

TRAVEL PROTECTION

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

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

ALG Europe Limited Branch Office in Hungary will provide automatic travel insurance for cardholders of all cards with MasterCard Business, Visa Business logo issued by the CIB Bank Zrt. as listed in the table below.

Table of Insurance Benefits

Coverage	Sum Insured (HUF)
Accidental death	4 000 000 Ft
Funeral expenses	500 000 Ft
Accidental death / air craft	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 illness	7 000 000 Ft
Emergency medical expenses in case of accident	9 000 000 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	15 000 Ft
Baggage delay	
Between 6-8 hours delay	50 000 Ft
Over 8 hours delay	100 000 Ft
Delay of flight (over 4 hours delay)	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 Insurance Benefits listed in the table above are not valid for private trips. (Business cardholders can apply for additional travel insurance for their private trips)
- The duration of the trip cannot exceed 60 days.
- The Insurance Benefits are not valid if the purpose of the trip of the Insured Person is physical work.
- If the Insured Party holds several cards, they are entitled to the benefits connected to the card providing the highest coverage.
- In case of cardholders who reach age of 65 of the year shall pay double insurance premium. The insurance coverage ends when the cardholder reaches age of 75.

CIB Travel Protection for Corporate Cirrus/Maestro and CIB Kompakt Cardholders

AIG Europe Limited Branch Office in Hungary will provide automatic travel insurance for cardholders of all cards with Corporate Cirrus/Maestro and CIB Kompakt logo issued by the CIB Bank Zrt. as listed in the table below.

Table of Insurance Benefits

Coverage	Sum Insured (HUF)
Accidental death	4 000 000 Ft
Funeral expenses	500 000 Ft
Accidental death / air craft	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 illness	7 000 000 Ft
Emergency medical expenses in case of accident	9 000 000 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	15 000 Ft
Baggage delay	
Between 6-8 hours delay	50 000 Ft
Over 8 hours delay	100 000 Ft
Delay of flight (over 4 hours delay)	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 Insurance Benefits listed in the table above are not valid for private trips. (Business cardholders can apply for additional travel insurance for their private trips)
- The duration of the trip cannot exceed 60 days.
- The Insurance Benefits are not valid if the purpose of the trip of the Insured Person is physical work.
- If the Insured Party holds several cards, they are entitled to the benefits connected to the card providing the highest coverage.
- In case of cardholders who reach age of 65 of the year shall pay double insurance premium. The insurance coverage ends when the cardholder reaches age of 75.

CIB Travel Protection for MasterCard Gold cardholders

AIG Europe Limited Branch Office in Hungary will provide automatic travel insurance for cardholders of all cards with MasterCard Gold logo issued by the Cib Bank Zrt. as listed in the table below.

Table of Insurance Benefits

Coverage	Benefit Limits (HUF)
Accidental death	8 000 000 Ft
Funeral expenses	500 000 Ft
Accidental death / air craft	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
Baggage delay	
Between 6-8 hours delay	50 000 Ft
Over 8 hours delay	100 000 Ft
Delay of flight (over 4 hours delay)	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

- The Insurance Benefits listed in the table above are valid if the Insured Person travels outside the borders of Hungary for non-physical work purposes.
- The duration of the trip cannot exceed 60 days.
- If the Insured Party holds several cards, they are entitled to the benefits connected to the card providing the highest coverage.
- In case of cardholders who reach age of 65 of the year shall pay double insurance premium. The insurance coverage ends when the cardholder reaches 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 for cardholders of all cards with MasterCard Standard, Visa Electron, Visa Inspire, CirrusMaestro, Visa Classic, MasterCard Electronic and MasterCard Unembossed logo issued by the CIB Bank Zrt. as listed in the table below.

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
Baggage delay	
Between 6-8 hours delay	50 000 Ft
Over 8 hours delay	100 000 Ft
Delay of flight (over 4 hours delay)	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 table above are valid if the Insured Person travels outside the borders of Hungary for non-physical work purposes.
- The duration of the trip cannot exceed 60 days.
- If the Insured Party holds several cards, they are entitled to the benefits connected to the card providing the highest coverage.
- Cardholders who reach age of 65 of the year shall pay double insurance premium. The insurance coverage ends when the cardholder reaches age of 75.

The Hungarian version of the terms and conditions shall prevail

Applicable for insured applying for CIB Travel Protection from August 01 2012. (The terms and conditions including the changes on January 28 2013).

GENERAL AND SPECIAL CONDITIONS OF TRAVEL INSURANCE about CIB Travel Protection

PREAMBLE

AIG Europe Limited Branch Office in Hungary (hereinafter: the "Insurer") will assume the liability to extend insurance coverage under the conditions listed herein and against the Premium also defined herein, in the cases of Events of Loss.

The present conditions of insurance and all questions unregulated are governed by the Civil Code of Hungary and by the provisions of the legal rules in force of the Republic of Hungary.

Claims can solely be settled or investigated by Travel Guard or AIG Europe Limited Branch Office in Hungary. In case the Insured Person must have health services or legal assistance, they must contact the assistance company in every case. In the case of services acquired without preliminary approval – except if the health condition of the Insured Person makes it impossible to obtain the preliminary approval – the liability of the Insurer will be limited to the HUF amount of USD 150.

GENERAL CONDITIONS

CHAPTER 1

DEFINITIONS OF CONCEPTS

Insurer: This insurance is underwritten by AIG Europe Limited. Registered in England and Wales with the Registrar of Companies. Company number: 01486260. Registered Office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom. AIG Europe Limited Branch Office in Hungary has its registered office at H-1133 Budapest, Váci út 76 and is registered by the Metropolitan Tribunal as the Court of Registration with registration number of Cg. 01-17-000387. Tel: +36 1 801 0801. AIG Europe Limited is authorised by the UK Financial Services Authority.

Travel Guard (assistance service): A legal entity representing the Insurer (Europe Assistance Magyarország Kft., 1134 Budapest, Dévai u. 26-28.) extending assistance services on the basis of a contract conclude with the Insurer as defined in the Conditions.

Policyholder: CIB Bank Zrt., 1024 Budapest, Medve u. 4-14.,

Insured Person: : Main or supplementary cardholders between the age of 14-75 if they hold a valid MasterCard or VISA card issued by the Policyholder are entitled to insurance services, for whom the Insurer assumes liability.

In case of the Client is a natural person solely the main cardholder of an account is entitled to be insured person.

Can not be Insured the person serving abroad, or if the purpose of the travel is work - even if he/she has work permit -, except if the target country is different from the country where the person works or serves.

In case of cardholders who are considered non-resident, the insurance benefits shall be applicable just as they are in the case of resident cardholders excluding Emergency Medical Expenses in case of accident or illness which benefits are not valid in country or countries of citizenship.

