

TRAVEL PROTECTION

TERMS AND CONDITIONS OF TRAVEL PROTECTION
FOR THE CLIENTS OF CIB BANK LTD.



CIB BANK



**CIB Travel Protection for
MasterCard Business MasterCard Business and Visa Business
Cardholders**

AIG Europe Limited Branch Office in Hungary provides automatic travel insurance to all cardholders of MasterCard Business Visa Business cards issued by the CIB Bank PLC.

Table of Insurance Benefits

Coverage	Sum Insured (HUF)
Accidental death	4 000 000 Ft
Funeral expenses	500 000 Ft
Accidental death in a plane crash	2 000 000 Ft
Accidental permanent total and partial disability	4 000 000 Ft
In case of disability- Retraining expenses	500 000 Ft
In case of disability- Wheelchair expenses	500 000 Ft
Emergency medical expenses in case of accident	9 000 000 Ft
Emergency medical expenses in case of illness	7 000 000 Ft
Dental expenses	125 000 Ft
Limit / tooth	25 000 Ft
Baggage insurance	300 000 Ft
Limit / baggage	150 000 Ft
Limit / item	100 000 Ft
Limit / cosmetics and vanity products	15 000 Ft
Baggage delay (in case of delays of 6-8 hours)	50 000 Ft
Baggage delay (in case of a delays of over 8 hours)	100 000 Ft
Flight delay (in case of delays of over 4 hours)	100 000 Ft
Assistance Services	
Emergency medical transportation or repatriation	25 000 000 Ft
Repatriation of bodily remains	100%
Reimbursement of coffin expenses	100%
Legal expenses	2 000 000 Ft
Bail bonds	1 000 000 Ft
Personal liability insurance	3 000 000 Ft
Emergency travel expenses for family members (1 person) within the territory of Europe	300 000 Ft
Accommodation cost, max. 5 days, Limit / night	30 000 Ft
Emergency travel expenses for family member (1 person) outside the territory of Europe	500 000 Ft
Accommodation cost, max. 5 nights, Limit / night	35 000 Ft
Emergency travel expenses for replacement (1 person) within the territory of Europe	400 000 Ft
Emergency travel expenses for replacement (1 person) outside the territory of Europe	600 000 Ft
Kidnap, ransom	5 000 000 Ft
Fraudulent payment cardcharges	100 000/event Max. 400 000 HUF/yr

- The present travel insurance is not valid for private trips. (Business cardholders may apply for additional travel insurance for their private trips.)
- The duration of the trip shall not exceed 60 days.
- The insurance benefits listed in the schedule above shall not be valid if the Insured travels for physical work purposes outside the territory of Hungary.
- If the Insured holds several cards, he /she is solely entitled to the benefits related to the card which provides the highest coverage.
- In case of those cardholders who reach the age of 65 by January the 1st of the given calendar year, the Bank passes the double amount of the respective insurance premium on to the client. The insurance coverage ceases at the time the cardholder reaches the age of 75.

CIB Travel Protection for Corporate CirrusMaestro, CIB Kompakt and Visa Kompakt Business Cardholders

AlG Europe Limited Branch Office in Hungary provides automatic travel insurance to all cardholders of Corporate CirrusMaestro, CIB Kompakt and Visa Kompakt Business cards issued by the CIB Bank Plc

Table of Insurance Benefits

Coverage	Sum Insured (HUF)
Accidental death	4 000 000 Ft
Funeral expenses	500 000 Ft
Accidental death in a plane crash	2 000 000 Ft
Accidental permanent total and partial disability	4 000 000 Ft
In case of disability- Retraining expenses	500 000 Ft
In case of disability- Wheelchair expenses	500 000 Ft
Emergency medical expenses in case of accident	9 000 000 Ft
Emergency medical expenses in case of illness	7 000 000 Ft
Dental expenses	125 000 Ft
Limit / tooth	25 000 Ft
Baggage insurance	300 000 Ft
Limit / baggage	150 000 Ft
Limit / item	100 000 Ft
Limit / cosmetics and vanity products	15 000 Ft
Baggage delay	
Between 6-8 hours delay	50 000 Ft
Over 8 hours delay	100 000 Ft
Flight delay (in case of delays over 4 hours)	100 000 Ft
Assistance Services	
Emergency medical transportation	25 000 000 Ft
Repatriation of bodily remains	100%
Reimbursement on coffin expenses	100%
Legal expenses	2 000 000 Ft
Bail bonds	1 000 000 Ft
Personal liability	3 000 000 Ft
Emergency travel expenses for family member (1 person) within Europe	300 000 Ft
Accommodation cost, max. 5 nights, Limit / night	30 000 Ft
Emergency travel expenses for family member (1 person) outside of Europe	500 000 Ft
Accommodation cost, max. 5 nights, Limit / night	35 000 Ft
Emergency travel expenses for replacement (1 person) within Europe	400 000 Ft
Emergency travel expenses for replacement (1 person) outside of Europe	600 000 Ft
Kidnap, ransom	5 000 000 Ft
Fraudulent charges	100 000/event Max. 400 000 HUF/yr

- The present travel insurance is not valid for private trips. (Business cardholders may apply for additional travel insurance for their private trips.)
- The duration of the trip shall not exceed 60 days.
- The insurance benefits listed in the schedule above shall not be valid if the Insured travels for physical work purposes outside the territory of Hungary.
- If the Insured holds several cards, he /she is solely entitled to the benefits related to the card which provides the highest coverage.
- In case of those cardholders who reach the age of 65 by January the 1st of the given calendar year, the Bank passes the double amount of the respective insurance premium on to the client. The insurance coverage ceases at the time the cardholder reaches the age of 75.

CIB Travel Protection for MasterCard Gold cardholders

AIG Europe Limited Branch Office in Hungary provides automatic travel insurance to all cardholders of MasterCard Gold cards issued by the CIB Bank PLC.

Table of Insurance Benefits

Coverage	Benefit Limits (HUF)
Accidental death	8 000 000 Ft
Funeral expenses	500 000 Ft
Accidental death in a plane crash	2 000 000 Ft
Accidental permanent total and partial disability	8 000 000 Ft
In case of disability- retraining expenses	500 000 Ft
In case of disability- wheelchair expenses	500 000 Ft
Emergency medical expenses in case of accident	10 000 000 Ft
Emergency medical expenses in case of illness	10 000 000 Ft
Dental expenses	125 000 Ft
Limit / tooth	25 000 Ft
Baggage insurance	300 000 Ft
Limit / baggage	150 000 Ft
Limit / item	100 000 Ft
Limit / cosmetics and vanity products	15 000 Ft
Baggage delay	
Between 6-8 hours delay	50 000 Ft
Over 8 hours delay	100 000 Ft
Flight delay (in case of delays over 4 hours)	100 000 Ft
Assistance Services	
Emergency medical transportation	30 000 000 Ft
Repatriation of bodily remains	100%
Reimbursement on coffin expenses	100%
Legal expenses	4 000 000 Ft
Bail bonds	3 000 000 Ft
Personal liability	4 000 000 Ft
Emergency travel expenses for family member (1 person) within Europe	300 000 Ft
Accommodation cost, max. 5 nights, Limit / night	30 000 Ft
Emergency travel expenses for family member (1 person) outside of Europe	500 000 Ft
Accommodation cost, max. 5 nights, Limit / night	35 000 Ft
Emergency travel expenses for replacement (1 person) within Europe	400 000 Ft
Emergency travel expenses for replacement (1 person) outside of Europe	600 000 Ft
Kidnap, ransom	5 000 000 Ft
Fraudulent charges	100 000/event Max. 400 000 HUF/yr

- For business cardholders the insurance benefits listed in the schedule above shall not be valid if the Insured travels for physical work purposes outside the territory of Hungary, for retail clients the insurance benefits listed in the schedule above shall not be valid if the Insured travels for work purposes outside the territory of Hungary.
- The duration of the trip shall not exceed 60 days.
- If the Insured holds several cards, he /she is solely entitled to the benefits related to the card which provides the highest coverage.
- In case of those cardholders who reach the age of 65 by January the 1st of the given calendar year, the Bank passes the double amount of the respective insurance premium on to the client. The insurance coverage ceases at the time the cardholder reaches the age of 75.

