws and or agreements AXA has entered into with the receiving parties provide a similar level of protection of personal data.

By taking out this insurance contract and using the service, the insured person acknowledges that AXA may use personal data for the above-mentioned purposes. If the insured person provides AXA with details of other individuals, the insured person agrees to obtain their consent and inform them of the use of their data as described here and in the privacy notice on the AXA website (see below).

The insured person is entitled to request a copy of the information AXA holds about them, and the insured person has other rights in relation to how AXA uses their data (as set out in the privacy notice on the AXA website – see below). The insured person is asked to inform AXA if they believe any information AXA holds about them is inaccurate, so that AXA can correct it.

If the insured person wishes to know what data about him is stored in connection with the insurance or has any other requests regarding the processing of the data by AXA, he can contact AXA at:

AXA Insurance Ltd
Cornèr Europe Travel Insurance
General-Guisan Strasse 40
8400 Winterthur

E-Mail: info@axa-assistance.de

The full privacy notice is available at:
www.axa-assistance.com/en.privacypolicy

Alternatively, a printed version is available from AXA on request.

Section L

Termination of Insurance Cover

The benefits described in these conditions are included in the insured card and cannot be terminated separately. In all cases, the insurance cover ends when any termination of the insured card takes effect. Please refer to the Credit Card Contract for further information about termination of the insured card.