Non-resident: the natural person who is not allowed to possess valid identity card issued by the Hungarian authorities and not allowed to have that at all.

Client: The legal or natural person, or non legal corporate entity or private entrepreneur, who holds private or corporate bank account contract at the Policyholder or frame credit contract relating to the credit card and applies for bank card for the Cardholders.

Beneficiary: a person who is entitled to the benefits on the occurrence of an Event of Loss as specified in the Policy /Agreement. The Insured Party may appoint a Beneficiary for cases of Accidental Death of the Insured Party. Unless the Insured Party declares in writing, the Beneficiary/Beneficiaries will be the inheritor(s) of the Insured Party. In any other cases the beneficiary of the benefits is the Insured Party himself/herself, unless he/she has declared otherwise. The Insured Party may appoint a beneficiary other than the original one by way of a written declaration to the Insurer any time. Such declaration by the Insured Party enters into effect from the time of its receipt by the Insurer.

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

Child/Children: child of the Insured Person according to the following conditions:

- aged three (3) months to eighteen (18) years or up to twenty-one (21) years if in full-time education.
- Adopted, step child
- Not married
- Does not have independent salary

Close relative: Persons stated as close relative in the Civil Code of Hungary

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

Medical Doctor: A person different from the Insured Party or his/her close relatives who has taken the examinations defined in the legal rules and holds the resulting license(s) to heal the event referred to in the Event of Loss.

Hospital: A hospital is an institution that fulfils the criteria below:

- it holds a valid hospital license (wherever legal rules require it),
- its main activity is the treatment and care for in-patients,
- it provides 24 hours nursing to patients with fully qualified personnel,
- it employs licensed medical practitioner(s) (M. D.),
- it provides diagnostic equipment and equipment for high-level medical interventions,
- it is not a clinic, nursing home, rehabilitation home or similar institution and does not conduct therapies for alcohol or drug dependence,
- It is not the home of the Insured.

Medical Expenses: Necessary expenses of operations, anesthesia or other medical treatment or treatments prescribed by a Medical Doctor outside of the borders of Hungary.

Medical Treatment: Medical consultation, treatment, follow-up.

Time of Event of Loss:

- a) for illness: the first day of the diagnosis,
- b) for accidents: the day of the accident.

Accident: Any event that causes death, permanent disability or any of the bodily injuries defined herein to the Insured Person, directly and independently from other causes, during the Insured Person's travel, which event originates from a sudden cause outside of the will of the Insured Person.

Illness: Any damage to the health of the Insured Person, provided that:

- the change occurs within the insurance period, within the Insurance Period of the policy,
- the given illness is not listed among the list of exemptions,
- it is not a preexistent condition.

War - shall mean war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

Civil War: Armed opposition between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d'Etat, the consequences of Martial law.

CHAPTER 2

2.1. Subject and validity of the insurance

The Insurer will extend the benefits against payment of the insurance premiums included in the yearly membership fees – mandatory CIB Travel Protection - for MasterCard Gold, MasterCard Business, Visa Business, CIB Premium Gold (with Tensi discount program), CIB MasterCard Gold Gold (with Tensi discount program) by CIB Bank Zrt., as well as optionally purchased insurance –optional CIB Travel Protection - in case of MasterCard Standard, Visa Classic, Visa Electron, Visa Inspire, MasterCard Electronic, MasterCard Unembossed, CIB Kompakt Corporate and CirrusMaestro, in case of occurrence of Events of Loss detailed herein as defined in the Table of Benefits

The group insurance contract was concluded Bank and the Insurer for the clients of the Bank who have joined as Insured by declare the client declaration. The clients are only entitled to join as insured person.

The insurance benefits detailed in the Terms and Conditions in case of mandatory CIB Travel protection become effective at the following day of the application of the card. In case of Optional CIB Travel the insurance becomes effective the following day 0.00 hours when the annual insurance premium was paid by the Client.

If the cardholder applies for the optional Travel Protection when signing the bankcard contract, the travel protection is valid for one year from the application. If the cardholder applies for the Travel protection after signing the bankcard contract the cardholder has to pay the annual premium and the travel protection is valid until the 24 th hour of the last day of month of the expiration of the card.

Optional CIB Travel protection is valid for 1 year for clients who joins simultaneously when signing the banc card contract. When the cardholder applies for CIB Travel Protection later on, the insurance will be valid until the next card last day of renewal month.

The cardholder has to right to terminate the travel protection to renewal date – expiration month of the card - in writing to the bank, the termination period can not be less that 30 days, otherwise the travel protection renews automatically.

The insurance premium will be charged to the client by the Bank in case of optional CIB Travel Protection, which has to be paid by the client. The insurance premium will be charged after application, and in case of card renewal automatically.

The insured person joins to the group contract by signing the client declaration form, except in case of corporate Client, where the CIB Travel Protection is mandatory and such a Client joins the contract by signing the bankcard application form, or by distance selling.

In cases when the bank account has several owners with independent action, any of the account owner may sign the client declaration.

Client declaration shall mean a form which includes the Client and the Insured contributory declaration to join the group insurance contract concluded between the Bank and the Insurer, furthermore it includes the rights and obligations of the Insured Person, particularly the exemption of data privacy for certain authorities and institution and the contribution to appoint beneficiary. The client declaration shall be part of the group insurance contract.

Any provable and identifiable declaration of the Client made in distance selling in line with the provisions of Act XXV of 2005 on distance sell in the financial sector shall be regarded as client declaration, provided that the Client based on the information provided in relation to the insurance declares that he/she takes out the CIB Travel Protection and approves the appointment of beneficiary (hereinafter referred as to Client declaration in distance selling). The Bank shall issue a written certificate for the Client about the insurance coverage.

In case when the Client declaration made via distance selling by the Client in favour of the Insured Person, it is the Client's obligation to provide the Insured

person with the confirmation letter within reasonable time, so the Insured Person could exercise her/his cancellation right detailed in section 2.4.

The Client shall be liable for any damage and risk, which arises from not fulfilling the above obligation.

2.2. Area and Time Limitation of the Insurer

The benefits detailed in the Insurance Conditions are valid if the purpose of the travel taken by the Insured Party is not physical work and the length of his/her journey outside the borders of Hungary does not exceed sixty (60) days at one stretch. Risks are assumed when the Insured Person leaves the country, until he/she returns. Following the 24th hour of the 60th day after the start of the trip, the Insurer stops assuming risks even if the Insured Person fails to return to Hungary within this period of time.

Insurance coverage solely affects those Events of Loss that occurred during the validity of the cards mentioned above (including renewed cards, or newly issued cards if the previous card was lost).