**CIB Travel Protection for
MasterCard Standard, Visa Electron, Visa Inspire,
CirrusMaestro, Visa Classic, MasterCard Electronic and
MasterCard Unembossed cardholders**

ALG Europe Limited Branch Office in Hungary will provide voluntary insurance to all cardholders of MasterCard Standard, Visa Electron, Visa Inspire, CirrusMaestro, Visa Classic, MasterCard Electronic and MasterCard Unembossed cards issued by the CIB Bank Plc

Table of Insurance Benefits

Coverage	Benefit Limits (HUF)
Accidental death	3 000 000 Ft
Funeral expenses	500 000 Ft
Accidental permanent total and partial disability	4 000 000 Ft
In case of disability- retraining expenses	500 000 ft
In case of disability- wheelchair expenses	500 000 ft
Emergency medical expenses in case of accident	9 000 000 Ft
Emergency medical expenses in case of illness	7 000 000 Ft
Dental expenses	125 000 Ft
Limit / tooth	25 000 Ft
Baggage insurance	250 000 Ft
Limit / baggage	150 000 Ft
Limit / item	100 000 Ft
Limit / cosmetics and vanity products	15 000 Ft
Baggage delay	
Between 6-8 hours delay	50 000 Ft
Over 8 hours delay	100 000 Ft
Flight delay (in case of delays over 4 hours)	100 000 Ft
Assistance Services	
Emergency medical transportation	20 000 000 Ft
Repatriation of bodily remains	100%
Reimbursement on coffin expenses	100%
Bail bonds	1 000 000 Ft
Legal expenses	1 000 000 Ft
Personal liability	1 000 000 Ft
Emergency travel expenses for family member (1 person) within Europe	300 000 Ft
Accommodation cost, max. 5 nights, Limit / night	30 000 Ft
Emergency travel expenses for family member (1 person) outside of Europe	500 000 Ft
Accommodation cost, max. 5 nights, Limit / night	35 000 Ft
Fraudulent charges	100 000/event Max. 400 000 HUF/yr

- The insurance benefits listed in the schedule above shall not be valid if the Insured travels for physical work purposes outside the territory of Hungary.
- The duration of the trip shall not exceed 60 days.
- If the Insured holds several cards, he /she is solely entitled to the benefits related to the card which provides the highest coverage.
- In case of those cardholders who reach the age of 65 by January the 1st of the given calendar year, the Bank passes the double amount of the respective insurance premium on to the client. The insurance coverage ceases at the time the cardholder reaches the age of 75.

GENERAL AND SPECIAL CONDITIONS OF TRAVEL INSURANCE about CIB Travel Protection

PREAMBLE

Against payment of a premium, AIG Europe Limited Branch Office in Hungary (hereinafter referred to as: 'Insurer') provides insurance coverage in accordance with the terms and conditions of the present insurance contract up to the limits specified by the Schedule of Benefits in respect of the insured events stipulated herein. Under the insurance contract and on the basis of the proposal of the Policyholder, insurance may be concluded against those insured events (risks/perils) which are specified in the terms and conditions.

For the insurance terms and conditions and any issues not dealt with in the terms and conditions the provisions of the operative Hungarian laws and regulations shall apply.

All claims shall solely be adjusted and assessed by AIG Europe Limited Branch Office in Hungary or Travel Guard. Should the Insured require medical care or legal assistance, he shall contact the assistance company in each and every case. In case of services received without any prior approval, the service obligation of the Insurer shall be limited to a Hungarian Forint amount equivalent to maximum 150 (one hundred fifty) USD, except if the medical condition of the Insured does not allow to obtain a prior approval.

GENERAL CONDITIONS

CHAPTER 1

DEFINITIONS OF CONCEPTS

Insurer: The insurance coverage is provided by AIG Europe Limited. Registered in England and Wales by the Registrar of Companies. Company registration number: 01486260. Registered Seat: AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom. The registered address of AIG Europe Limited Branch Office in Hungary is 76 Váci út, Budapest, H-1133, Hungary, and it is registered by the Registrar of Companies of the Metropolitan Tribunal of Budapest under company registration number 01-17-000387. Telephone number: +36 1 801 0801. AIG Europe Limited operates under the license of the Financial Services Authority of the United Kingdom.

Travel Guard (assistance service): The legal person (Europ Assistance Hungary Ltd.; 26-28 Dévai street, Budapest, H-1134, Hungary) representing the Insurer, which provides the assistance services specified in the terms and conditions by virtue of the contract concluded with the Insurer.

Policyholder: CIB Bank PLC, 4-14 Medve street, Budapest, H-1027, Hungary

Insured Person: For the purposes of the present terms and conditions, those main supplementary cardholders shall be considered an Insured, who have reached the age of 14 but not the age of 75 and obtain a valid VISA or MasterCard bank card issued by the Policyholder and for whose risks specified by the present terms and conditions the Insurer assumes liability.

The retail cardholder shall not be considered insured during his service abroad, or if he travels abroad for the purpose of employment, regardless whether obtains the work permit of the country of destination or not, except if the country of the travel destination is different from the location of employment or service abroad.

In case of a Business card, that person shall be considered an Insured, who travels abroad on behalf of the cardholder employer for purposes other than physical work. Business cards shall not be used for private travels.

Non-resident: a natural person who is not entitled to possess a valid personal identity card issued by the competent Hungarian authority due to his foreign nationality (including the nationalities of an EEA state).

Likewise resident persons, non-resident persons are entitled to all insurance services, except for emergency costs in case of accident or illness, which coverages are not valid in the country(ies) of nationality of the non-resident persons.

Client: The legal or natural person, or unincorporated business partnership, association, or private entrepreneur, who has private or corporate bank account contract concluded with the Policyholder or such frame credit contract concluded with the Policyholder which relates to the credit card and who applies for a bank card on behalf of the cardholder.

Beneficiary: The person who is entitled to the insurance service(s) in accordance with the contract in case of an occurrence of an insured event. The Insured may designate a beneficiary upon his accidental death. The beneficiary(ies) of this insurance are the legal heir(s) of the Insured, unless otherwise provided by the Insured in writing. In case of any other services, the beneficiary of the Insurer is the Insured, unless he provides otherwise in writing. The Insured may designate another beneficiary at any and all times by a written declaration addressed to the Insurer in place of the originally designated beneficiary. The declaration of the Insured comes into effect in respect of the Insurer at the time the Insurer becomes aware of the declaration

Spouse: The legal spouse or partner of the Insured person.

Child/Children: the child of the Insured who meets the following requirements:

- he has reached the age of three months and has not reached the age of 18, or in case of children studying full-time at an institution of higher education, the age of 21,
- he is a blood, adopted or step-child,
- he is not married,
- he is not financially independent.

Close relative: The persons stipulated as close relatives in the Hungarian Civil Code.

In-patient: The person who receives hospital care as an in-patient for a minimum of 24 hours.

Medical Doctor: A person different from the Insured Party or his close relatives who has taken the examinations and obtains the licenses to cure the insured event forming the basis of the insurance claim according to the laws and regulations.

Hospital: The institution which fully meets the following requirements:

- it obtains a license to operate as a hospital (in case obtaining such license is a regulatory requirement),
- its main activity is the hospitalization and care of in-patients,
- it provides 24 hours nursing to patients with fully qualified personnel,
- it employs licensed medical doctors,
- it provides organized service of diagnosis and high-level medical intervention,
- it is primarily not an out-patient care center, sanatorium, rehabilitation center or similar institution, and provides no alcohol or drug dependence therapy,
- it is not the home of the Insured

Medical costs: Necessary expenses of hospital operations, anaesthesia or other medical treatment or other treatments prescribed by a medical doctor outside the territory of Hungary.

Medical Treatment: Medical advice, treatment and consultation.

Date of the insured event:

- a) the first day of the diagnosis in case of illnesses,
- b) the day of the accident in case of accidents.

Accident: Any event arising out of a sudden, external impact beyond the control of the Insured, which, irrespectively of any other causes, causes directly or indirectly the death, permanent disability or any other bodily injury of the Insured as stipulated in the contract.

Illness: Any health damage in the state of health of the Insured, provided that:

- this change occurs within the insured period, within the term of validity of the insurance,
- the given illness does not fall under the scope of exclusions,
- the illness is not a pre-existing condition.

War: Any war, whether declared or not, or any warlike hostility, including the use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

Civil War: Any armed conflict between two or more groups of nationals of the same country, in which the conflicting parties belong to different ethnical, religious or ideological groups. The present definition includes: armed uprising, revolution, riot, insurrection, coup and martial law, and any consequences of these events.

2. Chapter

2.1. The subject of the insurance and entry into force of the insurance coverage

2.1.1. In accordance with the present terms and conditions, against payment of a premium, the Insurer undertakes to provide insurance coverage up to the limits specified in the Schedule of Benefits for the insured events stipulated herein in respect of bank cards defined in the Schedule of Benefits and issued by the Bank.

2.1.2. In case of particular bank cards defined in the Schedule of Benefits, the insurance protection is linked to the bank card automatically. In such cases the Bank shall not pass on the Insured's share of the insurance pre-

mium (hereinafter referred to as **'Automatic CIB Travel Protection Insurance'**).

2.1.3. In case of particular bank cards defined in the Schedule of Benefits, choosing insurance protection is optional. In such cases the Bank shall pass on the Insured's share of the insurance premium (hereinafter referred to as **'Optional CIB Travel Protection Insurance'**).

2.1.4. The group insurance framework agreement shall be concluded by and between the Bank and the Insurer for the benefit of those clients of the Bank who enter the contract according to the present terms and conditions. The clients of the Bank may enter the insurance contract solely in their capacities as an Insured; they are not entitled to the capacity of the Policyholder and shall not replace the Policyholder subsequently.

2.1.5. Entry into force of the insurance in respect of the given Insured

In accordance with the present terms and conditions, insurance coverage enters into force:

In case of Automatic CIB Travel Protection Insurance, CIB Travel Protection linked to business bank cards enters into force at 00:00 a.m. of the day following the application for a bank card, and CIB Travel Protection linked to retail bank cards enters into force at 00:00 a.m. of the day following the provision of the Declaration of Insured form; in case of Optional CIB Travel Protection Insurance, CIB Travel Protection enters into force at 00:00 a.m. of the day following the provision of the Declaration of Insured, provided that the Bank succeeds to debit the bank account linked to the bank card of the Insured by the insurance premium which has been passed on. In case of Optional CIB Travel Protection Insurance, the insurance coverage is valid for 1 year from day of entry into force, which date shall be considered hereinafter the renewal date of the insurance.

