



General Terms and Conditions of Contract (GTCC)

**Insurances for
Global Card Visa and/or
Mastercard payment cards,**
issued by Cornèr Europe Ltd.

Valid for the Principality of Liechtenstein,
Luxembourg, France and Monaco.

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

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Summary of the most important information

This summary provides information about the essential content of the policy in accordance with Art. 3 of the Insurance Contract Act (VVG). The rights and obligations of the contracting parties are based on the contractual terms and conditions, and the statutory provisions

Who is the insurer?

The insurer is AXA Insurance Ltd., General-Guisan-Strasse 40, 8401 Winterthur, Switzerland (hereinafter referred to as "AXA"), a public limited company with its registered office in Winterthur and a subsidiary of the AXA Group.

Who is the policyholder?

The insurance holder is Cornèr Europe Ltd. (hereinafter referred to as "Cornèr"), Städtle 17, 9490 Vaduz, Principality of Liechtenstein.

Which persons are insured?

On the basis of the collective insurance contract concluded between Cornèr and AXA, AXA provides insurance cover for the persons described in section B6 "Definitions" under "Insured persons" within the framework of the following General Terms and Conditions of Contract (hereinafter referred to as "GTCC"), provided that they are in possession of a valid Global Card Visa or Mastercard Payment Card (hereinafter referred to as "Card") issued by Cornèr and have paid for at least 51% of the trip with one of these cards in advance.

What is insured and what benefits does AXA provide?

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 Business Platinum Visa and/or Mastercard credit card	Global Card Personal Gold Visa and/or Mastercard credit card Global Card Business 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 Classic Visa and/or Mastercard credit card Global Card Business Direct Visa and/or Mastercard prepaid card
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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, max. EUR 150	10% of total travel costs, min. EUR 70, max. EUR 150	10% of total travel costs, min. EUR 70, max. EUR 150

Section E – Baggage delay

Necessary Replacement Clothing, Toiletries, Medication Costs	from 4 hours, EUR 250	from 6 hours, EUR 250	from 6 hours, EUR 250
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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
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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

This is a damage insurance policy in accordance with the Insurance Contract Act (VVG).

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

What is not insured, among other things?

- Claims arising from any pre-existing medical conditions are not insured.
- Claims arising when an insured person travels against the advice of a medical practitioner (or would be travelling against the advice of a medical practitioner had he been consulted) are not insured.
- Claims arising from travel for medical treatment or consultation abroad are not insured.
- Claims arising when an insured person has undiagnosed symptoms that require attention or investigation in the future (i. e. symptoms for which the insured person is awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not insured.
- Insurance cover does not apply if an insured person does not have a permanent residence and is not registered with a general practitioner in the country of residence.
- Claims arising from any medical condition for which the recommended treatment is not being followed or prescribed medication is not being taken as directed by a medical practitioner are not insured.
- Claims arising from travel against any health requirements set by the carrier, their handling agents or any other public transport provider are not insured.
- Trips must begin and end in the country of residence and both outbound and inbound travel tickets must be booked before the trip begins. Any trip solely within the country of residence is only insured if at least two nights' accommodation has been booked in advance for a fee. Trips longer than the maximum insured duration are not insured.
- The duration of any trip may not exceed 45 consecutive days. For trips that last longer than this, the benefits do not apply to any part of the trip. Trips must begin and end in the country of residence. Trips using one way or open return tickets are not covered unless the outbound and inbound travel tickets have been purchased before the trip begins.
- Insurance cover for benefits in Section C – Emergency Medical Expenses is excluded in the country of residence.

How much is the premium and when is it due?

The benefits are integrated into the card, so the insured person does not pay a separate premium.

What are the policy holder's main obligations?

Duty to inform

In the event of a medical emergency you or the treating facility should contact us on +41 445 830 628 as soon as possible. You will also need to contact us to report any loss, theft or damage. In the event of circumstances requiring travel curtailment, you should contact us on +41 445 830 628.

Duty to cooperate

You are required to comply with the insurer's instructions and to send the relevant information for determining the benefit. If necessary, you must release your doctors from medical confidentiality.

When must the notice of claim be submitted?

Any claim should be reported to the insurer immediately after the occurrence of the event. Notification should be made via the claims hotline.

When does the insurance cover begin and end?

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

How can the right of cancellation be exercised?

The right of cancellation does not apply to collective personal insurance policies.

Which definitions apply?

The most important terms are explained under "Definitions".

What data does AXA use and how?

AXA uses data in accordance with the applicable legal provisions. Further information can be found under Data Protection.

General Terms and Conditions of Contract (GTCC)

Section A

Framework conditions of the insurance contract

A1 Scope of the contract

This document is not a contract of insurance but summarizes the insurance benefits provided to the cardholder of an insured card. The provision of these insurance benefits is enabled by an insurance policy held by Cornèr and issued by AXA.