2.3. Expiration of the Insurance

The Insurance of any Insured party expires immediately:

- a) upon the death of the Insured, on the date of death,
- b) upon expiration of the validity of the mandatory CIB Travel Protection, on the 24th hrs of the card expiration, unless the card will be renewed by the Policyholder
- c) In case of optional CIB Travel Protection if the Insured signed the travel insurance through long distance selling, the insurance may be cancelled according to the regulations in Section 2.4.
- d) Upon 24th hour of cancellation of bank account, credit card account between client and the Insured (Client),
- e) Upon 24th hour of cancellation of bank account, credit card account between client and the Policyholder,
- f) When the Insured person reaches age of 75, on the 24th hour of her/his birthday
- g) In case of optional CIB Travel Protection, if the Client did not pay the insurance premium to the Bank, upon the 24th hour of the insured card's renewal month,
- h) In case of optional coverage, if the Client withdraws the client declaration, upon the 24th hour of the insured card's renewal month

If the client declaration is withdrawn by the Client, it is the Client's obligation to inform the Insured Person. The Insurer considers the withdrawal is approved by the Insured Person.

The Client shall be liable for any damage and risk arising from not providing information to the Insured about the cancellation of the insurance coverage.

2.4. Cancellation of the insurance contract requested via distance selling (CIB24, CIB Internet Bank)

2.4.1. The optional CIB Travel Protection applied via the long distance device may be cancelled **within 14 days after the delivery of the Emergency Assistance Card and present insurance conditions with immediate effect without any reason.**

2.4.2. The right of cancellation shall count as validated within the deadline in case the Insured Person's statement referring to this is posted before the expiration of the 14-day-deadline to the address of Policyholder. (CIB Bank Zrt. Bankcard department 1062, Budapest, Petrezselyem u. 2-8.)

2.4.3. **Before the expiration of the deadline open for cancellation the Insurer's risk bearing shall only start at the time determined in present contract**, in case the Insured Person explicitly agrees to immediately start the fulfillment of the Insurance Contract with an offer made via long distance device.

2.4.4. In case according to the above Insured agrees that Insurer's risk bearing shall start before the expiration of the deadline open for cancellation, and a valid Insurance Contract is made, **but later – within the 14-day-deadline – Insured Person cancels the Insurance Contract**, the Insurer is obligated to pay the insurance sum back due to the Insured within 30 days after the delivery of the cancellation.

2.4.5. The termination of the Insurance shall not affect the outcome of ongoing or pending claims relating to insurance events happened before the termination, except when the Insured Person did not agree to start the fulfillment of the Insurance Contract via the Policyholder's CIB24 system and the insurance event of Loss within the deadline open for cancellation.

2.5. Obligation of the Insured to curb the losses

The Insured party will do everything in his/her power to avoid or minimize an Event of Loss. The Insurer will not cover the part of the losses derived from the Insured not fulfilling the above obligation.

2.6. The Insurer's exemption from liability

The Insurer shall not be liable to provide any benefits and the present agreement and all claims under it shall be rendered invalid if:

- a) the Insured Person fails to comply with its obligation to prevent or mitigate damage,
- b) it is established that the case of insurance was the result of or arose in relation with a willfully committed criminal action by the Insured Person, or if it arose as a result of grossly negligent, unlawful behaviour by the Insured Person.

The Event of Loss shall be considered to have been caused by grossly negligent behaviour if

- it arose in direct causal relationship with the Insured Person's intoxication by alcohol (blood alcohol level in excess of 0.08 percent),
- it was the result of driving without a licence or under the influence of alcohol,
- it arose while the Insured Person was under the influence or in relation to the influence of an illegal drug or intoxicant

2.7. Notices

The Insurer will deliver written notices to those involved in the Insurance Agreement, to the address they specify and known last to the Insurer.

The Insurer is only obliged to regard legal notices and declarations relevant if they are sent in writing. Declarations are valid when they are received at the headquarters of the Insurer.

2.8. Expiration

Claims derived from the present conditions will expire within 2 years from the Event of Loss.

2.9. Data Protection

Legal provisions

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 constitutes insurance secret.

The Insurer manages personal data when concluding and administrating the insurance contract and when performing insurance obligations. Disclosure of data is voluntary; however disclosure of personal data in the insurance proposal is essential for the coming into being of the insurance contract. In accordance with Act LX of 2003 on Insurance Institutions and Insurance Business and with regard to the purpose of managing data, the Insurer may manage data obtained without the express consent of the customer. The data management period: the insurer may manage personal data during the period of insurance, and furthermore while claims may be brought against the insurance.

The Insurer may only disclose data obtained during its activities and qualified as insurance secret to third parties with the express, prior and written consent of the customer or his legal representative, where this consent precisely specifies the insurance secrets that may be disclosed.

Data transfer of insurance secrets by the Insurer to countries other than EU Member States shall not be deemed a breach of non-disclosure obligations provided that the customer has provided his written consent, and that the conditions under which the data is processed in the given country is deemed adequate, in respect of each and every data processed, in view of the provisions stipulated under Hungarian Law, furthermore, that said country has enacted data protection legislation complying with the stipulations provided for under 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 Financial Supervisory Authority 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 service when acting in an official capacity,
- g) the insurer, the insurance intermediary, the insurance consultant, the Hungarian representative office of the independent insurance intermediary, consultant or foreign insurer, interest groups of the formers, or the Office of Economic Competition conducting competition supervision proceedings on the activities of the insurer, the insurance intermediary or the insurance consultant,
- h) guardians acting in an official capacity,
- 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 Data Protection and Freedom of Information Authority when acting in an official capacity.

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

Privacy Policy

Besides the above mentioned 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 Insurer's group companies, brokers, insurers and reinsurers, healthcare professionals and other service providers. For a list of the group companies that may have access to personal data go to:

http://www.aigcorporate.com/AIG_All_Entities.pdf.

The Insurer provides information about 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 (H-1133 Budapest, Váci út 76, Hungary). You may also request information about these companies by calling the Customer Service Centre at +36 1 801-0801.

International transfer - Due to the global nature of the Insurer's business personal data may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in the customer's country of residence.

Security and retention of personal data – Appropriate legal and security measures are used to protect personal data. The 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: reception.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_policy or you may request a copy using the contact details above.

2.10. Institution handling consumer complaints

The general manager of AIG Europe Limited Branch Office in Hungary (1133 Budapest, Váci út 76. Tel: 801-0801, Fax: 801-0899).
Hungarian Financial Services Authority
(1013 Budapest, Krisztina krt. 39.).
Financial Arbitration Board
(1088 Budapest, József krt. 6.)

Complaints can be made in person, through the call centre or in writing. Complaints handling policy of the Insurer can be found at its website: www.aig.co.hu

2.11. Competency

The legal relationship between the Insurer and the Insured shall be governed by the provisions of Hungarian law, these General Conditions of Contract and the issues not regulated therein shall be governed by the provisions of Act IV of 1959 on the Civil Code of the Republic of Hungary.