2.1.6. Termination and renewal of Optional CIB Travel Protection Insurance

The Client may cancel the Optional CIB Travel Protection Insurance by the renewal date in a written statement given to the Bank with 30 (thirty) days notice period. The cancellation notice shall be submitted to CIB Insurance Broker Ltd. Postal address of CIB Insurance Broker: CIB Insurance Broker Ltd.; 4-14 Medve street, Budapest, H-1027, Hungary

In the absence of the written notice of cancellation of the Client the Optional Travel Protection Insurance is renewed automatically for 1 (one) additional year, provided that the Client has paid the Insured's share of the insurance premium.

2.1.7. Insurance premium

In case of Optional CIB Travel Protection Insurance, the Bank passes on to the Client the insurance premium, which shall be paid by the Client by ensuring sufficient financial coverage on its/his bank account until the Bank debits the insurance premium. Passed on insurance premium shall be paid annually by the Client in such way, that the first instalment of the passed on insurance premium is automatically debited to the bank account of the Client within two days of the application for the insurance coverage, after which, from the second instalment, it is debited at the time of each and every renewal.

If, from the second year, the bank is unable to debit the insurance premium to the bank account of the Client at the renewal date, the Client has 30 days to remedy the payment of the insurance premium within 30 days.

2.1.8. Entering the group insurance agreement as an Insured

The Insured persons enter the group insurance agreement by their Declaration of Insured, except for the business bank cards of companies qualified as large enterprises by the Bank (with the exception of Kompakt cards), in which case the Insured persons enter by applying for the bank card.

The Declaration of Insured is the document, which includes the declaration of consent of the Client and the Insured to extend the scope of the group insurance framework agreement concluded by and between the Bank and the Insurer to him/them, and which includes the information on the rights and obligations of the Insured, particularly the exemption of the authorities and institutions from their obligation of confidentiality, and Beneficiary designation of the Insured. The Declaration of Insured forms an integral part of the group insurance framework agreement.

The Insured shall provide his e-mailing address in the Declaration of Insured; in case he fails to comply with this obligation, he shall not enter the group insurance agreement.

If, in case of Optional CIB Travel Protection Insurance linked to retail bank accounts, the bank account has more than one co-owners with individual right to dispose, any of the Clients being the owner of the bank account may submit the Declaration of Insured in their own name.

If, in case of Optional CIB Travel Protection Insurance linked to retail bank accounts, the bank account has more than one co-owners with joint right to dispose, solely jointly may the Clients being the co-owners of the bank account submit the Declaration of Insured.

In accordance with the Act XXV of 2005 on distance marketing of financial sector contracts, the statement made and recorded in a demonstrable and identifiable manner, within the framework of distance marketing, by means of distance communication, in which the Client unequivocally declares to claim for CIB Travel Protection in his own name or on behalf of the Insured by virtue of the information provided on the contract, shall qualify as Statement Declaration of Insured (**hereinafter referred to as 'Declaration of Insured made by means of distance communication'**) The bank provides the Client with a written confirmation to confirm the entry into force of the insurance coverage.

In case the Declaration of Insured is made by means of distance communication by the Client on behalf of the Insured, the Client shall provide the Insured with the Letter of confirmation within such period of time from receipt which enables the Insured to exercise his right of cancellation referred to in Item 2.4.

The Client shall be held responsible for and bear any risks of failing to comply with the aforementioned obligation.

2.2. Validity and territorial scope of the insurance coverage

In accordance with the present terms and conditions, the insurance coverage is valid only for the duration of travels made outside the territory of Hungary, provided that the Insured obtaining a retail bank card travels not with the purpose of employment, the Insured obtaining a business bank card travels not with the purpose of conducting physical work or not for private purposes outside the territory of Hungary, and the duration of the travel does not exceed 60 (sixty) consecutive days. The insurance coverage begins at the time the Insured leaves the territory of the country and ceases upon his return. At 12:00 p.m. of the sixtieth (60th) day following the departure the insurance coverage shall cease even if the Insured has not returned back to Hungary within this stipulated deadline.

The insurance coverages shall cover only those insured events which occur during the validity period of the aforementioned bank cards, including any replacement cards issued due to loss or expiration, and any renewed bank cards issued due to expiration).

The insurance coverage does not provide any cover for those countries or territories which were on the list of non-recommended countries and territories issued by the Ministry of Foreign Affairs of Hungary on the date of arrival of the Insured to the countries in concern.

2.3. Termination of the insurance

This insurance coverage shall terminate in respect of any Insured person:

- a) at the time of death of the Insured,
- b) At 12:00 p.m. of the last day of the calendar month of expiration of validity of the bank card in case of Automatic CIB Travel Protection Insurance, unless a new bank card is issued.
- c) by cancellation as referred to in Item 2.4 in case of Optional CIB Travel Protection Insurance if the Insured has entered the group insurance agreement by submitting his Declaration of Insured by means of distance communications.
- d) at the time of termination of the bank account or credit card contract between the Policyholder and the Insured (Client), at 12:00 p.m. on the day of termination.
- e) at the time of termination of the bank card contract between the Policyholder and the Insured, at 12:00 p.m. on the day of termination.
- f) on the day the Insured reaches the age of 75, at 12:00 p.m.
- g) In case of Optional CIB Travel Protection Insurance, from the second renewal date, on the day following the 30th day of the renewal date, at 12:00 p.m., provided that the Client failed to pay the passed on insurance premium until the 30th day of the renewal date
- h) In case of Optional CIB Travel Protection Insurance, on the day of renewal, at 12:00 p.m., provided that the Client or the Insured withdraws his Declaration of Insured.

In case the Client withdraws the Insured's Declaration of Insured he/it shall notify the Insured in advance. In this case the Insurer considers the withdrawal to be consented by the Insured. The Client shall be held responsible and bear all the risks of the Insured not giving his consent or the Client failing to notify the Insured on the termination or the future termination of his insurance coverage.

In none of the aforementioned cases shall the insurance premium (or its pro rata portion) be reimbursed as the premium of the insurance shall be paid annually and the Policyholder is neither entitled to premium reimbursement.

This insurance coverage shall terminate in respect of any Insured person:

a) in case of the termination of the group insurance framework agreement concluded between the Bank and the Insurer, on the last day of the time period covered by insurance premium, at 12:00 p.m.

2.4. Termination of entry made by means of distance communications

2.4.1. Optional CIB Travel Protection Insurance concluded by means of distance communications may be terminated by the Client **within 14 days** of receipt of the Emergency Assistance Card and the present terms and conditions, **without the obligation to justification and with immediate effect.**

2.4.2. The right to termination shall be considered exercised before the stipulated deadline if the Client posts his notice of cancellation **before the expiry of the period of 14 days** to the address of CIB Insurance Broker Ltd. (CIB Insurance Broker Ltd.; 4-14 Medve street, Budapest, H-1027, Hungary)

2.4.3. Before the expiration of the cancellation deadline the insurance coverage commences at the time it is stipulated herein only on the condition that the Client expressly agrees to the immediate inception of the insurance coverage when submitting his proposal by means of distance communications.

2.4.4. In case the Client has agreed to the commencement of the insurance coverage even before the cancellation deadline, however, later terminates the CIB Travel Protection within the period of 14 days, the Insurer shall reimburse the insurance premium to the Policyholder within 30 days of receipt of the cancellation notice the latest.

2.4.5. Termination of the insurance coverage shall not affect the claims adjustment procedure of ongoing and pending insurance claims in respect of any insured events occurring before the time of termination, except if the Insured has not given his consent to the immediate inception of the insurance coverage and the insured event occurred within the cancellation deadline.

2.5. Obligation of the Insured to mitigate damages

The Insured shall take any and all reasonable steps to avoid or mitigate the damage. The Insurer shall not be held liable to compensate such extent of the damage, which occurs as a result of the Insured failing to fulfil his obligation stipulated herein.

2.6. The Insurer's exemption from liability

The Insurer shall be exempt from its service obligation and the present contract and all claims based thereon shall be void if:

- a) the Insured imputably fails to comply with his obligation to mitigate and prevent damages,
- b) it has been demonstrated that the insured event arose out of or as a consequence of a crime committed wilfully by the Insured or the gross negligence of the Insured.

The insured event shall be considered as a consequence of gross negligence if it occurred as a result of:

- the direct cause and effect relationship between the event and the Insured being under the influence of alcohol (blood alcohol level of over 0.8 per mille),
- the Insured driving without a valid driving license or under the influence of alcohol,
- the Insured being under the influence of drugs or other narcotic substance or in connection therewith.

2.7. Legal statements

The Insurer sends its statements in writing to the interested parties, addressed to the last address of notification provided by these parties and known by the Insurer.

The Insurer shall admit the legal effect of the legal statements and notifications which have been submitted to it at the time of conclusion of the contract or later solely on condition that they have been submitted in writing. The statement shall take effect at the time of receipt by the head office of the Insurer.

2.8. Limitation period

Any claim arising out of the present insurance terms and conditions lapses after two (2) years from the occurrence of the damage.

