

Allianz  Travel

AT Visitor Insurance 2104



COVERAGE SUMMARY

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT in €
Emergency Medical Coverage	<p>You have to pay for emergency medical or dental treatment while on your trip.</p> <p>For illness/injury, that was diagnosed or treated prior to the policy purchase date, the following limit applies: € 15.000</p>	30.000
Emergency Transportation Coverage	<p>Transportation is needed following a medical emergency while on your trip.</p> <p>Transport to the hospital incl. search & rescue: € 1.000 Return of dependents: € 1.000 Transport to bedside: € 1.000 Repatriation of remains: € 10.000</p>	300.000

The above is only a brief description of the coverage available under your policy. Terms, conditions, and exclusions apply to all coverages. Please carefully review your policy for complete details. The definitions of the terms in the Definitions section of the policy will also apply to those terms when used in this Coverage Summary.

Important Notices:

- This *policy* in English is only for information purposes. Only the *policy* in German for the current product is an integral part of the insurance contract. German language will be used to issue the *policy* and for claims handling.
- The above-mentioned limits are applicable per insurance package.
- Emergency Medical Coverage is secondary. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance, please submit *your* claim directly to *us*. Any payment *you* receive from any other insurance provider or any other entity will be deducted from your claim.
- This product is intended for persons entering the Schengen Area or the EU and who need a visa to do so. The benefits of our Visitor Insurance are in accordance with the requirements for a Schengen visa/ EU visa.

OUR PROMISE TO YOU

For customer service, please:

Questions related to our insurance products

Call: +43 1 525 03-6811 (8:30 – 16:30, Mon – Fri)

e-mail: service.at@allianz.com

Online: www.allianz-travel.at

For emergency assistance during your trip, please:

Call: +43 1 525 03-245

To file a claim, please visit:

<https://allianz-protection.com>

WITHDRAWAL INFORMATION

You may withdraw from this contract within 14 days of receipt of the insurance *policy* without giving any reason. The withdrawal must be in written form (letter, e-mail). If the insurance contract was concluded by means of distance selling, the aforementioned right of withdrawal applies only to contracts with a term of more than one month. The withdrawal period begins with the notification of the conclusion of the insurance contract (= sending of the policy or insurance certificate), but not before *you* have received the *policy*/insurance conditions including the provisions on the determination or amendment of the premium and this instruction on the right of withdrawal.

Please send the notice of withdrawal to:

AWP P&C S.A., Austrian Branch
Att. Servicecenter
Linzer Straße
1140 Vienna
e-mail: service.at@allianz.com

In order to comply with the withdrawal period, it is sufficient that *you* send the declaration of withdrawal before the expiry of the withdrawal period. The declaration is also effective if it comes into the power of your insurance agent.

With the withdrawal, any insurance cover already granted and future obligations arising from the insurance contract shall end. If we have already granted cover, we shall be entitled to a premium corresponding to the period of cover. If you have already paid premiums to us in excess of this premium, we will refund this excess part without deductions. The right of withdrawal expires at the latest one month after you have received the *policy*/insurance conditions including this instruction on the right of withdrawal.

Complaints

Our aim is to provide first-class services. It is equally important to us to address *your* concerns. If *you* are ever dissatisfied with *our* products or service, you can contact *us* at any time: quality.at@allianz.com (internal complaints office pursuant to §127e VAG).

You can also report insurance complaints to the following address:

Complaints Office for Insurance Companies at the Federal Ministry of Labor, Social Affairs, Health, Care and Consumer Protection pursuant to §33 of the Insurance Supervision Act (VAG)
Department III/3,
Stubenring 1, 1010 Vienna

Tel. +43 1 71100 -862501 or -862504

e-mail: versicherungsbeschwerde@sozialministerium.at

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GENERAL INSURANCE CONDITIONS

ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, *we* are available during *our* working hours listed in coverage summary. Just visit *us* online or give *us* a call using the contact information listed in coverage summary. And, if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are italicized. These words are defined in the "Definitions" section. Words that are capitalized refer to the document and coverage names found in this *policy*. Headings are provided for convenience only and do not affect *your* coverage in any way.

WHO WE ARE

AWP P&C S.A., Austrian Branch

Linzer Straße 225

1140 Wien

Austria

We are an Austrian Branch of AWP P&C S.A., which has its registered office in Saint-Ouen-sur-Seine, France. *We* also operate under the trading name Allianz Travel. AWP P&C S.A., which has its registered office in 7 rue Dora Maar, Saint-Ouen-sur-Seine, France, is authorized by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the sudden and unexpected specific situations, events, and losses included in this *policy*, and only under the conditions described. Please review this *policy* carefully.