Under the insurance policy, Cornèr is the only policy holder and only Cornèr has direct rights against the insurer. This contract does not give the insured person direct rights under the insurance policy but allows the insured person to receive benefits as cardholder of an insured card. For benefits to be received, strict compliance with the terms and conditions of this agreement is required.

The benefits summarized in this document are subject to the condition that the insured person is a legitimate cardholder of an insured card issued by Cornèr at the time of any incident giving rise to a claim. Cornèr will give you notice if there are any material changes to these terms and conditions or if the policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms. This document is your benefit guide. It contains details of benefits, conditions and exclusions relating to the cardholders of an insured card and is the basis on which all claims you make will be settled.

A2 Geographical scope of application

The insurance cover applies worldwide.

A3 Temporal scope of application

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

The insurance cover applies to all insured events that occur during the duration of the contract.

The insurance cover does not apply if the card has been blocked or withdrawn by Cornèr at the time of booking and / or paying for the trip.

A4 Excess

An excess applies to benefits in Section C – Emergency Medical Expenses and Section D – Travel Cancellation or Curtailment. The policy excess, if applicable, will be deducted for each beneficiary and every incident.

A5 Duties of care and obligations

A5.1 Duties of care and obligations in the event of a claim

A5.1.1 Duty to inform

In the event of a medical emergency, AXA must be contacted on +41 445 830 628 as soon as possible. You must also contact AXA to report any loss, theft or damage. In the event of a necessary travel curtailment, AXA must be contacted on +41 445 830 628. AXA is available around the clock.

A5.1.2 Duty of care

All reasonable care and precautions should be taken to prevent a claim. An insured person must act as if he is not insured and take steps to minimize his loss as much as possible and take reasonable steps to prevent any further incident and to recover missing property.

A6 Claim

In the event of an emergency (notably a medical emergency, travel cancellation, travel curtailment or delayed departure) the insured person must call the claims hotline on +41 445 830 628. Written claims notifications can be sent either to info@axa-assistance.de or to Inter Partner Assistance Service GmbH, Colonia-Allee 10–20, 51067 Cologne, Germany.

The following information must be provided:

- Name
- Brief details of the claim

The claim must be notified to AXA within 28 days (unless otherwise stated) and the completed claim forms with any additional requested documentation must be sent to AXA as soon as possible.

The insured person must retain a copy of all documents sent to AXA. For the insurance company 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 traveling. AXA may ask for further documents than those listed below to verify the claim. If the required documentation is not available, the claim may be rejected. Below is a list of the documents required to process the claim as quickly as possible:

A6.1 For all claims

- Card number and card statement, on which the costs can be seen.
- The original booking invoice(s) and travel documents showing travel and booking dates.
- Original receipts and bills for all expenses paid.
- Original payment receipts and invoices that have been paid.
- Details of any other insurance policies that may be in force covering the same claim.

- Other documentation that enables the insured person to prove the claim.
- A medical certificate must be completed by the attending medical practitioner for all claims relating to illness or injury. A medical certificate from the attending medical practitioner and a copy of the death certificate are required for all claims relating to a death.
- Original receipts or proof of ownership for stolen, lost or damaged item.

A6.2 Emergency Medical Expenses

- In the event of outpatient treatment (excluding fractures), the insured person should pay for the treatment. The insured person should retain all original receipts.
- 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 must be sent to AXA.
- If additional costs have been incurred after prior approval by AXA, these must also be submitted to AXA.

A6.3 Travel Cancellation

- Original cancellation invoice(s) detailing all cancellation charges incurred and any refunds given.
- To submit a claim for 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 claim relates to other insured circumstances, AXA will detail which documentation is to be provided in the claim forms.

A6.4 Travel Curtailment

- Original receipt or booking invoice for new flight.
- Original booking invoice for any unused pre-paid excursions confirming date and amount paid.

A6.5 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 and when items were returned to you.
- Original individual receipts for any emergency purchases made.

A6.6 Baggage, valuables, money and travel documents

- In case of loss or theft, a police report confirming that the incident was reported to the police within 24 hours of noticing the item missing.
- If lost or damaged by the carrier, the insured person should obtain a PIR (Property Irregularity Report) and a letter from the airline confirming the item lost. All baggage tags should be retained.
- If money was lost or stolen, 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 item.
- The insured person must also retain any damaged items beyond repair as AXA may need to inspect them.

A6.7 Travel documents

- Police report 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.

A6.8 Delayed departure

- Written confirmation from the carrier (or its handling agents) confirming the duration and the reason for 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 outbound journey he chooses to cancel it, a cancellation invoice and a letter from the carrier confirming the duration and the reason for the delay.