2.9. Information on Data Protection

Legal background

Personal data shall mean any data relating to a specific natural person, as well as any conclusion with respect to the said person that can be inferred from such data. Personal data constitute insurance secret.

The Insurer may process the client's data in connection with the conclusion and registration of the insurance contract, and the fulfilment of the insurance service. Data supply shall be voluntary but the provision of certain data, as specified in the insurance proposal, is indispensable for the conclusion of the insurance contract. In accordance with Act LX of 2003 on Insurance Institutions and the Insurance Business, the Insurer may process the data obtained by it about the client without the separate specific consent of the client, provided that such data processing serves the purpose for which such data have been collected. Duration of data processing: the Insurer may process the data during the term of the insurance relationship and as long as any claim may be asserted in connection with the insurance relationship.

The Insurer may disclose the data obtained by it during its activity and that qualify as insurance secret to a third party only if it has been exempted from its secrecy obligation by the client or the client's legal representative in writing and the scope of the data that may be disclosed is also exactly specified in such exemption.

It shall not constitute a violation of insurance secrets when the Insurer forwards data to a country outside the European Union if the client has given his written consent thereto and the requirements prescribed by Hungarian law are satisfied in the country in question in connection with the process-

ing each datum, and the country in question has a law on data protection that conforms with the requirements prescribed by Hungarian law.

The Insurer shall not breach its secrecy obligation if data, qualified as insurance secret, must be submitted to the following institutions:

- a) the Hungarian National Bank when acting in an official capacity,
- b) the law enforcement agency as well as the public prosecutor's office when investigating a criminal case,
- c) a court of law in connection with criminal cases, civil cases as well as bankruptcy and liquidation proceedings as well as the court bailiff in enforcement proceedings,
- d) notaries public in connection with legacy cases,
- e) the tax authority,
- f) the national security services if acting in their scope of responsibilities,
- g) the Insurer, the insurance intermediary, the professional advisor, the Hungarian agency of the third-country Insurer, independent insurance intermediary or professional advisor, the organisations representing their interests, and the Hungarian Competition Authority acting in its competition supervisory competence in connection with the activities of the Insurers, insurance intermediaries and professional advisors,
- h) the guardian authority acting in its scope of responsibilities,
- i) the health care authority defined in Section 108.(2) of Act CLIV of 1997 on Health Care,
- j) organs of national security in accordance with the conditions specified in a separate Act,
- k) the reinsurer and in case of co-insurance, the insurers undertaking risk,
- l) with regard to transferred insurance portfolio, the insurer accepting the portfolio,
- m) with regard to data disclosed for outsourced activities, the person or agency performing the outsourced activity,
- n) the ombudsman of fundamental rights when acting in an official capacity,
- o) the National Authority for Data Protection and Freedom of Information if acting in its scope of responsibilities.

Data shall not be retained with reference to insurance secret in case of information disclosure obligation laid down by a separate Act referring to the publication of data of public interest.

Privacy Policy

In addition to the aforementioned legal provisions, for the use of personal data the rules of the Insurer's Privacy Policy are also applicable.

Sharing of personal data - For the purposes set out in the Privacy Policy, personal data may be shared with the members of the Insurer's group of companies, brokers, insurers and reinsurers, healthcare professionals and other service providers. For a list of the members of the group of companies that may have access to personal data go to:
http://www.aigcorporate.com/AIG_All_Entities.pdf.

The Insurer provides information on all its appointed service providers that may be involved in the provision of insurance services and have access to personal and insurance data, at its Customer Service Centre (76 Váci út, Budapest, H-1133, Hungary). You may also request information on the companies acting on behalf of the Insurer by calling the Customer Service Centre at +36 1 801-0801.

Transmission of data to abroad - due to the global nature of its business activity the Insurer may transfer personal data to parties located in other countries, including the United States and other countries which may have different data protection laws than the country in which the client is resident.

Security and retention of personal data – Appropriate legal and security measures are used to protect personal data. Its service providers are also required to use appropriate protective measures. Personal data will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate personal data, or to request the deletion or suppression of personal data, or object to its use, please e-mail: aig.hu@aig.com or write to the Insurer. More details about the use of personal data can be found in the full Privacy Policy at www.aig.co.hu/hu-privacy-notice-hungarian or you may request a copy using the contact details above.

2.10. Complaint bodies

The executive of AIG Europe Limited Branch Office in Hungary (76 Váci út, Budapest, H-1133, Hungary; telephone: +36-1-801-08-01, Facsimile: +36-1-801-08-99).

Complaints may be submitted orally or in writing. You may find the Complaint Handling Country Manual of the Insurer on the Insurer's website: www.aig.co.hu

In case of breaches of consumer protection provisions, the natural person (consumer) who is acting for such purposes that are not related to his own individual trade, business or profession may initiate consumer protection procedure before the Hungarian National Bank (39 Krisztina blv., Budapest, H-1013).

In case of any legal disputes concerning the conclusion and fulfilment of the insurance contract, the consumer may initiate the procedure of the Financial Conciliation Panel by submitting evidences which support his arguments (39 Krisztina blv., Budapest, H-1013, Hungary, postal address: BKKP PO Box 172, Budapest, H-1525, Hungary) or turn to court.

Business entities (including private entrepreneurs), legal entities, unincorporated business associations, condominiums, etc. may enforce their claims before court.

Further bodies: Hungarian National Authority for Data Protection and Freedom of Information

2.11. Governing law and the applicable procedure in case of legal disputes

For the legal relationship of the Insurer and the Insured persons the provisions of the Hungarian law, for any issues not regulated therein the provisions of Act IV of 1959 on the Civil Code of the Republic of Hungary shall be applied.

In any disputes on or in connection with the group insurance framework agreement, or in connection with the breach, termination, validity or interpretation thereof, the competent Hungarian court in its jurisdiction shall proceed.

2.12. Contact and the language of customer information

Communications between the Insurer and the Insured and any customer information provided to the Insured shall be made in the Hungarian language.

3. CHAPTER

CLAIMS / PERFORMANCE OF THE INSURER

Any claims based on the insurance legal relationship shall be reported to the Insurer in writing within a maximum of 30 days of the occurrence of the event out of which the claim has arisen. In case of accidental death, the Insurer shall be notified immediately or as soon as possible. The Insurer shall be exempt from its obligation to pay the sum insured to the extent that material circumstances have become undetectable as a consequence of the Insured failing to comply with its reporting obligation.

Documents relating to the insurance claim and certifying the legal ground and the amount thereof shall be provided implicitly to the Insurer:

General documents:

- fully completed and signed (in case of companies duly signed) claims report form (including the last 4 digits of the bank card number, address, bank transfer data)
- Certification of compensation of another Insurer/liable person
- Medical documentation:
 - o Ambulant sheet containing the diagnose of the illness, final report of the hospital, treatment sheet, histological specimen
 - o Contact details of the doctor performing the examination,
- Invoices:
 - o invoices of hospital treatment, medicine, patient transport on the basis of which the amount of compensation may be assessed,
 - o payment certificate
- Documents certifying departure:
 - o Ticket booking confirmation
 - o Visa
 - o Boarding passes
 - o Baggage tickets
 - o Copy of the passport stamp
 - o In case of travelling by car, a written statement on the exact time of departure,

Documents required in respect of the insurance coverage:

Emergency medical care in the event of an accident or illness:

- o Police report (if available),
- o Other official report/report of the competent authority (if available),
- o Description of the accident including the names of any possible eyewitnesses,
- o Contact details of the medical doctor performing the examination
- o Medical documentation
- o Past medical history, medical documentation of the PCP on any illness or accident preceding the travel in case requested by the Insurer.

Certification of the exchange rate to the reimbursement of the invoice:

- o Copy of the bank account statement
- o Certificate of money exchange

In case of dental care:

- o Police report (if available)
- o Other official report/report of the competent authority (if available),
- o Description of the accident including the names of any possible eyewitnesses,
- o Contact details of the doctor performing the examination
- o Medical documentation
- o Past medical history, medical documentation of the PCP on any disease/sickness or accident preceding the travel in case requested by the Insurer.

Death:

- o Post-mortem examination report,
- o Autopsy report,
- o Death certificate,
- o Certificate of inheritance, grant of probate,
- o Official decision, record of an official procedure (if available).

Funeral expenses:

- o Invoice of any funeral expenses
- o Certification of payment of the invoice

Accidental death in a plane crash:

- o Certification of the airline on the case and the Insured being on the passenger list and travelling on board
- o Certification of the Ministry of Foreign Affairs on the incident

Accidental Permanent Disability (whole or partial):

- o Medical documentation stating the extent of the disability, decision of National Medical Expert Institute, opinion of a medical expert
- o Invoices of retraining expenses
- o Certification of the retraining institution on the training and participation
- o Invoice of the wheelchair

Baggage insurance:

- o Detailed description of the loss or damage of the baggage,
- o 'Passenger Irregularity Report', certification or statement of the airline/carrier on the damage, loss or injury,
- o Certification of the airline/carrier on the amount of indemnification paid,
- o Detailed list of any lost or damaged items, containing the purchase price and the date of purchase,
- o Invoices certifying the purchase (if available)
- o Invoice of re-issuance of the official documents,
- o In case of any damages: repair invoice, or the certificate of a professional mechanic on the irreparability of the damaged item,
- o Documentation of the police or other authorities (if available).