Your policy consists of three parts:

1. *Policy* Document
2. General Insurance Conditions
3. Data privacy notice

NOTE:

Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this General Insurance Conditions document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under *your policy*.

DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in italics are defined in this section.

<i>Accommodation</i>	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
<i>Abroad</i>	A country in the Schengen Area/ within the EU for which <i>you</i> need a visa to enter.
<i>Act of war</i>	Any act which is associated with and occurring in the course of <i>war</i> or directly triggering it.
<i>Civil disorder</i>	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages of persons. It does not include any such occurrence that rises to the level of or is connected with any political risk, <i>terrorist event</i> , <i>war</i> , or <i>act of war</i> .
<i>Climbing sports</i>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<i>Cohabitant</i>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<i>Computer System</i>	<i>Computer System</i> means any data processing system and any network connecting two or more of such systems, including any associated hardware, software, and data.
<i>Covered Reasons</i>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<i>Departure Date</i>	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel as shown on <i>your trip</i> itinerary.
<i>Doctor</i>	Someone who is legally authorized to practice medicine and is licensed as required under the law of the country in which he or she practices. This cannot be <i>you</i>, a traveling companion, your family member, a traveling companion's family member, or the sick or injured person's family member.
<i>Epidemic</i>	A contagious disease recognized or referred to as an <i>epidemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
<i>Family member</i>	<p><i>Your:</i></p> <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i>; 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. Aunts, uncles, nieces, and nephews; 9. Legal guardians and wards; and 10. Paid, live-in caregivers.
<i>Hospital</i>	<p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. Have organized departments of medicine and major surgery; and 3. Be licensed where required.
<i>Illegal act</i>	An act that violates law where it is committed.
<i>Injury</i>	Physical bodily harm.

<i>Local public transportation</i>	Local, commuter, or other urban transit system carriers (commuter rail, city bus, subway, ferry, taxi, for-hire driver) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometers.
<i>Mechanical breakdown</i>	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel) .
<i>Medical escort</i>	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A medical escort is trained to provide medical care to the person being transported. This cannot be a friend, traveling companion, or family member.
<i>Medically necessary</i>	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
<i>Natural disaster</i>	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including: earthquake, fire, flood, hurricane, or volcanic eruption.
<i>Pandemic</i>	An <i>epidemic</i> that is recognized or referred to as a <i>pandemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
<i>Policy</i>	This travel insurance contract. The <i>policy</i> includes the <i>policy</i> document, the General Insurance Conditions and the Data privacy notice.
<i>Political risk</i>	Any one or more of the following: <ul style="list-style-type: none"> • Any event, organized resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or an organized political or ruling group; • Nationalization; • Confiscation; • Expropriation; • Deprivation; • Requisition; • Revolution; • Rebellion; • Insurrection; • Uprising; • Military and usurped power.
<i>Primary residence</i>	<i>Your</i> permanent, fixed home address for legal and tax purposes.
<i>Professional sporting competition</i>	A sporting competition in which competitors take part at either a professional or semi-professional level, while under contract to a club or sporting organization, for payment or financial remuneration.
<i>Quarantine</i>	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.
<i>Reasonable and customary costs</i>	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
<i>Refund</i>	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from your employer, another insurance company, a credit card issuer, or any other entity.
<i>Return Date</i>	The date on which <i>you</i> are originally scheduled to end <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<i>Service Animal</i>	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.

Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.

Severe weather

Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.

Terrorist event

An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of *your* country of residence, and is committed for political, religious, ethnic, and/or ideological or similar purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include any *political risk, war* or *acts of war*.

Traffic Accident

An unexpected and unintended traffic-related event, other than *mechanical breakdown*, that causes *injury*, property damage, or both.

Transit country

Any country through which *you* only transit while traveling to get to *your* destination.

Travel carrier

A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:

1. Rental vehicle companies;
2. Private or non-commercial transportation carriers;
3. Chartered transportation, except for group transportation chartered by *your* tour operator; or
4. *Local public transportation*.

Traveling companion

A person or *service animal* traveling with *you* or traveling to accompany *you* on *your* trip. A group or tour leader is not considered a *traveling companion* unless you are sharing the same room with the group or tour leader.

Travel supplier

A travel agent, tour operator, airline, cruise line, hotel, railway company or other travel service provider.

Trip

Your travel *abroad*. Which is originally scheduled to begin on *your* *departure date* and end on *your* *return date*. It cannot include commuting to and from work or moving.