The relevant court shall have the right to proceed in any dispute arising out of or in connection with the Group Insurance Contract or in relation to the breach, termination, validity or interpretation thereof, subject to the amount disputed.

In order to endeavour to resolve any dispute arising between the Insurer and the Insured on the basis of a settlement, the Insured may also initiate proceedings with the Financial Arbitration Board for his or her residence, if the Insured has tried to resolve the complaint directly with the Insurer before.

The resolution of the Financial Arbitration Board shall not affect the right of the Insured to assert his or her claim in judicial proceedings.

2.12. The language of client declaration and communication

The contact and information between the Insurer and Insured Person occurs in Hungarian.

CHAPTER 3

CLAIMS / PERFORMANCE OF THE INSURER

Any claim reports based upon the legal relationship of insurance will be submitted to the Insurer in writing, within 30 days from the occurrence of the event that gave rise to the claim. The Insurer must be notified immediately or as soon as possible in cases of Accidental Death. In case there is a failure to file such a report, the Insurer will be exempt from insurance obligations so far as material circumstances become impossible to determine.

In case of a claim the following documents shall be provided to the Insurer

General documents:

- Completed and duly signed claim request form (card number, address, data needed for the transfer of payments)
- Certification on payment any other existing insurance policy/carrier

Medical documentation:

- ambulant sheet containing the diagnose of the disease/sickness, final report of the hospital treatment sheet, histological findings
- contact details of the doctor

Invoices:

- invoices about the hospitalization; invoices about the medicaments and the transportation of the patients that are required for the assessment of the insurance benefits
- payment certificate

Documents certifying the travel:

- booking
- visa
- boarding pass
- baggage ticket
- copy of the passport stamp
- In case of travelling with car, declaration about the exact date of departure

Required documents for certain benefits are the following:

Emergency medical expenses:

- Policy report (if available)
- other official report/report of any other authority (if available)
- Description of the accident, or event including the names of possible eyewitnesses
- contact details of the doctor
- Medical documentation
- Medical case history, medical documentation of the PCP about any disease/sickness or accident preceding the travel

Certification of the exchange rate:

- Copy of bank statement
- Any document certifying of the money exchange

Dental Expenses:

- Policy report (if available)
- other official report/report of any other authority (if available)
- Description of the accident, or event including the names of possible eyewitnesses
- contact details of the doctor
- Medical documentation
- Medical case history, medical documentation of the PCP about any disease/sickness or accident preceding the travel

In case of accidental death:

- Death certificate
- autopsy report
- medical certificate proving the reason of the death;
- Certificate of inheritance, Grant of probate
- decision or record of an official procedure (if any)

Funeral expenses:

- Invoices
- Original accountable document

Accidental death in a plane crash:

- Certification of the airline company that the Insured was on the passenger list and travelled on the plane
- Certification of the Ministry of Foreign Affairs about the plane crash

Permanent Disability (total or partial) due to an accident:

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

Personal belongings, baggage, baggage delay:

- Detailed description about the lost or damage of the baggage
- Passenger Irregularity Report', certification or statement of the airline/transportation company about the damage, lost or injury
- Certification of the airline/transportation company about the indemnification paid to the passenger
- Detailed list of the lost and damaged items, containing the purchase price and the date of purchase, Invoices certifying the purchase (if available)
- In case of any damage: invoice about the reparation, or statement that damaged item cannot be repaired
- check in receipt, baggage ticket, certification of costs and expenses of the reasonable required shopping abroad, certification of receipt of the baggage containing the date, time and name of the passenger
- Policy report (if available), other official report/report of any other authority (if available)

Baggage delay:

- Passenger Irregularity Report', certification or statement of the airline/transportation company about the damage, lost or injury
- Baggage ticket(s)
- Receipts of emergency items purchased abroad
- Certification when the baggage was received

Flight delay:

- Description of the circumstances of delay
- Certification of the airline/transportation company about the delay, certification of the original flight with the original ticket or reservation and the new departure with the new boarding pass
- Receipts, which certify the purchases during the delay
- flight number, destination country and city where the flight was delayed or cancelled

Emergency transportation, repatriation:

- Invoice of ambulance
- Invoice of re-booking of airplane ticket
- Taxi receipt
- Hotel invoice

Repatriation of bodily remains:

- Birth certificate
- Marriage certificate
- Death certificate
- Policy report (if available)
- autopsy report

Coffin expenses:

- invoices of coffin

Legal costs:

- Policy report (if available)
- other official report/report of any other authority (if available)
- Certification of the power of attorney
- certification of the arrest and its circumstances
- Certification of the amount of the bail
- Invoices of any other expenses incurred.

Bail bond:

- Policy report (if available)
- other official report/report of any other authority (if available)
- Certification of the amount of the bail

Personal Liability:

- Policy report (if available)
- other official report/report of any other authority (if available)
- Power of Attorney
- Medical documentation of the injured person
- Invoices of medical expenses of the injured person
- Invoice of the attorney
- expert opinion of the loss adjustor; opinion of the service center that the damaged good/thing cannot be repaired

Emergency travel expenses for family member:

- ticket, invoices certifying the expenses
- fuel receipt if travelling by car
- hotel invoices

Phone cost:

- invoice of the phone cost
- detailed phone list

Hijacking, kidnapping, hostage taking:

- If appropriate, requesting 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.

Please also note that the above list was prepared on the basis of the *Insurer's* claim experiences, the typical damages and claims. Therefore, in case an exceptional or untypical damage/claim will occur that can be evidenced only by enclosing additional or other documents/means of proof that vary from the above, the *Insurer* also reserves the right to request the aforementioned documents.

In such cases the *Insurer* undertakes to inform the insured/claimant or their representatives about the requested documents or means of proof within 8 days from the claim notification.

The *Insurer* will not reimburse expenses related thereto.

During the period of claim settlement, the *Insurer* may at any time examine the Insured Party at its own expense as frequently as it is medically recommended.

The *Insurer* is authorized by the Insured Person to examine the body or make an autopsy in case of death during the pendency of the claim at its own expense where it is not forbidden by law.

Following the occurrence of any bodily injury or illness, the Insured Party must immediately seek the assistance of a licensed Medical Practitioner, and due to his/her obligation to minimize loss damages, observe the instructions of such medical personnel precisely. The *Insurer* will not be liable to cover losses derived from the Insured Party's failure to observe the above obligation to avoid or minimize the damages of an Event of Loss.

Prior to a congruent medical certification of the type, permanence and the amount of disability, the *Insurer* will not serve benefits. The type, permanence and amount of disability must be ascertained within two years (2) following an Event of Loss.

In case at the time of the occurrence of the Event of Loss – except for the cases of Accidental Death or disability – the Insured Party holds another insurance policy to cover the same risks, the liability of the *Insurer* will be accordingly limited to the appropriate proportion of the insurance.