In case of baggage delay:

- o 'Passenger Irregularity Report' of the carrier,
- o Baggage check-in receipt, baggage ticket,
- o Invoices certifying the costs and expenses of any reasonable purchases abroad,
- o Certification of receipt of the baggage containing the date, time and name of the passenger.

In case of flight delay:

- o Detailed description of the circumstances of the delay,
- o Certification of the airline/carrier on the fact of the delay, certification of the original trip and the new departure by the original ticket, booking confirmation and the new boarding pass
- o Receipts, invoices certifying any costs and purchases in respect of the flight delay,
- o Flight number, the country and city, in which the flight was delayed,

Emergency medical transfer or repatriation:

- o Ambulance invoice
- o Invoice or receipt of the changed flight ticket
- o Invoice of the new flight ticket
- o Taxi invoice
- o Hotel invoice

Repatriation of the corpse and relics:

- o Birth certificate,
- o Marriage certificate,
- o Death certificate,
- o Police report (if available),
- o post-mortem examination report,
- o Autopsy report.

Reimbursement of the funeral coffin costs:

- o Invoice of the funeral coffin

Legal costs and expenses:

- o Police report (if available)
- o other official report/report of the competent authority (if available),
- o Certification of the power of attorney
- o Certification of the arrest and its circumstances,
- o Invoice of any costs of legal assistance or a receipt certifying thereof
- o Invoice/receipt of any incurred costs

Bail bond:

- o Police report (if available)
- o other official report/report of the competent authority (if available),
- o Certification of the amount of bail

Personal liability insurance:

- o Police report (if available)
- o other official report/report of the competent authority (if available),
- o letter of attorney
- o Medical documentation of the injured other person,
- o Invoice certifying the injured other person's medical and funeral costs and expenses
- o Invoice/receipt certifying legal costs.

Emergency travel expenses for family members:

- o Travel tickets and invoices certifying the cost thereof
- o Invoice of motor vehicle fuel costs;
- o Hotel invoice,

Telephone costs:

- o Telephone costs certified by invoice;
- o Detailed call list

Kidnap, ransom

- o As the case may be, request of the reports, denunciations, decisions and further statements of the acting authorities,

In case a certain document is not available to the Insurer, or the enclosed documents are in contradiction or may raise further issues that need clarification, the Insurer reserves the right to request other documents, information or means of proof that are not listed above and to reject the claim in whole or in part in the absence thereof.

Please also note that the above list has been prepared on the basis of the Insurer's claim experiences, the typical damages and claims. Therefore, in case an exceptional or untypical damage/claim occurs which may be evidenced only by enclosing additional or other documents/means of proof that vary from the aforementioned, the Insurer also reserves the right to request these documents as well. In such cases the Insurer undertakes to inform the insured/claimant or their representatives on the requested documents or means of proof within 8 (eight) days of filing the claim report.

Costs of submission of the aforementioned documents are not reimbursed by the Insurer.

The insurer is entitled to request the examination of the Insured at its own cost as frequently as it is medically justifiable during the claim adjustment procedure. The Insured authorises the Insurer to examine the body of the deceased Insured and to request autopsy at its own cost during the claim adjustment procedure, unless prohibited by the law.

After the occurrence of any bodily injury or illness, the Insured shall consult with a practicing medical specialist as soon as possible and, by complying with his obligation to mitigate the damage, follow the medical advice of the medical specialist precisely. The Insurer shall not be held responsible for the consequences of the Insured failing to comply with his obligation to avoid and mitigate the harmful consequences of the insured event.

The Insurer shall not provide insurance service until the nature, permanency and the degree of disability is unequivocally diagnosed. The nature, permanency and the degree of disability shall be diagnosed within two (2) years of the occurrence of the insured event the latest.

In case at the time of the occurrence of the insured event (except accidental death or disability) the Insured obtains any other insurance policies covering the same insured perils as stipulated herein, the liabilities of the Insurer shall be limited to the adequate proportion of the insured loss.

In case the Insurer has already paid the insured sum payable in the event of accidental disability prior to the death of the Insured, the insured amount paid for disability shall be deducted from the insured sum payable in the event of accidental death arising out of the same cause and the Insurer shall only pay the margin.

The Insurer shall perform its services following the provision of any and all documents necessary to the claim adjustment procedure and the performance of the Insurer, within 15 days of receipt of the last document.

Any amount of compensation and sum insured shall be paid to the Insured by the head office of the Insurer on the basis of the exchange rate of the Hungarian National Bank valid on the day of the occurrence of the insured event.

4. CHAPTER

GENERAL EXCLUSIONS

In accordance with the present terms and conditions, it shall not qualify as an insured event and the Insurer shall not compensate those damages the cause of which is directly or indirectly, in whole or in part:

1. Act of terrorism, including any acts which are conducted in order to defeat an actual or expected act of terrorism or during defence against such act of terrorism.

For the purposes of this exclusion an act of terrorism shall mean an act committed by any person or group of persons as follows:

- a. an act of violence against a person or property or the threat thereof,
- b. an act dangerous to human life or property
- c. an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organization, government, power, authority or military force, if its effect is to force or harm any government or the civil population or to disrupt any segment of the economy.

The definition of 'act of terrorism' shall also include any acts which are qualified or recognized by the Hungarian Government as an act of terrorism.

2. The use, release or escape of nuclear materials that directly or indirectly results in nuclear radiation or radioactive contamination; or the dispersal or application of pathogenic or poisonous biological or chemical materials; or the dispersal, use and emission of pathogenic or poisonous biological or chemical materials.

However, the above applies only if 50 or more persons sustain death or serious bodily injury within 90 days of the date of the incident. For the purposes of this provision, serious bodily injury shall mean:

- a. life-threatening injury;
 - b. lasting harm,
 - c. total physical loss or loss of functionality of any part of the body or an organ.
3. war, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power
 4. events committed or caused wilfully,
 5. accidents or illnesses arising out of the Insured deliberately seeking danger (except saving life),
 6. suicide or attempted suicide,
 7. wilful disregard of medical instructions,
 8. the condition of the Insured caused by any drug, medicine, medical treatment or alcohol, except for the application thereof according to orders of a medical authority,
 9. professional participation of the Insured in any sports activities,
 10. participation in or preparation for any competition of the Insured which involves the use of motor driven land vehicles or water crafts or air-crafts.
 11. the occurrence of the injury is in connection with the Insured driving or travelling on a motorcycle with a cylinder capacity greater than 125 cubic centimetres,

- 12.the Insured travelling on board of such aircraft, other than as a passenger (whether or not paying airfare) or a member of the crew, which is not affiliated with any airlines, has no proper registration or license to carry passengers on regular and published scheduled routes,
- 13.such an accident which has been suffered as an offender or joint offender during the committal of any offence.
- 14.pregnancy of the Insured during the 26 weeks preceding the expected date of confinement and childbirth,
- 15.any illness, death, health damage or cost caused directly or indirectly by HIV (human immune insufficiency virus) and/or any HIV related diseases, including AIDS (acquired immunodeficiency syndrome) and/or any mutant derivatives and versions thereof,
- 16.any accidents or illnesses which are caused by or arising out of a venereal disease or a disease in connection with venereal diseases,
- 17.accidents occurring during or resulting from the active participation in any violent uprising, riot, civil disobedience or civil disorder, or resulting from those
- 18.accidents incurred during physical performance of services, fulfilment of duties or training at any military, paramilitary, police or similar organisation, except accidents occurring during the allowed, unofficial leaves (for example, vacation or daily leaves) of the Insured Party
- 19.any treatment of a neural or mental disorder, regardless of the name or the classification; psychiatric or psychotic conditions; or any kind of depression or psychosis.
- 20.pathologic fractures (casued by disease),
- 21.any cure or long lasting therapy as an in-patient in a medical institution (retirement homes, after-care centers, detoxification centers, etc.),
- 22.exclusively cosmetic interventions, surgeries or treatment,
- 23.slimming treatment,
- 24.treatment in order to increase the possibility of pregnancy or to treat impotency or to increase potency,
- 25.any accident resulting from sports activities of increased risk (particularly qualifies as a sports activity: skydiving, hang-gliding, paragliding, skiing or snowboarding outside the designated ski slopes, snow rafting, bungee jumping, base jumping, wild water canoeing/rafting, diving, free diving, caving, offshore sailing, kitesurfing, wind surfing, water skiing, mountain hiking (above 3000m), rock and mountain climbing, sport activities involving motor driven land or water vehicles, quad),
- 26.the pre-existing illness or state of health of the Insured prior to his departure to abroad
- 27.consequential damages.
- 28.The claim arises out of any travel (or journey) in, to or through the following countries: Afghanistan, Cuba, Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Syria.

ACCIDENTAL DEATH

In case the Insured suffers such an accidental bodily injury during the insured term, which directly and independently from any other events causes the death of the Insured within 365 days of the date of the occurrence of the accident, the Insurer shall pay the sum insured indicated on the Schedule of Benefits to the Beneficiary (ies).

In case the Insured suffers such an accident as a result of which the Insured disappears and his body is not discovered within 365 days of the occurrence of the accident, and the fact of the accident and the causation are justified, the Insurer shall consider the Insured dead and pay the sum insured for accidental death in accordance with any and all other conditions and stipulations of the contract.