Vandalism

Any *illegal act* that intentionally causes damage to or destruction of public or private tangible property. This does not include damage or destruction of public or private tangible property by *terrorist acts, war, acts of war, political risk, or civil disorder*.

War

A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.

We, Us or Our

AWP P&C S.A. – Austrian Branch, trading as Allianz Travel.

Work strike

An organized and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region, or nation. This also does not include any strike that rises to the level of or is connected with any *civil disorder* or *political risk*.

You or Your

All persons listed as insureds in the *policy*.

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if *we* accept *your* request for insurance and send *you* an official confirmation of that. *Your policy's* coverage effective date and coverage end date are indicated in *your policy*. The *policy* is effective at 00:00 on the day after *we* receive the order and *you* pay the full premium. The order must be received and the full premium must be paid on or before the *departure date*.

Coverage is only provided for losses that occur while *your policy* is in effect.

Except for one-way and same-day return *trips*, the *departure date* and return date that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

Your *policy* ends on the coverage end date listed in *your policy*. However, there are situations where *your policy* may end on a different date. If *your policy* was purchased with a one-way booking, your coverage end date will be the scheduled *return date* for *your trip*, as shown on *your* travel documents (not exceeding 90 days from the *departure date* shown on *your* travel documents). Additionally, *your policy* will end on the earliest of:

1. At 23:59 on the day *you* cancel *your policy*; or
2. At 23:59 on the day *you* file a trip cancellation claim with *us*;
3. At 23:59 on the day *you* end *your trip*, if *you* end *your trip* early;
4. At 23:59 on the day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason;
5. At 23:59 on day 90 of the *trip*.

However, if *your* return travel is delayed due to a *reason covered* under this *policy*, *we* will extend *your* coverage period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or trip interruption.

Please note that this *policy* applies for a specific *trip* and cannot be renewed.

DESCRIPTION OF COVERAGES

In this section, *we* will describe the many different types of insurance coverages, which are included in *your policy*. *We* explain each type of coverage and the specific conditions that must be met for the coverage to apply. **Please note that exclusions may apply.**

EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD

If *you* receive emergency medical or dental care while *you* are on *your trip abroad* for one of the following *covered reasons*, *we* will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for emergency medical/dental coverage in *your coverage summary* (dental care is subject to the maximum sublimit listed for dental care):

1. While on *your trip abroad*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated before *your* return home (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
2. While on *your trip abroad*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

If *you* need to be admitted to a *hospital* as an inpatient, *we* may be able to guarantee or advance payments, where accepted, up to the limit of *your* emergency medical/dental coverage.

IMPORTANT: Please note that this is secondary coverage. If *you* have health insurance, *you* must submit *your claim* to that provider first. If *you* do not have health insurance or it is known that your health insurance does not provide coverage in the geographical area where your medical emergency is treated, please submit *your claim* directly to *us*. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your claim*.

The following conditions and exclusions apply in addition to General Exclusions:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.
- b. This coverage will not pay for any care provided after *your coverage ends*.
- c. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip abroad*.
- d. This coverage will not pay for non-emergency care or services in general and the following care and services in particular:
 1. Elective cosmetic surgery or care;
 2. Annual or routine exams;
 3. Long-term care;
 4. Allergy treatments (unless the allergic reaction is life threatening);
 5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
 6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*);
 7. Experimental treatment; and
 8. Any other non-emergency medical or dental care.

EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT:

- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- *We* are not, and shall not be deemed to be, a provider of medical or emergency services.
- *We* act in compliance with all national and international laws and regulation, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

Emergency Evacuation (Transporting *you* to the nearest appropriate medical facility)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip*, *we* will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If *we* determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions jointly regarding *your* overall medical condition;

2. We will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport *you* there, and pay for that transport; and
3. We will arrange and pay for a *medical escort* if one is necessary.

The following conditions apply to items 1, 2, and 3 above:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay *reasonable and customary costs*. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;
- b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;
- c. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

Medical Repatriation (Getting *you* home after *you* receive care)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, *we* will:

1. Arrange and pay for *you* to be transported via regularly scheduled service on a common carrier in the same class of service that *you* originally booked, unless a different class of service is otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
 - a. *Your primary residence*;
 - b. A location of *your* choice in *your* country of residence; or
 - c. A medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if one is necessary.

The following conditions apply:

- a. Special *accommodations* must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay *reasonable and customary costs*. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;
- c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
- d. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to identified *hospital* or facility.