If, in the case of accidental disability, the Insurer has already served benefits to the Insured, the amount to be paid for the case of Accidental Death derived from the same cause will have a deduction of the disability benefit already disbursed, the Insurer pays the difference only.

The Insurer will perform benefits following the receipt of the complete documentation necessary for the evaluation of a given claim within 15 days after the arrival of the latest piece of documentation. Disbursement of claims takes place in Forints by the Hungarian Head Office of the Insurer.

CHAPTER 4 GENERAL EXCLUSIONS

The following cases are not defined as Events of Loss under the present Conditions, the Insurer is not liable to pay claims resulting partly or wholly, directly or indirectly there from:

1. **Terrorism**, including any action taken in hindering or defending against an actual or expected incident of **Terrorism**.

“Terrorism” means

- a) the use or threatened use of force or violence against person or property,
- b) or commission of an act dangerous to human life or property,
- c) or commission of 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, when the effect is to intimidate, coerce or harm a government, the civilian population or any segment thereof, or to disrupt any segment of the economy.

“Terrorism” shall also include any act, which is verified 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 reaction or radiation or radioactive contamination; or the dispersal or application of pathogenic or poisonous biological or chemical materials; or the release of pathogenic or poisonous biological or chemical materials.

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

- a) Physical injury that involves a substantial risk of death; or
- b) Protracted and obvious physical disfigurement; or
- c) Protracted loss or impairment of the function of a bodily member or organ.

3. for Bodily Injury or Sickness occasioned by Civil War or Foreign War, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
4. events deliberately caused or deliberately provoked by the Insured Party,
5. accidents or illnesses deriving from the deliberate seeking of danger of the Insured Party (except life saving),
6. suicide, or suicide attempt,
7. if the Insured person deliberately do not take the medical instructions,
8. any condition of the Insured Party caused by any drug, medicine, medical treatment or alcohol, except if these were applied according to orders of a medical authority,
9. professional participating of the Insured Party in any sports activities,
10. if the Insured Person was participating in a competition or preparation for competition where motor vehicles of land, water or air were used by the Insured Person,
11. if the Insured Party drives or travels on a motorcycle or motor boat whose cubic content exceeds 125 cm³,
12. Insured Person is travelling by air, other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
13. accidents in criminal affairs where the Insured Party suffers injuries participating as a criminal agent or abetting criminals,
14. pregnancy of the Insured Party up to the 26th week of the expected delivery, giving birth,
15. any illness or death, health problem or cost directly or indirectly attributable to the HIV virus (Human Immune-Deficiency Virus) and/or any illness related to HIV including AIDS (Acquired Immune-Deficiency Syndrome), and/or any mutants or variants thereof,
16. any accident or illness which has been caused by sexually transmitted diseases (STD) or an illness complicating an STD or derived therefrom,
17. accidents deriving from active participation in any violent uprising, sedition, civil disobedience or revolution, 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. treatment of any nervous or mental disorder, independently of its name or classification, psychiatric and psychotic states, any kind of depression or mental illness,
20. pathological fractures,
21. any medical healing method and long-term medical treatment as an in-patient in a medical institution (retirement homes, post-treatment centres, detoxification centres, etc.),
22. interventions for an exclusively cosmetic purpose, operation or treatments,
23. weight loss therapy,
24. assistance of pregnancy, treatment of impotence or increasing potency,
25. any accident deriving from pursuing sports activities of increased danger, (sport activities of increased danger are the following, but not limited: parachuting, hang gliding, blanket parachuting, wild skiing, bungee jumping, wild water rafting, scuba diving, cave exploration, rock and mountain climbing),
26. cases directly attributable to causes already known to the Insured Party before conclusion of the insurance policy, or of which there is ample medical documentation,
27. indirect claims, damages

ACCIDENTAL DEATH

If the insured Party during the term of the Policy, suffers an accident and incurs any bodily injuries which directly and independently from other causes the death of the Insured Person within 365 days from the time of the accident, the Insurer will pay the Beneficiaries the sum of insurance indicated in the Table of Benefits.

If the Insured Party suffers an accident following which he/she disappears and his/her body is not recovered within 365 days following the date of such accident, and the facts of the accident as well as the chain of causation are well established, the Insurer will regard the Insured Person dead in accordance with every condition and stipulation of the Agreement and will perform the benefits due in cases of Accidental Death.

In case, following the disbursement of a Sum of insurance, it is discovered that the Insured Person is still alive, any disbursements must be returned immediately to the Insurer in their entirety.

Funeral expenses

In the event of a payment for Accidental Death the *Insurer* will pay reasonable funeral expenses incurred up to the amount stated in the Table of benefit.

ACCIDENTAL DEATH / AIR CRAFT

If the insured Party during the term of the Policy travels on airplane, or getting on or getting of the airplane and suffers an accident and incurs any bodily injuries which directly and independently from other causes the death of the Insured Person within 365 days from the time of the accident, the Insurer will pay the Beneficiaries the sum of insurance indicated in the Table of Benefits.

Airplane: an airplane which is registered in the international databanks, belongs to an airline, has lincence to carry passangers (according to regular and published schedules

PERMANENT TOTAL DISABILITY

If during the Period of Insurance an Insured Person sustains Bodily Injury from an accident that renders the Insured Person totally and permanently disabled commencing within 365 days of the date of the accident, the Company will pay the benefit detailed in the Table of Benefits, provided such disability has continued for a period of twelve (12) consecutive months and is total, continuous and permanent at the end of this period. An accident that causes permanent total disability is one that prevents the Insured Person from engaging in any occupation or employment for compensation or profit which their training and education has enabled them to pursue.

Retraining expenses

In the event of a payment for *Permanent Total Disability*, the *Insurer* shall indemnify the *Policyholder* for reasonable expenses incurred in retraining the *Insured Person* for an alternative occupation up to the amount stated in the Table of Benefit.

PERMANENT PARTIAL DISABILITY

If during the Period of Insurance an Insured Person sustains Bodily Injury which, due to no other cause, leads to the damage of health specified in this Chapter, within 365 days of the date of the said accident, the Insurer will pay the Sum of Insurance as applied to the specific disability defined in the Table of Benefits (on view at the branches of the Insurer and the Bank).

TABLE OF DISABLEMENT BENEFITS

The Disablement	The Benefit Expressed as a Percentage of Total Sum Insured	
	RIGHT	LEFT
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%
Anchylosis of the wrist in favorable position (strChartisht and in pronation)	20%		15%
Anchylosis 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%
Total anchylosis 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%	
Anchylosis of the hip		40%	
Anchylosis 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 Snellen 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 is less, than the deductible, the Insurer do 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

If the Insured Party needs emergency medical treatment during travel outside of Hungary, or outside of the country of citizenship due to accident, the Insurer will reimburse the Insured Party any necessary and reasonable medical expenses, up to the power of the amount defined in the table of benefits as Sum of Insurance.