In case it is revealed at any time after the payment of the sum insured that the Insured is still alive, any compensation paid by the Insurer shall be fully reimbursed.

Funeral expenses

In the event of performing its insurance service for accidental death, the Insurer shall pay any reasonable funeral expenses incurred in respect of each and every Insured up to the limit specified in the Schedule of Benefits.

ACCIDENTAL DEATH IN A PLANE CRASH

In case the Insured person suffers such an accidental Bodily Injury within the insured period during his travel on board of an aircraft as a passenger or during boarding on the aircraft or disembarkation, which directly and independently from any other events causes the death of the Insured within 365 days of the date of the occurrence of the Accident, the Insurer shall pay the Sum Insured indicated on the Schedule of Benefits to the Beneficiary (ies) or the legal representative.

Aircraft: an airplane which is registered, belongs to an airline company, and obtains licence to carry passengers (according to its regular and published schedule)

PERMANENT TOTAL DISABILITY

In case the Insured suffers such an accidental bodily injury during the insured term, which directly and independently from any other events causes the total and permanent disability of the Insured within 365 days of the date of the occurrence of the accident, and the disability has been continuous for the last twelve (12) consecutive months and remained permanent by the end of the one year period, the Insurer shall pay the sum insured indicated on the Schedule of Benefits.

As a result of such an accident which causes permanent total disability the Insured becomes incapable of pursuing any such occupation or work for salary or profit to which his qualification, training and practice would make him suitable.

Retraining expenses

In the event of performing its insurance service for accidental death, the Insurer shall pay any reasonable expenses incurred by the Insured person during his retraining up to the limit specified in the Schedule of Benefits.

PERMANENT PARTIAL DISABILITY

In case the Insured suffers such an accidental bodily injury during the insured term, which directly and independently from any other events causes the health damage specified in the present Chapter within 365 days of the date of the occurrence of the accident, the Insurer shall pay the given percentage of the sum insured as stipulated in respect of the specific health damage in the Schedule of Disablement Benefits (Schedule C)

TABLE OF DISABLEMENT BENEFITS

The Disablement	The Benefit Expressed as a Percentage of Total Sum Insured		
Total loss of sight of both eyes		100%	
Total incurable insanity		100%	
Total loss of both arms or both hands		100%	
Complete deafness of both ears, of traumatic origin		100%	
Removal of the lower jaw		100%	
Total loss of speech		100%	
Total loss of one arm and one leg		100%	
Total loss of one arm and one foot		100%	
Total loss of one hand and one foot		100%	
Total loss of one hand and one leg		100%	
Total loss of both legs		100%	
Total loss of both feet		100%	
Loss of osseous substance of the skull in all its thickness			
- surface of at least 6 sq. cm		40 %	
- surface of 3 to 6 sq. cm		20 %	
- surface less than 3 sq. cm		10 %	
Partial removal of the lower jaw, rising section in its entirety or half of the maxillary bone		40%	
Total loss of one eye		40%	
Complete deafness of one ear		30%	
	RIGHT		LEFT
Loss of one arm or one hand	60%		50%
Considerable loss of osseous substance of the arm (definite and incurable lesion)	50%		40%
Total paralysis of the upper limb (incurable lesion of the nerves)	65%		55%
Total paralysis of the circumflex nerve	20%		15%
Shoulder ankylosis	40%		30%
Elbow ankylosis in favorable position (15 degrees round the right angle)	25%		20%
Elbow ankylosis in unfavorable position	40%		35%
Extensive loss of osseous substance of the two bones of the forearm (definitive and incurable lesion)	40%		30%
Total paralysis of the median nerve	45%		35%
Total paralysis of the radial nerve at the torsion cradle	40%		35%
Total paralysis of the forearm radial nerve	30%		25%
Total paralysis of the hand radial nerve	20%		15%
Total paralysis of the cubital nerve	30%		25%
Ankylosis of the wrist in favorable position (strChartisht and in pronation)	20%		15%
Ankylosis of the wrist in unfavorable position (flexion or strained extension or supine position)	30%		25%
Total loss of thumb	20%		15%
Partial loss of thumb (ungual phalanx)	10%		5%

The Disablement	The Benefit Expressed as a Percentage of Total Sum Insured		
	RIGHT		LEFT
Total ankylosis of thumb	20%		15%
Total amputation of forefinger	15%		10%
Total loss of two phalanxes of forefinger	10%		8%
Total loss of the unguual phalanx of forefinger	5%		3%
Simultaneous amputation of thumb and forefinger	35%		25%
Total loss of thumb and a finger other than forefinger	25%		20%
Total loss of two fingers other than thumb and forefinger	12%		8%
Total loss of three fingers other than thumb and forefinger	20%		15%
Total loss of four fingers including thumb	45%		40%
Total loss of four fingers excluding thumb	40%		35%
Total loss of the middle finger	10%		8%
Total loss of a finger other than thumb, forefinger and median	7%		3%
Total loss of thigh (upper half)		60%	
Total loss of thigh (lower half) and leg		50%	
Total loss of foot (tibio-tarsal disarticulation)		45%	
Partial loss of foot (sub-ankle-bone disarticulation)		40%	
Partial loss of foot (medio-tarsal disarticulation)		35%	
Partial loss of foot (tarso-metatarsal disarticulation)		30%	
Total paralysis of lower limb (incurable nerve lesion)		60%	
Complete paralysis of the external popliteal sciatic nerve		30%	
Complete paralysis of the internal popliteal sciatic nerve		20%	
Complete paralysis of two nerves (popliteal sciatic external and internal)		40%	
Ankylosis of the hip		40%	
Ankylosis of the knee		20%	
Loss of osseous substance from the thigh or both bones of the leg (incurable condition)		60%	
Loss of osseous substance of the knee-pan with considerable separation of the fragments and considerable difficulty in movement in stretching the leg		40%	
Loss of osseous substance of the knee-pan while the ability to move is maintained		20%	
Shortening of the lower limb by at least 5 cm		30%	
Shortening of the lower limb by 3 to 5 cm		20%	
Shortening of the lower limb by 1 to 3 cm		10%	
Total amputation of all the toes		25%	
Amputation of four toes including big toe		20%	
Total loss of four toes		10%	
Total loss of the big toe		10%	
Total loss of two toes		5%	
Amputation of one toe other than the big toe		3%	

In cases of ankylosis of the fingers (with the exception of the thumb) and the toes, the Insurer will disburse 50% of the benefits defined for the loss of the same members.

Loss: physical loss of limbs (amputation), or total and permanent loss of their functionality.

Loss of hearing or vision: loss of hearing or speech means the total and final loss of the ability to hear or speak.

Loss of eyes: means total and final loss of sight. This can be regarded complete if, following correction, the remainder of sight is 3/60th part, or less, on the Sneller scale.

In the case of several disabilities derived from the same event of loss, the percentage values of the individual disability benefits will be added together, but the full benefits may not exceed the total Sum of Insurance. If the different percentage values do not exceed or are less, than the deductible, the Insurer does not offer benefit.

Permanent disability (health problem) not mentioned in the above table will be compared to the cases in the table in accordance with its gravity, not considering the occupation of the Insured Party. It is the Medical Doctor of the Insurer who will establish the percentage value of permanent disability. The coverage extended on the basis of the present Chapter will expire when the full amount of the Sum of Insurance has been paid.

If the Insured Party is left-handed, and this fact is proven, the reversal of the above proportions should be taken.

Wheelchair

In the event of a payment for *Permanent Disability*, which results in the necessity for the *Insured Person* to use a wheelchair, the *Insurer* will reimburse the *Policyholder* for the cost of wheelchair up to the amount stated in the Table of Benefit.

EMERGENCY MEDICAL EXPENSES IN CASES OF ACCIDENT

In case the Insured needs emergency medical treatment during his travel in the territory of the country of his nationality or Hungary as a result of an accident or an illness, the Insurer shall pay any and all necessary and justifiable medical expenses, incurred by the Insured, up to the limit specified in the Schedule of Benefits.

Medical expenses include solely the usual and reasonable costs of the following services:

- costs of hospital rooms (semiprivate) and care, operating rooms, intensive care room and Outpatient Care Center services.
- fees of medical doctors,
- medical expenses incurred in and out of the hospital, including the costs of laboratory tests, ambulance (to and from the hospital), prescription of medicines or medical goods, costs of therapy and anaesthesia (including the injection of anaesthetics), transfusions, artificial limbs or artificial eyes (with the exclusion of reparation and replacement thereof), X-ray examinations and prostheses,
- costs of health care provided by registered nurses inside and outside the hospital.

Outpatient Care Center shall mean such a licensed institution different from hospitals, clinics or medical stations, which provides emergency surgical and medical treatment.

Necessary and justifiable expenses shall mean those costs, which are applied for treatments similar in severity and nature at the place of the medically necessary treatments and services, except for those costs which incur in respect of such treatment that would have not been chosen in the absence of the insurance.

Exclusions

The Insurer shall not be held liable to pay compensation in the following events:

1. any events which occur during such a trip which has been taken against the advice of a qualified and licensed practicing medical doctor,
2. any events which occur during such a trip, the specific purpose of which is the medical treatment of the Insured or to get medical advice,
3. Any costs incurred within the territory of Hungary.
4. any costs of such medical treatment, medicine or medicinal product, which was prescribed or used before the commencement of the insured term.
5. dental costs,
6. any events of loss caused by illness.