Transport to Bedside (Bringing a friend or *family member* to *you*)

If *you* are told by the treating *doctor* during *your trip* that *you* will be hospitalized for more than 72 hours during *your trip* or that *your* condition is immediately life-threatening, *we* will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

The following condition applies:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Return of Dependents (Getting minors and dependents home)

If *you* die or are told by the treating *doctor* that *you* will be hospitalized for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your traveling companions* who are under the age of 18, or dependents requiring *your* full-time supervision and care to one of the following:

1. *Your primary residence*; or
2. A location of *your* choice in *your* country of residence.

We will arrange and pay for an adult *family member* to accompany *your traveling companions* who are under the age of 18 or dependents requiring *your* full-time supervision and care, if *we* determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

- a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *traveling companions* under the age of 18 or dependents;
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Repatriation of Remains (Getting *your* remains home)

We will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:

1. A funeral home near *your primary residence*; or
2. A funeral home located in *your* country of residence.

The following conditions apply:

- a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements; and
- b. The death must occur while on *your trip*.

If a *family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your* death, *we* will reimburse the necessary expenses up to the amount it would have cost *us* to transport *your* remains to a funeral home near *your primary residence*.

Search and Rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* coverage summary, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency.

TRAVEL SERVICES DURING YOUR TRIP

If *you* need travel services during *your trip*, *we* are available 24 hours a day. With *our* global reach and multi-lingual staff, *we* are here to help *you*.

Finding a *Doctor* or Medical Facility

If *you* need care from a *doctor* or medical facility while *you* are traveling, *we* can assist *you* in finding one.

Monitoring *Your* Care

If *you* are hospitalized, *our* medical staff will stay in contact with *you* and the *doctor* caring for *you*. *We* can also notify *your* family and *your doctor* back home of *your* illness or *injury* and update them on *your* status.

Lost Travel Documents Assistance

If *your* passport or other travel documents are lost or stolen, *we* can assist *you* in getting *your* documents replaced and can help *you* change *your* travel arrangements as required.

Emergency Language Translation

We can assist *you* with translation services in the event *you* need help in a foreign country.

Emergency Cash Assistance

If *your* travel is delayed or interrupted and *you* need extra money to pay for unexpected expenses, *we* can assist in arranging the transfer of funds from *your* family or friends.

Legal Referrals

We can help *you* find local legal advice if *you* need it while *you* are traveling.

Emergency Message Delivery

We can assist you in getting an urgent message to someone back home.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your policy*. An “exclusion” is something that is not covered by this insurance *policy*, and therefore no payment or service would be available.

This *policy* does not provide any coverage, benefit, or service if providing such coverage, benefit, or service would violate any applicable law or regulation, including without limitation any economic or trade sanction or embargo. This applies also if an economic or trade sanction or embargo imposed by the European Union, the United Nations, the United States of America, the United Kingdom or the Republic of Austria is directly applicable to *you, your traveling companion, your family member, your travel supplier or your travel carrier*

If you have traveled against an order or advice against travel issued by *your* home country's or *trip* destination's government or local authority (for a certain area or for an entire country), this *policy* excludes any loss directly or indirectly resulting from, arising out of, or related to any reason for or subject of such travel order or advice.

This *policy* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you, a traveling companion, or a family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Your* intentional self-harm or if *you* attempt or commit suicide;
3. Normal, complication-free pregnancy or childbirth, except when and to the extent that normal, complication-free pregnancy or childbirth is expressly referenced in and covered under trip cancellation coverage or trip interruption coverage;
4. Fertility treatments or elective abortion;
5. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
6. Acts committed with the intent to cause loss;
7. An act of gross negligence by *you* or a *traveling companion* (with the exception of cover within the scope of travel liability cover and emergency medical coverage abroad);
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
9. Participating in or training for any *professional or semi-professional sporting competition*;
10. Participating in *high-risk sports and activities*.
11. An *illegal act* resulting in a conviction, except when *you, a traveling companion, a family member, or your service animal* is the victim of such act;
12. An *epidemic or pandemic*, except when and to the extent that an *epidemic or pandemic* is expressly referenced in and covered under trip cancellation coverage, trip interruption coverage, travel delay coverage or emergency medical/dental coverage;
13. *Natural disaster*, except when and to the extent that *natural disaster* is expressly referenced in and covered under trip cancellation coverage, trip interruption coverage, or travel delay coverage;
14. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
15. Nuclear reaction, radiation, or radioactive contamination;
16. *War or acts of war*;
17. Military duty, except when and to the extent that military duty is expressly referenced in and covered under trip cancellation coverage or trip interruption coverage;
18. *Political risk*;
19. *Civil disorder*, except when and to the extent that *civil disorder* is expressly referenced in and covered under trip interruption coverage or travel delay coverage;
20. *Terrorist events*, except when and to the extent that terrorist events are expressly referenced in and covered under trip cancellation coverage, trip interruption coverage, or travel delay coverage. This exclusion does not apply to Emergency Medical or Emergency Transportation coverage;
21. Acts, or prohibitions by any government or public authority of a country *you* are traveling to, within and/or away. This exclusion does not apply if acts, travel alerts/bulletins or prohibitions by a government or public authority are expressly referenced in and covered under trip cancellation coverage or trip interruption coverage;
22. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
23. *Travel supplier* restrictions on any *baggage*, including medical supplies or equipment;
24. Ordinary wear and tear or defective materials or workmanship;