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

- hospital room (several beds) and care, use of operating rooms, fees of using the Intensive Care rooms and Ambulatory Center facilities for ambulatory treatment,
- fees for the medical doctors,
- medical expenses inside and outside of the hospital, including laboratory tests, ambulance (to and from the hospital), prescription of medicines or medical goods, costs of therapy and anesthesia (including the injection of anesthetics), transfusions, artificial limbs or artificial eyes (with the exclusion of the mending and replacement of these), X-ray examinations and prostheses,
- the costs of care provided by registered nurses inside and outside of the hospital.

Ambulatory Centers are defined as licensed institutions different from hospitals, clinics or doctor's offices, which provide emergency surgery or medical treatment.

Necessary and reasonable expenses are defined as costs customarily incurred at the site of the therapy, medical treatment and care that was used for the case as necessary in the opinion of the M. D. to treat cases similar in gravity and character, the only exception is the cost of those services that would not have been used if not having insurance.

Exemptions

The Insurer may not be liable for paying claims:

1. if they arise during travel, and they are the result of ignoring the advice of a trained and licensed medical practitioner,
 2. if they arise during a trip taken expressly with the purpose of medical treatment to the Insured Party or acquiring medical consultation,
 3. if they refer to medical expenses incurred within the borders of Hungary,
 4. if they are connected to therapy, medicines or medical goods applied before the period of insurance,
 5. dental expenses,
 6. any Event of Loss caused by illness.
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EMERGENCY MEDICAL EXPENSES IN CASES OF ILLNESS

If the Insured Party needs emergency medical treatment during travel outside of Hungary, or outside of the country of citizenship due to illness, the Insurer will reimburse the Insured Party any necessary and reasonable medical expenses, up to the power of the amount defined in the table of benefits as Sum of Insurance.

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

- hospital room (several beds) and care, use of operating rooms, fees of using the Intensive Care rooms and Ambulatory Center facilities for ambulatory treatment,
- fees for the medical doctors,
- medical expenses inside and outside of the hospital, including laboratory tests, ambulance (to and from the hospital), prescription of medicines or medical goods, costs of therapy and anesthesia (including the injection of anesthetics), transfusions, artificial limbs or artificial eyes (with the exclusion of the mending and replacement of these), X-ray examinations and prostheses,
- the costs of care provided by registered nurses inside and outside of the hospital.

Ambulatory Centers are defined as licensed institutions different from hospitals, clinics or doctor's offices, which provide emergency surgery or medical treatment.

Necessary and reasonable expenses are defined as costs customarily incurred at the site of the therapy, medical treatment and care that was used for the case as necessary in the opinion of the M. D. to treat cases similar in gravity and character, the only exception is the cost of those services that would not have been used were if not having insurance.

Exemptions

The Insurer may not be liable for paying claims:

1. if they arise during travel, and they are the result of ignoring the advice of a trained and licensed medical practitioner still practicing medicine,
2. if they arise during a trip taken expressly with the purpose of medical treatment to the Insured Party or acquiring medical consultation,
3. if they refer to medical expenses incurred within the borders of Hungary,
4. if they are connected to therapy, medicines or medical goods applied before the period of insurance,
5. any dental expenses,
6. any Event of Loss caused by accident.

ASSISTANCE SERVICES

If, during the period of insurance, the Insured Party suffers an accident outside of the borders of Hungary, or falls ill suddenly, Travel Guard will, on behalf of the Insurer, procure the most appropriate services to the status of the Insured Party, up to the power of the sum indicated in the Table of Benefits.

Claims can solely be settled or investigated by Travel Guard on behalf of the Insurer. **In case the Insured Party must have health services or legal assistance, they must contact the assistance company in every case. In the case of services acquired without preliminary approval – except if the health condition of the Insured Party makes it obvious in a certifiable fashion – the liability of the Insurer will be limited to the HUF amount of USD 150.**

Insurer will be exempt from damage claims if the emergency medical transportation or repatriation takes place without approval of Travel Guard.

Basic health assistance services

- 1) **Medical assistance:** In the case of accidents or serious illness incurred by the Insured Party, based upon notification of this, Travel Guard will contact the appropriate health institution and consult the medical practitioner responsible for treatment, in order to organise the medical care most appropriate to the status of the Insured Party. Travel Guard will notify the Insured Party of the possible medical services to use, and also organise hospitalisation if needed.
- 2) **Emergency transport of the sick:** Travel Guard will organise emergency transport of the Insured Party to the nearest health institution with adequate equipment to provide care for the Insured Party.
- 3) **Medical repatriation:** After hospital treatment or care, if the Insured Party is unable to continue their journey, Travel Guard will organise the repatriation of the Insured Party, in co-operation with the local medical practitioner, to the country where the Insured Party has their home residence or citizenship. In case the condition of the Insured Party requires it, Travel Guard will make arrangements for an appropriate medical doctor to accompany the Insured Party on their trip home.
- 4) **Repatriation of corpse:** If the Insured Party dies due to an accident or illness incurred during the Period of Insurance, Travel Guard will organise the repatriation of the body of the Insured Party to the country where the Insured Party has their home residence or citizenship.

- 5) **Coffin expenses:** Provided that the Insured Party dies during travel and during the Period of Insurance, and the legal rules of the place of death prescribe the transportation of the body inside a coffin, Travel Guard will organise and cover the procurement of a coffin that satisfies international regulations.
 - 6) **Legal assistance following accident:** In case the Insured Party was arrested or threatened with arrest due to an accident during the Period of Insurance, Travel Guard will organise the necessary legal assistance and will pay for the expenses thereof.
 - 7) **Bail bond:** In case the Insured Party was arrested or threatened with arrest due to an accident during the Period of Insurance, Travel Guard will advance the necessary bail bond. The Insured Party has 90 days from the disbursement of such advances to repay the sum to the Insurer. If the Insured Party recovers the amount of the bail in accordance with the ordinances of the given country within the given period of time, they must immediately return it to the Insurer. If the Insured Party fails to appear at a summons by authorities, the repayment of the bail to the Insurer becomes immediately payable and due. In case the amount of the bail is not returned within the appropriate period of time, the Insurer will have recourse on legal remedies to exercise its rights.
 - 8) **Issuance of medicines or medical supplies:** In case the health status of the Insured Party requires important medications or medical supplies that cannot be procured at the place of stay of the Insured Party, Travel Guard will use every reasonable method at its disposal to deliver the needed medications or medical supplies to the Insured Party as relevant legal rules specify. Travel Guard will pay for the costs of transportation, however, the procurement of the medications or medical supplies will be borne by the Insured Party, except if they qualify as reasonable medical expenses.
 - 9) **Emergency travel costs for the replacement of the Insured Party:** If the Insured Party was hospitalised or repatriated during a business trip during the Period of Insurance, Travel Guard will provide a return tourist class flight ticket for another staff member named by the Insured Party to replace them, or a first class train ticket, up to the power of the Sum of Insurance defined in the Table of Benefits.
 - 10) **Emergency travel costs for one family member:** If the physical state of the Insured Party disallows their repatriation and their hospital care is longer than 10 days, Travel Guard will provide a return tourist class flight ticket or a first class train ticket to a close family member of the Insured Party (spouse, parent or child), up to the power of the Sum of Insurance defined in the Table of Benefits, so that a family member may stay at the bedside of the Insured Party.
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BAGGAGE INSURANCE

If during the Period of Insurance, the luggage or the personal articles possessed by the Insured Party are damaged or stolen, the Insurer will reimburse the depreciated value of the articles determined at the time of the loss, up to the power of the Sum of Insurance defined in the Table of Benefits.