A6.9 Travel accident

- Detailed explanation 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.

A7 Insurer

The insurer is:

AXA Insurance Ltd.
General-Guisan-Strasse 41
8400 Winterthur
Switzerland
Telephone +41 445 830 628
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 reached on +41 445 830 628 or info@axa-assistance.de.

A8 Applicable law and place of jurisdiction

A8.1 Applicable law

This contract is governed by Swiss law.

A8.2 Place of jurisdiction

The ordinary Swiss courts have exclusive jurisdiction over disputes arising from the insurance contract.

A9 Sanctions

AXA will not provide any cover, will not be liable for the payment of any claim and will not otherwise provide any benefit hereunder to the extent that the provision of such cover, the payment of such claim or the providing of such benefit would expose AXA to any sanction, prohibition or restriction under UN resolutions or trade or economic sanctions, laws or regulations of the European Union, the United Kingdom, the United States of America, Switzerland or the Principality of Liechtenstein.

A10 Complaints procedure

Should the service ever not meet the standard expected by AXA, the insured person may contact the Complaints Department by telephone on +41 445 830 628.

It is always advisable to retain copies of all documents submitted. These procedures do not affect the right to take legal action.

A11 Data

Within the framework of the initiation and execution of the contract, AXA may obtain knowledge of the following data:

- Customer data (name, address, date of birth, gender, nationality, payment details, etc.), stored in electronic customer files.
- Contract data (contract duration, insured risks and benefits, etc.), stored in contract management systems.
- Any claim data (claim form, clarification reports, invoice documents, etc.), stored in electronic claim application systems.

This data is required in particular to process claims correctly in the event of a claim. The data must be retained for at least ten years after the policy has been terminated and for at least ten years after any claim has been settled. AXA undertakes to treat the information received confidentially.

AXA is authorized to obtain and process the data necessary for the processing of the contract and claims. Where necessary, the data is exchanged with third parties involved, namely with reinsurers and other involved insurers, pledgees, authorities, lawyers and external experts. In addition, information can be passed on to liable third parties and their liability insurance for the enforcement of recourse claims. AXA is authorized to notify third parties to whom the insurance cover has been confirmed (for example competent authorities) of the suspension, amendment or termination of the insurance cover.

Data may also be disclosed for the purpose of detecting or preventing misuse of insurance.

AXA is also considered authorized in connection with a claim to obtain relevant information from other insurers, authorities (police and investigation authorities, road transport authorities or similar official authorities) as well as from vehicle manufacturers and other third parties and to inspect their files. If required, the claimant must authorize the aforementioned authorities to disclose the relevant data. For this purpose, reference is made to Art. 39 of the Insurance Contract Act (VVG).

The AXA Group companies operating in Switzerland and the Principality of Liechtenstein grant each other access to the following data for the purpose of administrative simplification:

- Master data
- Basic contract data
- Claims overview

If the insured person would like to know what data is held by AXA or has any other requests regarding the processing of the data, he may contact AXA:

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

Email: info@axa-assistance.de

Section B

General terms and conditions

B1 Emergency assistance

Contact AXA by telephone on +41 445 830 628.

Should an insured person suffer from a serious illness or accident that may lead to hospitalization, it is imperative that the insurer is contacted before any repatriation is planned or a trip is interrupted.

AXA is available around the clock and can assist with the organization of repatriation and settlement of medical expenses. Treatment in a private facility is not insured unless pre-approved by the insurer.

If it is not possible to contact the insurer before treatment (in the case of immediate emergency treatment), the insurer must be contacted as soon as possible afterwards.

For outpatient treatment or minor illnesses or injuries (excluding fractures), the insured person may pay for the treatment and claim it back from AXA. It is important not to sign anything confirming that additional treatments or fees will be paid. In doubt, contact the insurer.

B2 Age limits

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

The maximum age limit for children insured by these benefits is up to and including 19 years, or 19 to 25 years if in full-time education, at the start of a trip.

B3 Subsidiary clause

In the case of multiple insurance policies, AXA provides its benefits on a subsidiary basis. The right of recourse is transferred to AXA to the extent that it has provided these compensations.

B4 General terms and conditions and requirements

The following conditions must be met in order to benefit the full cover of this policy. If an insured person fails to comply, the claim may be reduced or refused.

1. To be eligible for cover under these benefits, the cardholder must have pre-paid at least 51 % of the trip cost with one or more valid Cornèr cards prior to departure.
2. Within 28 days of becoming aware of a claim, the insurer must be notified and all completed claim forms submitted with any additional documentation requested. The insurer may ask for further documentation to justify the claim. If the required documentation is not available, claims may be rejected.
3. All claims must be reported to the local police in the country of the incident and a crime or lost property report must be obtained, which includes an incident number.