EMERGENCY MEDICAL EXPENSES IN CASE OF ILLNESS

In case the Insured needs emergency medical expenses during the travel outside the territory of the country of his nationality or Hungary as a result of a sudden and unexpected illness, the Insurer shall pay any and all necessary and justifiable medical expenses incurred by the Insured up to the limit specified in the Schedule of Benefits.

Medical expenses include solely the usual and reasonable costs of the following services:

- costs of hospital rooms (semiprivate) and care, operating rooms, intensive care room and Outpatient Care Center services.
- fees of medical doctors,
- medical expenses incurred in and out of the hospital, including the costs of laboratory tests, ambulance (to and from the hospital), prescription of medicines or medical goods, costs of therapy and anaesthesia (including the injection of anaesthetics), transfusions, artificial limbs or artificial eyes (with the exclusion of reparation and replacement thereof), X-ray examinations and prostheses,
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1. any events which occur during such a trip which has been taken against the advice of a qualified and licensed practicing medical doctor,
2. any events which occur during such a trip, the specific purpose of which is the medical treatment of the Insured or to get medical advice,

3. Any costs incurred within the territory of Hungary,
4. any costs of such medical treatment, medicine or medicinal product, which was prescribed or used before the commencement of the insured term,
5. dental costs,
6. any events of loss caused by accident.

ASSISTANCE SERVICES

In case the Insured suffers an accident or falls ill suddenly during the insured term, Travel Guard organizes the most appropriate services to the medical condition of the Insured on behalf of the Insurer up to the limit specified in the Schedule of Benefits.

All claims shall solely be adjusted and assessed by Travel Guard on behalf of AIG Europe Limited Branch Office in Hungary. Should the Insured require medical care or legal assistance, he shall contact the assistance company in each and every case. In case of services received without any prior approval, the service obligation of the Insurer shall be limited to a Hungarian Forint amount equivalent to a maximum of 150 (one hundred fifty) USD, except if the medical condition of the Insured does not allow to obtain a prior approval.

The Insurer shall not be held liable in case the emergency medical transportation or repatriation have been performed without the approval of Travel Guard.

Basic Assistance Services

- 1) **Medical assistance service:** In case of the accident or serious illness of the Insured, on the basis of the notification thereof, Travel Guard shall contact the appropriate health care institution and consult the medical attendant in order to organize the medical care which is the most appropriate to the medical condition of the Insured. Travel Guard shall inform the Insured on any and all available medical care options, and if necessary, organizes the hospitalization.
- 2) **Emergency patient transport:** Travel Guard shall organize the emergency patient transport of the Insured to the closest health care institution which is properly equipped to provide medical care to the Insured.
- 3) **Medical repatriation:** After the hospital treatment and care, if the Insured is incapable to continue his travel, Travel Guard shall organize the return travel of the Insured to his country of residence or nationality in agreement with the local attending doctor. In case it is justified by the medical condition of the Insured, Travel Guard ensures that the Insured is escorted by a suitable doctor during his return.
- 4) **Repatriation of bodily remains:** In case the Insured dies as a result of an accident or illness occurring during the insured term, Travel Guard shall organize the repatriation of the bodily remains of the Insured to the country of his permanent residence or his nationality.
- 5) **Reimbursement of coffin costs:** In case the Insured dies during his travel within the insured term, and laws and regulations of the place of death prescribe the transportation of bodily remains in a coffin, Travel Guard shall organize the purchase of and pay for a coffin which corresponds to the international regulations.
- 6) **Legal assistance service:** In case the Insured is arrested or threatened with arrest in connection with an accident during the insured term, Travel Guard shall organize the necessary legal assistance and pay its expenses.

- 7) **Bail bond following an accident:** In case the Insured is arrested or threatened with arrest in connection with an accident during the insured term, Travel Guard shall advance the necessary bail bond. The Insured has 90 days from the disbursement of such advance to repay this amount to the Insurer. In case the Insured recovers the amount of the bail in accordance with the orders of the authorities of the given country within the given period of time, he shall immediately reimburse it to the Insurer. In case the Insured fails to appear when summoned by the authorities, the reimbursement of the bail to the Insurer becomes immediately payable and due. In case the amount of the bail is not reimbursed until the appropriate deadline, the Insurer takes legal action to enforce its claim.
- 8) **Provision of medications and medical supplies:** In case Insured is in need of such important medications or medical supplies due to his medical condition, which are not available at the place of stay of the Insured, Travel Guard shall take any and all reasonable and available opportunities to provide the Insured with the necessary medications or medical supplies in accordance with the laws and regulations. Travel Guard shall pay any transportation costs; however, purchase costs of the medications and medical supplies shall be borne by the Insured, except if they qualify as justifiable medical costs.
- 9) **Emergency travel expenses of replacement of the Insured:** In case the Insured is hospitalised or repatriated during a business trip within the insured term, Travel Guard shall provide another member of the staff named by the Insured with a return tourist class flight ticket or a first class train ticket in order to replace the Insured up to limits specified by the Schedule of Benefits.
- 10) **Emergency travel expenses for a family member:** In case the physical condition of the Insured precludes his repatriation and the duration of his hospitalization exceeds 10 days, Travel Guard shall provide a close relative (spouse, parent, child) with a return tourist class flight ticket or a first class train ticket up to limits specified by the Schedule of Benefits in order to stay with the Insured.

BAGGAGE INSURANCE

In case the luggage or the personal belongings owned by the Insured are damaged or stolen during the insured term, the Insurer shall reimburse the depreciated value of the items at the time loss, up to limits specified by the Schedule of Benefits. In case the baggage is stolen from the luggage compartment of the motor vehicle, the Insurer shall be held liable to compensate the damage only if the luggage compartment of the motor vehicle from which the baggage has been stolen is equipped with rigid liner, secured by a locking device (no visibility from the outside), and the fact of theft is sustained by physical evidence. In case of any thefts from a locked luggage compartment of a motor vehicle, the amount of compensation shall not exceed 50% of the sum specified in the Schedule of Benefits.

Liability to compensation of the Insurer shall not exceed in total the sum specified in the Schedule of Benefits in case of cosmetics and vanity products.

In case theft of personal identity documents (passport, driving licence, registration certificate) abroad, the Insurer shall compensate the replacement costs certified by invoice or other sales note up to the limit specified in the Schedule of Benefits. The payable amount specified in respect of the present service shall not be considered as an amount in excess to the sum insured for baggage insurance.

The Insurer shall not be held liable to pay compensation in the following events:

- 1) the loss, block, replacement, robbery of or any other kind of damage to cash, domestic and foreign banknotes, bank cards, checks, postal orders, traveller's checks, season tickets, tax cards, social security cards, travel tickets, any securities, petrol or any other coupons;
- 2) damage caused by power outage or mechanical or electronic breakdowns or related service problems;
- 3) breakage of fragile objects, except if caused by fire or an accident to the vehicle of transportation;
- 4) damage caused by wear and tear, mould and fungi or rodents;
- 5) luggage, clothes or personal belongings left unattended;
- 6) damages to luggage left inside a vehicle, which has not been transported immediately to the place of accommodation of the Insured;
- 7) sports equipment and its accessories;
- 8) contact lenses, hearing aids, artificial limbs, dentures or dental bridges, glasses, sunglasses;
- 9) samples of goods, tools, work equipment, food;
- 10) watches, jewellery, semiprecious and precious stones, noble metals, valuable furs;
- 11) objects of art, antiquities, collectibles or furniture;
- 12) personal computers, photo cameras, video cameras, mobile phones, musical instruments, technical equipment and its accessories;
- 13) loss, destruction or damage due to delay, appropriation or seizure as a result of the order of the government or any administrative body;
- 14) loss, destruction or damage due to pressure waves created by airplanes or other aircrafts travelling at or exceeding the speed of sound;
- 15) loss or damage caused by activities of cleaning, dying or painting, repair or reconstruction;
- 16) loss or damage caused by a climatic or atmospheric condition, or any gradually damaging effect;
- 17) animals;
- 18) damage caused by animals;
- 19) vehicles and its accessories, and any damages thereof;
- 20) damages which are not reported to the competent police authority or to the carrier within a maximum of 24 hours of their detection;
- 21) luggage or items of personal property posted by an air waybill or a bill of lading;
- 22) replacement of keys;

The Insured shall immediately notify the following persons or organizations:

- a) the carrier in case the damage or loss incurred during transportation;
- b) the competent police authority in the event of theft.

Reports of the carrier or the police shall be procured from the competent organizations of the place of occurrence of the damage, and one copy of each shall be submitted to the Insurer attached to the claim report. In case the carrier has caused the damage, the original tickets and the luggage receipts shall be retained by the Insured and filed with the claim report to the Insurer.

In case of goods acquired during the travel, the original invoices or other certificates certifying their purchase shall be submitted.

In case of reimbursement, the Insurer, at its own discretion, pays either an amount equivalent to the depreciated value at the time of damage of the damaged or destroyed article (by subtracting the depreciation of value defined by the Insurer from the placement value of the article) or reimburses the repair costs of the article.