In the case of luggage items stolen from the luggage compartment of vehicles, the Insurer will only reimburse the loss if the stolen articles were closed in the hard cover luggage compartment of the vehicle [transporting] the Insured Party (which is not transparent from the outside) and the fact of the break-in can be proven by material evidence. In the case of stealth from a closed luggage compartment of a car, the amount of loss

claim may only extend to maximum 50% of the amount designated as Sum of Insurance in the Table of Benefits.

The total performance liability of the Insurer may not exceed HUF 15,000 in the case of cosmetic or beauty articles.

If personal documents are stolen abroad (passport, driver's license, registration), the Insurer will cover the costs of replacement up to the power of the Sum of Insurance defined in the Table of Benefits as long as invoices or other means of documentation certify the losses. The amount to reimburse for claims based upon the present benefit does not refer to the amount possibly paid over the luggage insurance amount.

The Insurer is not liable to perform reimbursement in the following cases:

- 1) loss of cash, banknotes from Hungary or other countries, checks, postal checks, debit and credit cards, social security card, tax card, tickets and passes, travellers' checks, traveller's tickets, any securities, petrol or other fuel coupons,
- 2) losses due to mechanical or electronic breakdowns or related service problems,
- 3) breakage of fragile objects except if caused by fire or an accident involving the vehicle of transportation,
- 4) losses or damages due to wear and tear, use, moulding or rodents,
- 5) losses in luggage, clothes or personal articles left unattended,
- 6) damages in luggage in vehicles from where the luggage item has not been transported immediately to the place of accommodations of the Insured Party,
- 7) losses or damages of sports equipment and the accessory equipment,
- 8) losses or damages of contact lenses, hearing aids, artificial limbs, dentures, bridges or glasses, sunglasses,
- 9) losses or damages in samples of goods, tools, working equipment, food,
- 10) watches or clocks, jewellery, semiprecious and precious stones, noble metals, valuable furs,
- 11) losses or damages of objects of art, antiquities, collectibles or furniture,
- 12) losses or damages of personal computers, cameras, video cameras, mobile phones, musical instruments, technical equipment and its accessories,
- 13) losses or damages due to vandalism or damages incurred by delays, appropriations or seizure by order of the government or any authority,
- 14) losses or damages due to pressure waves created by air carriers or other aircraft travelling at or exceeding the speed of sound,
- 15) losses or damages caused by activities of cleaning, dying or painting, mending or renovation,
- 16) losses or damages due to climactic or atmospheric causes, or any effect that is gradually damaging,
- 17) animals,
- 18) losses or damages caused by animals,
- 19) losses or damages in vehicles or their accessories,
- 20) losses or damages unreported to the competent police authority or to the transporting agent maximum 24 hours following their detection,
- 21) luggage or personal property items posted by an air waybill or a bill of lading,
- 22) replacement of keys.

The Insured Party must immediately notify the following persons or organisations:

- a) the agent of transportation, if the damage or loss was incurred during transportation,
- b) the competent police authority in the case of theft.

Reports of the transportation agent or police reports must be procured from the organizations competent at the location of the Event of Loss, and one copy of each must be submitted to the Insurer attached to the claim report. If a transportation agent caused the damage, the original tickets and the luggage receipts must be retained by the Insured Party and filed with the claim report to the Insurer.

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

In case of reimbursement, the Insurer, based on its own decision, pays either the sum equivalent to the depreciated value at the time of the loss of the damaged or destroyed article (subtracting the depreciation of value as defined by the Insurer from the value of repurchase of the article) or reimburses the repair costs of the article.

In case the Insured Party incurs a claim based on the present Insurance Policy which claim is covered partly or wholly by another insurance policy, the Insurer will only reimburse the amount over the benefit derived from the other insurance policy and maximum up to the amount specified in the Table of Benefits as Sum of Insurance.

BAGGAGE DELAY

If, during the Period of Insurance and outside of Hungary, the Insured Party receives his/her luggage posted as air carrier luggage (in other words, his/her luggage is temporarily lost) or receives another luggage on arrival than the one he/she actually handed in, the Insurer will cover the costs of emergency purchases effected due to the delay with the luggage as long as they are reasonable and supported by invoices or other receipt documentation, up to the power of the Sum of Insurance defined in the Table of Benefits.

If the Insured Party received emergency assistance from the airlines abroad, and the amount of the emergency assistance has covered the cost of emergency purchases, the Insurer will not reimburse him/her on the basis of the present policy.

If further investigation as to the circumstances of the delayed luggage later establishes that the luggage has been lost, the amounts paid on the basis of the present policy will be deducted from the amount of claims to be paid on the basis of the luggage insurance.

The Insured Party must do everything within the reasonable limits of his/her power to safeguard or recover his/her articles. Delayed luggage must be immediately reported to the involved airline.

The Insurer may not be liable for insurance payment if the delay of the luggage is due to one of the following causes:

1. use of a charter flight, except if such flight has been registered in the international databanks,
2. seizure of luggage by a customs duty authority or by any other authority of public administration,

3. posting luggage, or personal items of property by way of an air waybill or a bill of lading,
 4. strike or any other organized movement maintained by the employees of the transportation agent, as long as it has been preexistent or officially reported before the commencement of the trip,
 5. if the air carrier has been withdrawn from circulation by any civil authority, and a notice has been delivered thereof to the transportation agent prior to the commencement of the trip.
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DELAYED FLIGHTS

If, during the Period of Insurance, the Insured Party flies a carrier that suffers a delay over the time period of the defined Insured's share, the Insurer will reimburse the Insured Party all his/her reasonable expenses attributed to such delay certified by invoices, up to the power of the Sum of Insurance defined in the Table of Benefits.

Reasonable expenses are for example the purchase of food and non-alcoholic drinks, provided that they have been incurred due to one of the following causes:

1. delay or deletion of the booked and confirmed flight of the Insured Party,
2. denial of letting the Insured Party on board of his/her booked and confirmed flight due to overbooking,
3. delayed arrival of a connecting flight, due to which reason the Insured Party is late from another connection,
4. delays of public transportation exceeding one (1) hour, which leads to the Insured Party missing the plane.