4. Do not dispose of insured items that AXA will take care of and keep damaged items as AXA may need to inspect them.
5. Legal representatives must provide at their own expense 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 the insurer.
6. Recognizing, denying, regulating, rejecting, negotiating or entering into an agreement is not permitted without the consent of AXA.
7. In the event of a claim, the insured person must, at AXA's request and at AXA's 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 death AXA has the right to request and pay for a post-mortem examination.
8. 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 hand them over to AXA. If this does not happen, the insurer will deduct the price of these tickets from the reimbursement amount.
9. If an insured person or anyone acting on their behalf seeks to obtain a reimbursement, information or other assets by fraud or other illegal means (including deliberate misappropriation of facts in order for the claim to be assessed differently from how it would otherwise be), the cover will cease to apply. The insurer is free to call in the police and the insured person will be required to repay any benefits already provided under the policy.
10. AXA will make every effort to perform all the services described in these conditions. Remote destinations or adverse weather conditions can influence the usual provision of services.
11. The insurance benefits of different cards are not cumulative. If an insured person has more than one card, the amounts insured on the card with the highest limit of insurance cover will apply.

B5 General exclusions

1. Events that have already occurred at the time of booking the trip or holiday or whose occurrence should have been recognizable to the insured person.
2. Any claim arising directly or indirectly from any pre-existing medical conditions.
3. Any claim relating to IVF treatment (in vitro fertilization, colloquially "artificial fertilization").
4. Employment with or performance of manual labour, flying unless as a passenger in a fully licensed passenger aircraft, use of motorized vehicles with two or three wheels unless 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 entertainment, 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.

5. Sports and activities are only insured on an incidental, non-competitive and non-professional basis.
6. Events related to high risk activities that knowingly expose oneself to danger.
7. Any claim 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.
8. Any claim resulting from involvement in a fight except in case of self-defence.
9. Travel against any health requirements set by the carrier, their handling agents or any other public transport provider.
10. Travel to countries, specific areas or to events where an authority in the country of residence or a regulatory authority in a country you are travelling to has advised against any travel.
11. Any unlawful act or criminal proceedings against the insured person or any loss or damage intentionally caused.
12. Consequential losses, consequential damages or consequential 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 cancelled due to operational reasons, as provided for under Section D – Cancellation or Curtailment charges.
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. Claims caused by an insured person climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
16. Costs for which an insured person should also have been liable or would probably have been liable if the claim had not occurred.
17. Any circumstances an insured person is aware of that could reasonably be expected to give rise to a claim under this policy.
18. Costs of telephone calls or faxes, internet charges unless these are documented as costs to contact AXA.
19. A medical condition for which the insured person is not taking the recommended treatment or prescribed medication as advised by a medical practitioner.
20. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war was declared or not), civil war, rebellion, terrorism, revolution, insurrection, civil commotion in the form of or assuming the proportions of an uprising, military or usurped coups or attempted coups, but this exclusion shall not apply to losses under Section C – Emergency Medical Expenses and 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.

21. 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 nuclear component of such assembly.
22. Loss, destruction or damage directly caused by pressure waves generated by aircrafts and other aerial devices travelling at sonic or supersonic speeds.
23. Events that are not explicitly listed under “What is insured”.

B6 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, and who is not related to the insured person, any travelling companion, or any person with whom the insured person has arranged to stay.

- **Governmental measures**

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 has with him 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 the 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 person as a result of a sudden, external, unexpected and particular event.

- **Benefit table**

The table listed under “summary of the most important information”.

- **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 labour 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 registered 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 judgement, 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 transport**
All means of transport 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 Organisation (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: toxæmia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post-partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/ medically necessary termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.
- **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 metres
 - PADI Advanced Open Water – 30 metres
 - BSAC Ocean Diver – 20 metres
 - BSAC Sports Diver – 35 metres
 - BSAC Dive Leader – 50 metres
 We must agree with any equivalent qualification. If you do not hold a qualification, we will only insure you to dive to a depth of 18 metres.
 - Skidoo/Snowmobile
 - Trekking (over 4000 metres 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, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- **Adverse weather conditions**
Rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.
- **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, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

- **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 insured 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 any **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 head-phones), telescopes, binoculars, MP3/4 players.

- **Country of Residence**

The country where the insured person has his official primary residence.

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 ac-

- I. 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 re-

- stricted 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 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 scheme, or any card bonus point schemes, any Time-share, Holiday Property Bond or other holiday point's scheme 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 insured 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 of 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 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, vaporisers 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	100% of the amount for total invalidity
one hand or one foot and full vision of one eye	
one hand one foot full vision of one eye	50% of the amount for total invalidity

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.