In case the Insured incurs such a claim on the basis of the present insurance coverage which is covered in whole or in part by another insurance policy, the Insurer shall reimburse solely the amount of compensation being in excess to the insurance coverage in respect of the given claim, up to the limits specified in the Schedule of Benefits.

BAGGAGE DELAY

In case during the insured term the Insured receives his checked luggage at the airline (namely his luggage is temporarily lost) or receives a luggage upon arrival other than the one he has actually checked in, the Insurer shall reimburse the reasonable costs of emergency purchases abroad affected due to baggage delay, certified by invoice and reduced by the amount of the applicable deductible if any.

In case the Insured has received emergency assistance from the airline abroad, the amount of which has covered the costs of emergency purchases, the Insurer shall not pay any compensation in virtue of the present Chapter. The present insurance coverage shall not include any baggage delays if the event occurs upon the return of the Insured to Hungary, except in case the Insured is demonstrably travels on from Hungary within 24 hours of his return.

If further investigation on the circumstances of the baggage delay establishes later that the luggage is lost, the amount paid on the basis of the present insurance coverage shall be deducted from the amount of compensation to be paid on the basis of the baggage insurance.

The Insured shall take any and all reasonable steps to ensure the safety and to retrieve the insured articles. The baggage delay shall be reported to the air carrier immediately.

The Insurer shall not be held liable to compensation in case the baggage delay occurs as a consequence of the following:

1. the use of a charter flight, except if such flight has been registered in the international databanks,
2. the seizure of the baggage by the customs authority or any other administrative authority,
3. checking in the baggage or items of personal property by way of an air waybill or a bill of lading,
4. the strike or any other organized movement maintained by the employees of the carrier, as long as it has been pre-existent or officially reported before the commencement of the trip,
5. the aircraft being removed from circulation by any civil aviation authority, and a notice has been delivered thereof to the carrier prior to the commencement of the trip.

FLIGHT DELAY

In case during the insured term the Insured travels on board of such aircraft which is delayed for over the time period specified as deductible, the Insurer shall reimburse the Insured any and all reasonable expenses incurred due to such delay and certified by invoice, up to the limits specified by the Schedule of Benefits.

Solely the purchases of food and drinks shall be considered as reasonable costs, provided that these costs incur as a result of the following:

- 1) delay or cancellation of the flight booked by the Insured and reconfirmed,

- 2) denial of boarding by reason of overbooking on the flight booked by the Insured and reconfirmed,
- 3) delay of the connecting flight, due to which the Insured missed his next connection,
- 4) delay of public transportation of over one (1) hour, due to which the Insured misses his flight.

The Insured shall report his claim in writing within 21 days of the flight delay. Each and every requested certification, declaration and proof shall be submitted to the Insurer with reference to the policy number and in the form and of the content determined by the Insurer. Insurer shall not reimburse any costs incurring in connection with the latter.

The Insured shall submit the following documents in respect of the claim adjustment:

- 1) detailed description of circumstances leading to the delay of the flight,
- 2) certification of the public transportation company on the delay,
- 3) any and all invoices and receipts certifying the purchases in connection with the flight delay,
- 4) proofs of the delay,
- 5) number of the flight and place of the delay,

The Insurer shall not be held liable to compensate the following claims:

- the use of a charter flight, except if such flight has been registered in the international databanks,
- in case an appropriate alternative option of carriage was available six (6) hours after the planned time of departure, or a connecting flight arrived within 6 hours,
- in case the Insured failed to turn up in time for check-in, except if his delay was caused by strike,
- in case the reason of delay is strike or a lock-out, as long as it has been pre-existent or officially reported before the commencement of the trip;
- in case the reason of delay is the removal of the airplane from circulation by the order of any civil aviation authority on which a notification has been provided prior to the commencement of the trip.

EMERGENCY DENTAL TREATMENT

In case during the insured term the Insured needs emergency dental treatment due to an accident or an acute dental illness, the Insurer shall reimburse the Insured the costs of dental treatment up to the limit specified by the Schedule of Benefits.

Acute shall mean the dental illness involving sudden and unexpected pain which requires immediate intervention.

The Insurer shall not be held liable to pay compensation in the following events:

- 1) permanent crown implants,
- 2) artificial teeth implants.

PERSONAL LIABILITY INSURANCE

In case during the insured term a third party suffers an accidental bodily injury caused by the negligent accident of the Insured, and due to which such a claim is laid against the Insured for which he shall assume liability by virtue of the Hungarian law, the Insurer shall indemnify the Insured for any and all medical and funeral costs incurred and certified by invoice, and for incurred legal expenses, if any, up to the limit specified by the Schedule of Benefits.

Medical and funeral costs shall mean for the purposes of the present Chapter any and all reasonable and justifiable costs of surgical care, x-ray, dental care, patient transportation, nursing care, prosthetic care and funeral services. The service obligation of the Insurer shall cover only the compensation of the aforementioned costs.

The Insurer shall not be held liable to pay compensation in respect of claims arising directly or indirectly out of the following:

- 1) any damage to property (physical injury to, loss or destruction of a tangible property),
- 2) any event caused wilfully by the Insured,
- 3) any damage caused in connection with the professional or business activity of the Insured,
- 4) liability assumed in connection with the ownership, possession, letting in lease, taking in lease of any immovable property, watercraft or aircraft,
- 5) liability arising out of with the possession, maintenance, use, on-loading and off-loading of any motorized land vehicle of transport, watercraft or aircraft,
- 6) liability arising out of the transmission of a communicable diseases by an Insured,
- 7) liability arising out of sexual harassment, physical violence or physical constraint,
- 8) liability arising out of the use, sale, manufacture, delivery, transportation or possession of such substances which are qualified drugs by the appropriate authority,
- 9) liability for which indemnification is paid by virtue of another insurance or the law,
- 10) legal actions brought against the Insured by any family member, travelling companion or the family member of a travelling companion,
- 11) liability arising out of injuries caused by firearms.
- 12) liability assumed as a pet owner.

KIDNAP, RANSOM

In case during the insured term the Insured is kidnapped, the Insurer shall reimburse the Insured the amount of ransom and any additional costs paid by the Insured or the legal representative of the Insured up to the limits specified by the Schedule of Benefits.

The service obligation of the Insurer shall cover the following:

- 1) justified destruction, loss or expropriation before delivery of the ransom during transportation or delivery to the person demanding it.
- 2) reward amount agreed to be paid by the Insurer in writing, and which is paid by an Insured to an informant in return of any information leading to the arrest and conviction of individual(s) causing the damage,
- 3) those additional expenses incurring in connection with the investigation of the kidnapping, payment of the ransom, negotiations pursued with the intent to release the Insured; provided that the kidnap is not excluded from the insurance coverage.

Kidnap shall mean any event or series of events in connection therewith, during which the Insured is deprived of his freedom unlawfully and by the use of force, any his release depends upon the fulfilment of a pecuniary claim. Exercising parental supervisory right legally shall not constitute kidnapping.

The Insured shall reimburse any payments made by the Insurer despite any exclusion herein.

In the event of kidnapping, the Insured shall immediately notify the competent policy authority.

The Insurer shall not pay any compensation in respect of damages occurring during transportation or release, and of rewards and costs arising directly or indirectly out of the following:

- 1) any unlawful activity of the Insured or of any person authorised by the Insured to have custody over the ransom,
- 2) confiscation or expropriation of the reward or ransom by any authority,
- 3) In case the event occurred within the territory of the county of permanent residence of the Insured (other than Hungary) or Hungary.

- 4) the Insured being kidnapped by a close relative,
- 5) the ransom being paid without the notification of the police.

FRAUDULENT PAYMENT CARD CHARGES

The Insurer shall compensate the amount of fraudulent payment card charges related to those stolen or lost bank cards for which the Insured assumes liability, and which charges arise within 12 hours prior to the official notification reported to the issuer of the bank card.

Miscellaneous provisions

1. The Insurer shall compensate solely those fraudulent charges for which the Insured assumes liability in accordance with the bank card contract.
2. The Insured shall report the loss or theft of the bank card to the issuer and the Insurer immediately after becoming aware of it.
3. The Insured shall comply with any and all provisions of the bank card contract.

Exclusions

In addition to the general exclusions, the Insurer shall not provide insurance coverage to the following:

1. To such bank card charges which arose more than 12 hours before reporting the loss or theft.
2. To such bank card charges which arose after reporting the loss or theft.
3. To such bank card charges which debited other than the stolen or lost bank card.
4. Cash withdrawal by the use of the lost or stolen bank card.
5. Fraudulent bank card charges committed by other household members of the Insured, or by any person(s) assigned by the Insured to use the bank card.

Claims report, claims adjustment

The insured shall report the insured event, request the necessary claims report forms, and listen to the instructions provided by the Insurer on further steps to be taken on the telephone number + 36 1 801 1 801. The insured event shall be reported by the insured immediately after becoming aware of it.

The following forms and certifications shall be completed, signed and sent to the Insurer via post by the Insured:

- claims report form,
- a copy of the police report,
- other documents requested by the Insurer.

The Insurer shall be submitted with the requested documents within 30 days of the first claim report.

www.cib.hu   06 40 242 242

Travel Guard assistance provider 24/7

Phone number: +36 1 501 1 501

(the call is free if you request to be called back)

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