The Insured Party will submit claim reports in writing within 21 days following the delayed flight. Every certification, declaration and proof must be submitted to the Insurer if required by the latter in the format and having the contents determined by the latter, with references to the policy number belonging to the given card type and the card number itself written at the same time. The Insurer does not reimburse costs arising from these causes.

The Insured Party must submit the following documentation attached to the claim report:

1. a detailed description of the circumstances of the delay,
2. a confirmation of the fact of delay by the public transportation company,
3. every receipt or invoice which confirm the purchases arising from the delay of the flight,
4. the proof of delay
5. flight number and location where the delay was incurred,

The Insurer will not pay claims in the following cases on the basis of the present conditions:

1. use of a charter flight, except if such flight has been registered in the international databanks,
2. if there was an appropriate alternative transportation opportunity six (6) hours following the planned departure of the flight, or if a connecting flight has arrived within six (6) hours,

3. if the Insured Party has not shown up at the check-in, except if the delay of the Insured Party was caused by strike or the delay of vehicles of public transportation,
 4. if the cause of the delay is strike or stoppage of work, preexistent during the trip or reported /registered prior to the commencement of the trip,
 5. if the reason for delay is withdrawal of the airplane from circulation by orders of a civil authority, with notice sent prior to the commencement of the trip.
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EMERGENCY DENTAL TREATMENT

If during the Period of Insurance the Insured Person is in need of emergency dental treatment due to an accident or acute dental illness, the Insurer agrees to pay for the costs of the dental treatment up to the power of the Sum of Insurance defined in the Table of Benefits.

Acute dental problems are dental illnesses that appear suddenly with pain requiring immediate intervention.

The Insurer will not be liable to pay claims in the following cases:

1. building final crowns,
 2. adding artificial teeth.
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PERSONAL LIABILITY

If during the Period of Insurance a claim is made or a suit brought against an Insured Person for Medical Costs as the result of an accident caused by the Insured Person and resulting in Bodily Injury to another person, the Company agrees to pay to the Insured Person the compensation stated in the Schedule up to the Total Sum of Insurance for the damages that the Insured Person is legally liable for.

Medical and coffin expenses shall mean reasonable charges for medical, surgical, X-ray, dental, ambulance, Hospital, professional nursing, prosthetic devices and funeral services.

The Insurer shall only reimburse the above expenses

The Company will not be liable for any claims caused by or resulting either directly or indirectly from:

1. Any material damage (damage, loss or destruction)
2. liability which is expected or caused intentionally by an Insured Person;
3. liability arising out of or in connection with a professional or business activity engaged in by an Insured Person.
4. liability arising out of the owning, renting or renting to any part of any premises, watercraft or aircraft by an Insured Person;
5. liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorised land conveyances, water craft or aircraft;
6. liability arising out of the transmission of a communicable disease by an Insured Person;
7. liability arising out of sexual harassment, corporal punishment, or physical or mental abuse;
8. liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of articles that are defined as drug by the appropriate authority;

9. Liability, which is refunded under other insurance or law,
 10. Suits brought by any family member or travelling companion or family member of a travelling companion against an Insured Person,
 11. Liability arising out of use weapon
 12. Liability arising out of the possession of animals,
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KIDNAP AND RANSOM

If during the Period of Insurance the Insured Person is Kidnapped, the Insurer agrees to pay to the Insured Person the Compensation for the ransom monies and other additional costs paid by the Insured Person or the legal representative acting on his/her behalf in connection with the kidnap event, up to the Total Sum insured stated in the Schedule:

The Insurer shall pay Compensation in the following cases:

1. In-transit/delivery Loss due to destruction, disappearance or wrongful appropriation of ransom monies while being delivered to persons demanding the ransom monies,
2. Reward amount agreed to be offered by the Insurer in writing, to be paid by an Insured Person to any informant for information leading to the arrest and conviction of individual(s) responsible for the Loss,
3. Expenses incurred for the purpose of investigating a Kidnapping, paying ransom monies, negotiating or obtaining the release of any Insured Person; provided that such Kidnapping is insured hereunder.

Kidnap shall mean any event or connected series of events of seizing, detaining or carrying away by force or fraud, of one (or more) Insured Person by one person or collaborating persons for the purpose of demanding Ransom Monies. The legal exercise of parental rights is not qualified as Kidnap.

The Insured Person agrees to reimburse the Insurer for any payments made by the Insurer which are ultimately determined not to be covered because of the application of any of the Exclusions.

In case of Kidnap the Insured Person must immediately contact the concerned police authority.

The Insurer will not be liable for in-transit/delivery Loss, reward or other expenses caused by or resulting either directly or indirectly from the following:

1. The fraudulent, dishonest, or criminal acts of the Insured Person, or any person authorised by the Insured Person to have custody of ransom monies,
2. Confiscation or expropriation of reward or ransom monies by any authority,
3. The event of Loss takes place in the country of the Insured Person's citizenship, or in country of residence.
4. An Insured Person being Kidnapped by an Immediate Family Member,
5. The ransom monies being paid without the notification of the police.

FRAUDULENT CHARGES

The Insurer will cover the following, up to the per occurrence and per policy period limits listed on the Table of Benefit, if the Insured's card is lost, or is the object of a theft, we will reimburse you for the unauthorized charges, for which you are responsible, on your card, up to 12 hours prior to your first reporting of the event to your payment card issuer(s).

Other conditions:

1. The Insurer will only pay for unauthorized charges for which the Insured is responsible under the terms and conditions of your payment card(s).
2. The Insured shall report to the Banks and the Insurer as soon as your discovery of a loss,
3. The Insured must comply with all terms and conditions by which your payment card(s) is/are issued.

Exclusions

The below exclusions shall be applicable beside the general exclusions:

1. Unauthorized charges made on payment card that was lost or the object of theft, more than 12 hours prior to your first reporting the event to the Bank,
2. Unauthorized charges made on payment card after reporting the event to the Bank,
3. Unauthorized charges which were not made with the stolen or theft payment card,
4. Unauthorized ATM withdrawals made with the stolen, or theft payment card,
5. Losses caused by your, or your relatives', illegal acts;

Claims

Any event of loss should be reported at +36 1 801 1 801, to obtain a claim form and instructions on what to do after a loss. The report should be made as soon as the event of loss was discovered by the Insured.

The following documents should be completed, signed and send to the Insurer:

- claim form
- an official police report regarding the loss;
- all other relevant documents we may ask you to provide.

Any documents requested by the Insurer should be sent within 30 days after the date of loss.

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)

AIG Europe Limited Branch Office in Hungary

1133 Budapest, Váci út 76.

Phone number: (+36 1) 801-0801

Fax number: (+36 1) 801-0888