IMPORTANT: *You* are not eligible for reimbursement under any coverage if:

1. *Your travel bookings or tickets do not show travel date(s) and allow flexible trips;*
2. *The departure date and return date as shown on the coverage summary do not match your trip's actual departure date and return date; or*
3. *You intend to receive health care or medical treatment of any kind while on your trip.*

CLAIMS INFORMATION

Claims notification

Before reporting a claim, please check *your policy* and the description of *your coverage*. Keep in mind that not every loss is covered, even if they are sudden and unexpected.

IMPORTANT: Here *you* will find information on how to notify *your* claim. Please be aware, that for *you* all sections apply, which are covered in *your* product and listed in the coverage summary.

To file *your* claim online:

- Open the link <https://allianz-protection.com>
- Enter *your policy* number
- Check which forms and documents are required and upload them
- Submit *your* claim, *you* can check the status of processing at any time afterwards

To submit *your* claim by phone or mail:

- Email: claims.at@allianz.com
- Phone: +43 1 525 03-6822

What must be done for each type of a claim?

You are obliged to keep the damage as low as possible and to prove it. Therefore, in each case, please obtain suitable evidence of the occurrence of the damage (e.g. confirmation of damage, medical certificate) and the extent of the damage (e.g. invoices, receipts). Please send *us your* notice of claim with the appropriate evidence without delay.

The following evidence is required for all submissions:

- The original booking confirmation of the *trip* with details of the booked service, the travel participants and the price of the *trip* including the *policy*;
- Invoices, receipts and payment confirmations for all costs incurred;
- Information on whether *you* have other travel insurance, such as through a credit card, private health insurance, motorists' club, etc.;
- Any other relevant and helpful documents confirming the claim submitted;
- Bank details with name and address of the payee.

For the exact supporting documents required for *your* individual claim, please refer to the "required documents" section when submitting via the online portal.

For *your* convenience, *you* will find an overview of the required documents here.

For the processing of emergency medical / dental claims *we* require:

- *Doctor's* report (with patient's name, diagnosis, treatment data);
- *Doctor's* or *hospital* bill including settlement/payment confirmation from the statutory health insurance fund or private health insurance company;
- Other invoices or receipts with payment confirmation of the issuer for which compensation is claimed.

GENERAL PROVISIONS AND CONDITIONS

Applicable law/Jurisdiction:

Austrian law shall apply, place of jurisdiction is Vienna. Pursuant to Section 14 KSchG, the place of jurisdiction for legal action against consumers is their place of residence, habitual abode or place of employment, provided this is in Austria.

Loss of entitlement to insurance benefits:

We shall be exempt from paying benefits if *you* intentionally make false statements on the occasion of the *covered event*, in particular in the notification of the claim, conceal circumstances material to the claim or falsify evidence, even if this does not cause *us* any disadvantage.

When do *we* pay the compensation amount:

Our cash benefits are due upon completion of the investigations necessary to determine the *covered event* and the scope of the benefit. However, the due date will not be affected if, after the expiry of two months from the request for a cash benefit, *you* request an explanation from *us* as to why the investigations could not yet be completed and *we* do not comply with this request within one month.

If these investigations have not been completed by the expiry of one month since the notification of the insured event, *you* can demand partial payments in the amount of the minimum amount that *we* have to pay according to the situation, taking into account the total claim. (Extract from § 11 VersVG)

Subsidiary agreements:

No intermediary is authorized to promise insurance coverage that deviates from the General Insurance Conditions listed above by means of verbal or written collateral agreements, or to make an assessment of a circumstance that is binding for the insurer.

If *you* have a loss for which *you* have been reimbursed by *us* or any third-party, *you* will not be reimbursed again for the same expense.